

# Contract Year 2019 Proof of Loss Report Florida Hurricane Catastrophe Fund (FHCF)

Company Name: \_\_\_\_\_ Co. NAIC No.: \_\_\_\_\_

Group NAIC No. (if applicable): \_\_\_\_\_ Losses as of (most current data available): \_\_\_\_\_

HURRICANE: \_\_\_\_\_ Report Due Date: \_\_\_\_\_

## SECTION I - MANDATORY

### ULTIMATE NET LOSSES ON COVERED POLICIES

|                           | Commercial-Residential | Residential | Mobile Home | Tenants | Condominium Unit Owners | Total |
|---------------------------|------------------------|-------------|-------------|---------|-------------------------|-------|
| A. Paid Loss*             |                        |             |             |         |                         |       |
| B. Outstanding Loss*      |                        |             |             |         |                         |       |
| C. IBNR (unknown losses)* |                        |             |             |         |                         |       |
| D. TOTAL*                 |                        |             |             |         |                         |       |

\* Report Ultimate Net Losses only (report in whole dollars, rounded only to the nearest whole dollar, with the exception of IBNR). Do not include Loss Adjustment Expenses. If your Company has negative IBNR numbers, report the negatives; do not net with the Outstanding Loss numbers. See Article V of the Reimbursement Contract for the definitions of Covered Event, Covered Policy, and Ultimate Net Loss. See Article VI of the Reimbursement Contract for specific coverage exclusions. Copies of this Proof of Loss Report, the Reimbursement Contract, and additional information can be found on the Internet at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf).

## SECTION II - OPTIONAL

### ESTIMATED RECOVERABLE FROM THE FHCF

Section II is provided for your Company's use only. The FHCF will calculate loss reimbursements based on the information provided under Section I above.

|  |            | <u>Incurring Basis</u> |
|--|------------|------------------------|
| A. Incurred Ultimate Net Loss                              | (Sec. I.D) |                        |
| B. Less Actual Retention                                   |            |                        |
| C. Subtotal (minimum of -0-)                               | (A - B)    |                        |
| D. Elected Coverage Percentage                             |            |                        |
| E. Ultimate Net Loss Excess Retention                      | (C x D)    |                        |
| F. LAE (5% of Incurred Losses in Excess of Retention)      | (E x 5%)   |                        |
| G. Estimated Recoverable from the FHCF on Incurred Basis** | (E + F)    |                        |

|  |            | <u>Paid Basis</u> |
|--|------------|-------------------|
| A. Paid Ultimate Net Loss                                    | (Sec. I.A) |                   |
| B. Less Actual Retention                                     |            |                   |
| C. Subtotal (minimum of -0-)                                 | (A - B)    |                   |
| D. Elected Coverage Percentage                               |            |                   |
| E. Ultimate Net Loss Excess of Retention                     | (C x D)    |                   |
| F. LAE (5% of Paid Losses in Excess of Retention)            | (E x 5%)   |                   |
| G. Total Estimated Recoverable                               | (E + F)    |                   |
| H. Previous Reimbursements                                   |            |                   |
| I. <u>Estimated</u> Recoverable from the FHCF this request** | (G - H)    |                   |

\*\*Estimated recoverables are limited by your Company's share of the claims-paying capacity of the FHCF, as limited pursuant to Section 215.555(4)(c), Florida Statutes.

Company Name: \_\_\_\_\_

Hurricane: \_\_\_\_\_

### SECTION III - MANDATORY

### SIGNATURES

*We, the undersigned, do state that, to the best of our knowledge, all data reported under Section I of this Proof of Loss Report is accurate and is for losses under FHCF Covered Policies incurred by the named Company (Company) for the named hurricane. All reported information is subject to examination by the State Board of Administration of Florida (SBA). We are each, respectively, officers of the Company, acting within our authority in making this declaration, and we have conducted, or have had conducted, a thorough review of the Company's records and systems to determine the truth of this statement.*

Signature: \_\_\_\_\_ Officer Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed or Typed Name of Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Officer Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed or Typed Name of Officer: \_\_\_\_\_

### RECORDS RETENTION REQUIREMENTS

Companies reporting Losses and receiving reimbursements or advances from the FHCF for paid Losses from Covered Events are subject to examination by the FHCF or its agents pursuant to the Reimbursement Contract entered into between the Company and the FHCF. Therefore, all Companies shall retain complete and accurate records (including the Detailed Claims Listing – see below) of all losses reported to the FHCF until the FHCF has completed its examination of the Company and commutation for the Contract Year (if applicable) has been concluded. All records, correspondence, and supporting documentation, must be available with computer runs produced containing the information below. Upon notice of an examination, the Company will be required to provide a current Form FHCF-L1B (Proof of Loss Report) and the following information along with the information outlined in Form FHCF-LAP1 "Claims Examination Advance Preparation Instructions" for the applicable Contract Year.

**1. Detailed Claims Listing (see Contract Year 2019 Form FHCF-DCL for file formatting requirements) which supports the Losses reported on the Proof of Loss Report including:**

- |                         |                         |                                     |   |
|-------------------------|-------------------------|-------------------------------------|---|
| • Claim number          | • FHCF type of business | • ZIP Code                          | • Paid Loss – contents                  |
| • Date of Loss          | • County code           | • Paid Loss – habitational building | • Paid Loss – Additional Living Expense |
| • Policy number         | • County name           | • Paid Loss – appurtenant structure | • Outstanding Loss reserve              |
| • Policy effective date |                         |                                     |   |

**2. Claim files which include documentation of the following:**

- |   |  |  |
|---|--|--|
| • First notice of Loss  | • Payment history  | • Evidence of salvage received                                 |
| • Claim number  | • Policy number and location of property   | • Evidence of whether the deductible was applied               |
| • Date of Loss  | • Amount of Loss Adjustment Expense  | • Receipts for any Additional Living Expenses paid             |
| • Amount of Loss for each category of coverage (building, appurtenant structure, contents, and Additional Living Expense) | • All adjuster estimates, including public adjuster estimates if provided to the Company | • Evidence to show the Loss was a direct result of a hurricane |
| • Claim description   | • Copies of checks for payment of Losses   |  |
| • Documentation of policyholder's legal fees and/or public adjuster fees paid, if provided to the Company                 |  |  |

**3. Additional detail on the claims examination requirements can be accessed on the Internet at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf).**

### SUBMISSION INSTRUCTIONS

A Company must submit an initial Detailed Claims Listing to support the Losses reported in the Proof of Loss Report at the same time it submits its first Proof of Loss Report for a specific Covered Event that qualifies the Company for reimbursement under that Covered Event, and should be prepared to supply a Detailed Claims Listing for any subsequent Proof of Loss Report as required by Rule 19-8.029, Florida Administrative Code, or upon the request of the FHCF. The Proof of Loss Report and Detailed Claims Listing must be submitted electronically through the FHCF Online Claims System at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under Online Reporting. Users will input the required fields of Section I of the Proof of Loss Report directly into the system and will upload the associated Detailed Claims Listing, and two officers must sign off on each Proof of Loss Report online prior to submission. Advance registration (including officers) is required for the Online Claims System; instructions are included on the system web site.