

Note: Page numbers not updated until revision marks accepted.

Florida Hurricane Catastrophe Fund 2009 Data Call

Instruction Sheet

Each authorized insurance company writing Covered Policies in the state of Florida is required to pay a reimbursement premium to the Florida Hurricane Catastrophe Fund (FHCF). This premium is based on the Reimbursement Premium Formula specifying the amount of premium to be paid for each \$1,000 of insured value for Covered Policies in each Florida ZIP Code by type of business, construction type, deductible group, and Building Code Effectiveness Grading (BCEG) code combinations.

In order to perform the calculation, each authorized insurance company must submit its total covered property exposure (wind/hurricane insurance in force) **by September 1, 2009** for insured values under Covered Policies **as of June 30, 2009**. Covered Policies are defined in subsection (10) of Article V of the FHCF Reimbursement Contract (see page 18 herein; a full copy of the Reimbursement Contract is available on-line at www.sbafla.com/fhcf under “fhcf rules”).

Table of Contents

	<u>Page</u>
Important Changes in the 2009 Data Call	2
Steps for Completing Data Call	2
General Data Call Issues	3
Data Quality	3
Covered Policies (See Article V below also)	4
SBA Exam File	5
File Layout	7
List of Attachments & Enclosures	17
Reimbursement Contract Article V – Definitions of Additional Living Expense, Covered Policy, Excess Insurance, and Residential Structures	1817
Reimbursement Contract Article VI - Exclusions	18
Reporting Clarifications	20
Citizens Property Insurance Corporation Takeouts Pursuant to Assumption Agreements...	24
Citizens Property Insurance Corporation High Risk Account Quota Share Primary Insurance Reporting Requirements	25
FHCF Construction Types/Definitions & Mappings.....	26
List of Florida County Codes	28
Reference Guide	29
Data Call Submission Check List	30
Control Totals Form	31
Statement of Exposure Data Validity	32
Statement of Retention of Exam File	33
Collateral Protection Statement.....	34
Supplemental Instruction Sheet and Forms for New Participants (sent only to new participants)	35

** Important Changes in the 2009 Data Call **

1. **Exposure Fluctuations.** The FHCF requires an explanation of fluctuations in reported exposure since the prior contract year Data Call that exceed certain thresholds. New this year, the FHCF has implemented a large dollar threshold in addition to the combination dollar and percentage thresholds used in previous Data Calls. See page 3.
2. **New Rating Factors.** While the following fields have been part of the Data Call for several years, beginning with the 2009 Data Call, they will be rating factors: Year Built, Florida Building Code Indicator, Structure Opening Protection, Roof Shape, and Roof-Deck Attachment (Roof-Wall Connection remains a non-rating factor). Data reported for these fields will impact premium calculations and shall be examined under the FHCF examination process. Reporting errors may require a resubmission of the Data Call.

** Steps for Completing Data Call **

1. Complete the Data Call and return the required items as outlined below.
2. Return the following information to the Administrator, Paragon Strategic Solutions Inc. (Paragon):

Required Documentation	Item to Return
Exposure Data File*	Diskette(s)/CD-ROM
Submission Checklist	Hard Copy (page 31)
Brief Written Verification of Exposure Fluctuations	Cover Letter
Control Totals Form	Hard Copy (page 32)
Statement of Exposure Data Validity	Hard Copy (page 33)
Statement of Retention of Exam File	Hard Copy (page 34)
Collateral Protection Statement (required only for Companies writing Collateral Protection Policies)	Hard Copy (page 35)

***Note:** All data for an individual company should be submitted as one file, unless your company has participated in a Citizens Property Insurance Corporation High Risk Account or Citizens Property Insurance Corporation Personal Lines and Commercial Lines Account assumption agreement (see pages 6 and 24). If your company has different departments responsible for compiling portions of your data submission, please have one individual coordinate, compile, and submit the complete package to the Administrator.

3. If your company does not have Covered Policies as defined in subsection (10) of Article V of the FHCF Reimbursement Contract (see page 18 herein), but was an active FHCF company for the 2008/2009 contract year, a letter requesting to petition for exemption from the FHCF must be returned to the Administrator no later than **September 1, 2009**.

Note: If your company determines at a later time that it does have Covered Policies, or the State Board of Administration of Florida (SBA) denies your company's request for exemption from the FHCF, your company will be subject to any fees and/or administrative action by the Florida Department of Financial Services (Department) for delinquent or inadequate exposure data as defined in this Data Call and/or your company's Reimbursement Contract.

