Florida Property Claims and Litigation Data Call Reporting Form

pursuant to Section 624.424(11), Florida Statutes

**If you need any assistance during the filing process,
please contact OIR at:**
Research@floir.com

FLORIDA OFFICE OF
Insurance
Regulation

Due by March 1, 20___

Florida Property Claims and Litigation Data Call Reporting Form Instructions

WHAT: As a result of the passage of SB 76 during the 2021 Legislative Session, codified as section 624.424(11), Florida Statutes, each authorized insurer or insurer group issuing personal lines or commercial lines residential property insurance policies shall report, for each such line of insurance, an annual Florida Property Claims and Litigation data call reporting form detailing closed claim experience. For this data call, insurers are required to provide information related to closed claims for personal or commercial residential property policies to include:

• Claims closed in Florida in the prior calendar year for Sections A-1, A-2, A-3 and A-4.

WHO: This data call must be completed by insurers licensed in Florida for the following lines of business:

• Allied Lines
• Commercial Multi-Peril
• Farmowners Multi-Peril
• Homeowners Multi-Peril
• Mobile Homeowners Multi-Peril
• Mobile Homeowners Physical Damage Only
• Property (Fire)

WHEN: The Florida Property Claims and Litigation Data Call Report is due by 5 PM ET annually, March 1, via the Insurance Regulation Filing System (IRFS) located at:

irfs.fldfs.com

NO DATA: A "No data" option may only be used by insurers with no personal or commercial residential closed claims in the prior calendar year for the lines of business listed above.

FIELDS TO BE COMPLETED: Insurers are required to complete all fields.

If an insurer is unable to complete a field, describe in detail why they are unable to provide the data and what steps will be taken to remedy this in the future.

INDIVIDUAL SUBMISSIONS: Data should be submitted on an individual company basis. Once submitted, data may be aggregated at the group level by OIR.

TRADE SECRET SUBMISSIONS: An affidavit must accompany a filing that is submitted as a trade secret per section 624.4213, Florida Statutes. Refer to the Contacts tab for additional information.

DUE DATE: 5 PM ET, March 1, 20

https://irfs.fldfs.com

Failure to respond to the data call may result in administrative action.

HELP: Contact IRFS Support at 850-413-3147 or by email at:
Research@floir.com

Instructions for using the IRFS Filing System are found at
https://floir.com/sitedocuments/IRFSFilingInstructions.pdf

Definitions and Additional Guidance:

Commercial lines residential coverage, per section 627.4025(1), Florida Statutes, "consists of the type of coverage provided by condominium association, cooperative association, apartment building, and similar policies, including polices covering the common elements of a homeowners association."

Litigation is defined as when a lawsuit has been filed and served on an insurer.

Supplemental claim is defined as a claim for additional loss or damage from the same peril which the insurer has previously adjusted or for which costs have been incurred while completing repairs or replacement pursuant to an open claim for which timely notice was previously provided to the insurer.

Name of Attorney should be the first attorney listed on the claim.

No deductions for salvage, subrogation or reinsurance received or expected should be made.

Wind only policies should be reported in the corresponding policy form—eg HO, DP or MH.

Responses for the fields "Type of Policy," "County," "Peril," and "Type of Vendor" are limited to the responses shown in the 'Valid Responses' worksheet.

There should only be one row per claim on Section A-1, but there may be multiple rows per claim for Sections A-2, A-3, and A-4. For example, if there are multiple vendors on a claim, submit multiple rows of data.

To search for Florida Bar number:
https://www.floridabar.org/directories/find-mbr/

To research a Florida license number:

https://licenseesearch.fldfs.com/

Contact Information Please provide company and individual contact information on this worksheet		VALIDATION CHECKS
		Required Data Field Complete?
Report Date (Date Completed) mm/dd/yyyy		*FALSE*
Please provide the name of the individual who completed this form.		*FALSE*
What is this individual's email address?		*FALSE*
What is the best number where this individual can be reached?		*FALSE*
What is the Company's name?		*FALSE*
What is the Company's NAIC Code? (Enter five zeroes if none)		*FALSE*
What is the Company's Florida Company Code?		*FALSE*
What is the Company's FEIN?		*FALSE*
What is the Company's NAIC group code? ("0000" if no NAIC group code exists)		*FALSE*
Is this filing being submitted as trade secret? If yes, once this spreadsheet is uploaded, you must upload the affidavit as required by section 624.4213, Florida Statutes.		*FALSE*
Comments regarding information in the data call. If you do not have any comments, type N/A.		*FALSE*