**** General Data Call Issues ****

Extensions

Data Call submissions must be received by September 1, 2009. Extensions will not be granted.

Resubmissions

~~Any company required to resubmit data will be allowed 30 calendar days to resubmit data (may be less than 30 days if the company has been already notified by the SBA for an exam). A \$1,000 resubmission fee (for resubmissions that are not the result of an exam by the SBA) will be invoiced by the FHCF for each resubmission.~~

~~If a resubmission is necessary as a result of an examination report issued by the SBA, the resubmission fee will be \$2,000. If a company's examination required resubmission is inadequate and the SBA requires an additional resubmission(s), the resubmission fee for each subsequent resubmission shall be \$2,000.~~

Media Type

Provide the exposure data file in a fixed length (82-character) ASCII format on diskette or CD-ROM.

Where to Send Your Submission

For your convenience, we have enclosed a self-addressed envelope for returning the required information to:

Ms. Kathy Mackenthun, CPCU, ARE
Vice President – FHCF Administration
Paragon Strategic Solutions Inc.
~~3600 American Boulevard West, Suite 700~~
~~Minneapolis, MN 55431~~
~~8200 Norman Center Drive~~
~~Bloomington, MN 55437~~

If you have any questions about the information to be supplied or about this Data Call, please do not hesitate to call Holly Bertagnolli, ~~Sandie Donner~~, Kathy Mackenthun, or Martin Helgestad of Paragon Strategic Solutions Inc. at 1-800-689-FUND (3863).

**** Data Quality ****

Any company submitting an exposure data file in an incorrect format or in noncompliance with the specifications herein will be required to resubmit its data, ~~and will be required to pay a \$1,000 resubmission fee to the FHCF for each resubmission.~~ (See Resubmissions for information on resubmission fees ~~for resubmissions related to SBA exams.~~)

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Verification Explanation of Exposure Fluctuations

Compare your current year submission against your submission from the previous year to ensure increases or decreases in reported exposure are valid. The FHCF requires an verification explanation of exposure increases or decreases for specific FHCF types of business which meet ~~both~~ either the combined dollar/and the percentage criteria thresholds or the large dollar thresholds below. Please include a brief written explanation of such fluctuations with your Data Call submission. While the degree of detail is left to the discretion of your company, the explanation must provide detail beyond simply stating that “the data has been reviewed and is correct as submitted”.

Type of Business	\$ Threshold		% Threshold		Large \$ Threshold
Commercial:	+/- \$ 20,000,000 <u>25,000,000</u>	<u>and</u>	+/- 40%	<u>or</u>	+/- \$ <u>200,000,000</u>
Residential and Other Contents Policies or Endorsements:	+/- \$ 10,000,000 <u>50,000,000</u>	<u>and</u>	+/- 40%	<u>or</u>	+/- \$ <u>2,000,000,000</u>
Mobile Home:	+/- \$ 10,000,000 <u>25,000,000</u>	<u>and</u>	+/- 40%	<u>or</u>	+/- \$ <u>40,000,000</u>
Tenants:	+/- \$ 10,000,000		+/- 40%		+/- \$ <u>20,000,000</u>
Condominium Unit Owners:	+/- \$ 10,000,000 <u>25,000,000</u>	<u>and</u>	+/- 40%	<u>or</u>	+/- \$ <u>40,000,000</u>

Preliminary Validation Software

Running the Preliminary Validation Software (Version 2009) will help ensure that your company’s data is in the correct format. However, please keep in mind that the software has been designed to identify data formatting errors, percentage of exposure with valid ZIP Codes, and invalid ZIP-to-county mappings. **The software will not identify records with valid FHCF record formatting that have been coded incorrectly according to the policy details.** Such errors may require a resubmission of exposure data. Any examination conducted by the SBA will be the final determinant of data quality.

Note: If you make changes to the Data Call file as a result of the Preliminary Validation Software, remember to make the same changes to the SBA exam file (see page 5).

Aggregate versus Individual Records

Data may be either aggregated or reported by individual policy record. If aggregating data, please aggregate by each type of business, line of business, construction type, deductible group, county, ZIP Code, Year Built, BCEG, Florida Building Code indicator code, Structure Opening Protection code, Roof Shape code, Roof-Wall Connection code, and Roof-Deck Attachment code combinations.

Rounding

Exposures should be reported in whole dollars and may be rounded to the nearest \$1,000, but no greater.

**** Covered Policies ****

Covered Policies are defined in Section 215.555(2)(c), Florida Statutes, as any insurance policy covering a residential structure, or its contents, located in the State of Florida. Covered Policy is further defined in subsection (10) of Article V of the FHCF Reimbursement Contract (see page 18 herein), which includes personal lines residential coverages, commercial lines residential coverages, and mobile home coverages. **The FHCF provides reimbursement only for losses from policies with wind or hurricane coverage.**

All Covered Policies written by an individual insurer must be reported even if they are written in areas eligible for coverage from Citizens Property Insurance Corporation High Risk Account or Citizens Property Insurance Corporation Personal Lines and Commercial Lines Accounts.

**** June 30th “as of” Date ****

The data reported under this Data Call pertains to a company’s insured values under Covered Policies as of June 30, 2009. This data is used by the FHCF to calculate a company’s premium, retention, and maximum FHCF coverage under the applicable Reimbursement Contract.

Although changes to coverage under a policy that are effective after June 30th do not impact reporting under the Data Call (including new policy issuance and policy terminations), the policy terms in effect at a time of loss will be considered in determining a company’s losses eligible for reimbursement under the FHCF. For example, if a Covered Policy was written effective July 1, 2009, exposure for that policy would not be included under the 2009 Data Call submission, but losses under that policy would be reportable to the FHCF when the company files its loss reports.

Given an “as of” date of June 30th and a statutory Data Call due date of September 1st, a company must determine the date at which it can most accurately capture and report its data to include policy transactions with effective dates of June 30th or earlier, while still being able to meet the statutory Data Call due date. For example, a company writes a policy with an effective date of June 29, 2009, the transaction was processed by the company on July 15, 2009 and the company compiled its data on July 20, 2009. The FHCF would expect the policy to be reported since the policy was in effect on June 30th and the transaction was processed before the date the data was compiled. However, the FHCF recognizes that if a transaction was not processed far enough through a company’s systems by the date on which the company compiled its Data Call information, then that transaction would not necessarily be reflected in the company’s original Data Call submission. Nonetheless, should the company have to resubmit its Data Call at a later date, then the transaction should be included in the resubmitted data.

**** SBA Exam File ****

Generation of the SBA Exam File

The SBA exam file should be generated at the same time your Data Call file is created. If fields are unique to the SBA exam file, care must be taken to ensure accuracy with your company’s files. The total reported exposure in the exam file must match the total exposure of the Data Call file. If, at the time the SBA reviews your exam file, it is determined that these files are not in agreement and the files cannot be used to conduct the examination, your company will be required to resubmit both files and will be subject to the \$1,000 resubmission fee.

Retention of Records for SBA Examination

In accordance with Article XIII of the Reimbursement Contract and the SBA’s examination program, all records, including exposure filings (Data Call submission), policy files, and supporting documentation, must be retained along with computer runs (exam file) produced to support the Data Call submission. Companies writing covered collateral protection policies, as defined in this Data Call, must be able to provide documentation that the policy covers the borrower’s and lender’s interest and that the coverage is in an amount at least equal to the coverage for the dwelling in place under the lapsed homeowner’s policy. Such records must be retained until the SBA has completed its examination of your company’s exposure submission and loss reports (applicable to the Data Call contract year). The exam file must be retained and maintained so that, upon examination by the SBA, changes can be made to correct any errors which may be identified and to allow for a resubmission if required.

SBA Exam File Specifications

The SBA exam file must be by individual policy, sorted by type of business and line of business, must be available in a delimited ASCII format or as a Microsoft Access database, and must contain the following fields (do not include any symbols such as -, +, #, \$, “, /) in the order listed on the following page.

Field #	Description	Type	Notes
1	Type of Business	Numeric	Only use the codes on page 8.
2	Line of Business	Numeric	Only use the codes on page 9.
3	Construction Type	Numeric	Only use the codes on page 10.
4	Deductible Group	Text	Only use the codes on page 11.
5	County Code	Numeric	Only use the codes on page 28.
6	ZIP Code	Numeric	
7	Insured Risks	Numeric	Must be greater than zero.
8	Total Insured Value – Building	Numeric	
9	Total Insured Value – Appurtenant Structures	Numeric	
10	Total Insured Value – Contents	Numeric	
11	Total Insured Value – Additional Living Expense	Numeric	
12	Year Built	Numeric	Only use the codes on page 15.
13	BCEG Code	Numeric	Only use the codes on page 15.
14	Florida Building Code Indicator	Numeric	Only use the codes on page 16.
15	Structure Opening Protection	Numeric	Only use the codes on page 16.
16	Roof Shape	Numeric	Only use the codes on page 16.
17	Roof-Wall Connection	Numeric	Only use the codes on page 16.
18	Roof-Deck Attachment	Numeric	Only use the codes on page 16.
19	Policy Effective Date	Numeric or Date/Time	Numeric Format: yyyyymmdd Date/Time Format: Month/day/year Effective Date must be in one field and the numeric format must have 8 characters.
20	Policy Expiration Date	Numeric or Date/Time	Numeric Format: yyyyymmdd Date/Time Format: month/day/year Expiration Date must be in one field and the numeric format must have 8 characters.
21	Policy Number	Text	
22	Citizens Policy Number*	Text	<u>Applies only to policies assumed from Citizens that have not renewed onto the company's books by June 30, 2009.</u>