Section A-1: Main Claim Information

DETAILED CLAIM INFORMATION FOR EVERY PROPERTY CLAIM CLOSED BETWEEN JANUARY 1, 20___ AND DECEMBER 31, 20___

Claim ID	Litigation? (Y/N/Unknown)	Type of Policy (See Valid Responses)	Location of Claim		Date of Initial Loss/Incident mm/dd/yyyy	Date Reported to Insurer mm/dd/yyyy	Date Initially Closed mm/dd/yyyy	Date Most Recently Closed mm/dd/yyyy	Peril As Reported to Insurer in Column G (See Valid Responses)	Date Claim Initially Closed with Payment in Column G? (Y/N/Unknown)	Date Re-Opened Claim Reported to Insurer (if applicable) mm/dd/yyyy	Date Supplemental Claim Reported to Insurer (if applicable) mm/dd/yyyy	Total Amount Paid by Insurer		Trade Secret?	VALIDATION CHECKS?					
			Zip Code	County (See Valid Responses)									Indemnity	LAE		Row Complete?	Required Fields Complete?	Is Policy Type Valid?	Is County Valid?	Is Peril Valid?	Is Y/N/Unknown Data Correct?
s. 624,424(11)(a)		s. 624,424(11)(b)	s. 624,424(11)(c)	s. 624,424(11)(d)	s. 624,424(11)(e)	s. 624,424(11)(g)	s. 624,424(11)(h)	s. 624,424(11)(k)	s. 624,424(11)(f)	s. 624,424(11)(h)	s. 624,424(11)(i)	s. 624,424(11)(j)	s. 624,424(11)(n)	s. 624,424(11)(o)							
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Claim ID	Litigation? (Y/N/Unknown)	Type of Policy (See Valid Responses)	Location of Claim		Date of Initial Loss/Incident mm/dd/yyyy	Date Reported to Insurer mm/dd/yyyy	Date Initially Closed mm/dd/yyyy	Date Most Recently Closed mm/dd/yyyy	Peril As Reported to Insurer in Column G (See Valid Responses)	Date Claim Initially Closed with Payment in Column G? (Y/N/Unknown)	Date Re-Opened Claim Reported to Insurer (if applicable) mm/dd/yyyy	Date Supplemental Claim Reported to Insurer (if applicable) mm/dd/yyyy	Total Amount Paid by Insurer		Trade Secret?	VALIDATION CHECKS?					
			Zip Code	County (See Valid Responses)									Indemnity	LAE		Row Complete?	Required Fields Complete?	Is Policy Type Valid?	Is County Valid?	Is Peril Valid?	Is Y/N/Unknown Data Correct?
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Section A-2: Vendor Information

DETAILED CLAIM INFORMATION FOR EVERY PROPERTY CLAIM CLOSED BETWEEN JANUARY 1, 20__ AND DECEMBER 31, 20__

Claim ID	Type of Vendor (See Valid Responses)	Vendor/ Company Name	Initial Invoice/ Demand Amount from Vendor	Initial Estimate Amount by Insurer	Final Paid Amount to Vendor by Insurer	Trade Secret?	VALIDATION CHECKS?		
							Row Complete?	Required Fields Complete?	Is Type of Vendor Valid?
s. 624.424(11)(a)	s. 624.424(11)(f)	s. 624.424(11)(f)							

Section A-3: Attorney Information

DETAILED CLAIM INFORMATION FOR EVERY PROPERTY CLAIM CLOSED BETWEEN JANUARY 1, 20___ AND DECEMBER 31, 20___

| | | | | | | | | | | VALIDATION CHECKS? | |
Claim ID	Florida Bar Number	Name of Attorney	Did You Receive a Property Insurance Intent to Initiate Litigation Notice? (Y/N/Unknown)	Amount Paid for Attorney Fees Named in Column C	Amount Paid for Attorney Expenses Named in Column C	Contingency Fee Multiplier Requested by Attorney in Column C	Contingency Fee Multiplier Awarded to Attorney in Column C	Amount of Insurer's Defense Costs for this Claim	Trade Secret?	Required Fields Complete?	Is Y/N/Unknown Data Correct (Column D)?
s. 624.424(11)(a)	s. 624.424(11)(m)	s. 624.424(11)(m)		s. 624.424(11)(p)	s. 624.424(11)(q)	s. 624.424(11)(r)	s. 624.424(11)(s)				
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Claim ID	Florida Bar Number	Name of Attorney	Did You Receive a Property Insurance Intent to Initiate Litigation Notice? (Y/N/Unknown)	Amount Paid for Attorney Fees Named in Column C	Amount Paid for Attorney Expenses Named in Column C	Contingency Fee Multiplier Requested by Attorney in Column C	Contingency Fee Multiplier Awarded to Attorney in Column C	Amount of Insurer's Defense Costs for this Claim	Trade Secret?	VALIDATION CHECKS?	
										Required Fields Complete?	Is Y/N/Unknown Data Correct (Column D)?
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Section A-4: Public Adjuster Information

DETAILED CLAIM INFORMATION FOR EVERY PROPERTY CLAIM CLOSED BETWEEN JANUARY 1, 20___ AND DECEMBER 31, 20___

Claim ID	Name of Adjuster	Trade Secret?	VALIDATION CHECK?
			Required Fields Complete?
s. 624.424(11)(a)	s. 624.424(11)(l)		
		No	FALSE

Type of Policy

Code	Description
DP-1	Dwelling Fire - Basic Coverage
DP-3	Dwelling-Fire - Broad Coverage
DP-Oth	Dwelling-Fire - Other than DP-1 and DP-3
HO-3	Owners type policy, includes HO-1, HO-2, HO-3, HO-5
HO-4	Tenants policy
HO-6	Condo Unit Owners policy
HO-8	Modified Coverage Form policy
MDP	Mobile Home Dwelling policy
MHO-3	Mobile Homeowners Multi-Peril policy
MHO-Oth	Mobile Homeowners policy - Other than MHO-3
CRC	Commercial Residential - Condo Only policy (CMP and CP)
CRO	Commercial Residential - Non-Condo policy (CMP and CP)
OTH	Other than listed above

County of Loss

Alachua
Baker
Bay
Bradford
Brevard
Broward
Calhoun
Charlotte
Citrus
Clay
Collier
Columbia
De Soto
Dixie
Duval
Escambia
Flagler
Franklin
Gadsden
Gilchrist
Glades
Gulf
Hamilton
Hardee
Hendry
Hernando
Highlands
Hillsborough
Holmes
Indian River
Jackson
Jefferson
Lafayette
Lake
Lee
Leon
Levy
Liberty
Madison
Manatee
Marion
Martin
Miami-Dade
Monroe
Nassau
Okaloosa
Okeechobee
Orange
Osceola
Palm Beach
Pasco
Pinellas
Polk
Putnam
Saint Johns
Saint Lucie
Santa Rosa
Sarasota
Seminole
Sumter
Suwannee
Taylor
Union
Volusia
Wakulla
Walton
Washington

Type of Peril

Code	Description
AOP	All Other Perils
FIRE	Fire or Lightning Peril
HURR	Hurricane
OBJ	Falling Objects Peril
OTH WATER	Water - Other than Accidental Discharge or Overflow of Water or Steam Peril
SINK	Sinkhole
WATER	Accidental Discharge or Overflow of Water or Steam Peril
WIND	Windstorm or Hail Peril - Other than Hurricane

Type of Vendor

Code	Description
ELEC	Electrical
FLOOR	Flooring
GEN	General Contracting
INSPECT	Inspection
MOLD	Mold
OTH	Other
PLUMB	Plumbing
ROOF	Roof repairs
WATER	Water Mitigation

Y/N

Y
N
Unknown

Policyholder
Vendor