~~*Note: This field applies only to insurers engaged in Citizens Property Insurance Corporation High Risk Account or Citizens Property Insurance Corporation Personal Lines and Commercial Lines Accounts takeouts pursuant to an assumption agreement, and is required only for records representing FHCF exposure which was assumed from either Citizens entity but was not renewed by June 30, 2009.~~

Florida Hurricane Catastrophe Fund 2009 Data Call

File Layout

The following fields must be provided. If you aggregate your company's data, please do so by type of business, line of business, construction type, deductible group, county, ZIP Code, Year Built, BCEG code, Florida Building Code indicator, Structure Openings Protection, Roof Shape, Roof-Wall Connection, and Roof-Deck Attachment code combinations.

Field #	Description	Position	Length	Type	Notes
1	Type of Business	1	1	Numeric	Only the codes on page 8 are acceptable.
2	Line of Business	2	1	Numeric	Only the codes on page 9 are acceptable.
3	Construction Type	3	2	Numeric	Only the codes on page 10 are acceptable.
4	Deductible Group	5	2	Alpha	Only the codes on page 11 are acceptable.
5	County Code	7	3	Numeric	Only the codes on page 28 are acceptable.
6	ZIP Code	10	5	Numeric	At least 95% of exposure must have a valid ZIP Code.
7	Total Insured Risks	15	12	Numeric	Must be greater than zero.
8	Total Insured Value – Building*	27	12	Numeric	* See note below table.
9	Total Insured Value – Appurtenant Structures*	39	12	Numeric	* See note below table.
10	Total Insured Value – Contents*	51	12	Numeric	* See note below table.
11	Total Insured Value – ALE*	63	12	Numeric	* See note below table.
12	Year Built	75	1	Numeric	Only the codes on page 15 are acceptable.
13	BCEG Code	76	2	Numeric	Only the codes on page 15 are acceptable.
14	Florida Building Code Indicator	78	1	Numeric	Only the codes on page 16 are acceptable.
15	Structure Opening Protection	79	1	Numeric	Only the codes on page 16 are acceptable.
16	Roof Shape	80	1	Numeric	Only the codes on page 16 are acceptable.
17	Roof-Wall Connection	81	1	Numeric	Only the codes on page 16 are acceptable.
18	Roof-Deck Attachment	82	1	Numeric	Only the codes on page 16 are acceptable.

*Note: The sum of these four fields for each record must be greater than zero.

Example: A record with the following information:

Field #	Description	Type	Entry
1	Type of Business	Residential	2
2	Line of Business	Homeowners	2
3	Construction Type	Frame	01
4	Deductible Group	\$2,000	RC
5	County Code		025
6	ZIP Code		33130
7	Total Insured Risks		5
8	Total Insured Value – Building		\$500,000
9	Total Insured Value – App. Structures		\$100,000
10	Total Insured Value – Contents		\$250,000
11	Total Insured Value – ALE		\$50,000
12	Year Built	Date Range	1
13	BCEG Code	BCEG code of 5	05
14	Florida Building Code Indicator	Meets FL Building Code Standards	1
15	Structure Openings Protection	Basic Shutters	1
16	Roof Shape	Hip, Mansard, or Pyramid	1
17	Roof-Wall Connections	Anchor Bolts, Hurricane Ties, Clips, Wraps, or Structurally Connected	1
18	Roof-Deck Attachment	Reinforced Concrete Roof Deck	4

Each record must have the following layout:

2201RC025331300000000000500000050000000000100000000002500000000005000010511114

Since each field has a defined length, please “zero fill” the positions in each field that will not be used. Each record must be 82 characters in length.

Description of Data Fields

The FHCF strongly encourages any individual involved in completing this Data Call to review the Reporting Clarifications on pages 20-23 herein.

1. Type of Business (TOB)

All exposure should be classified as one of the following FHCF TOBs. Exposure for scheduled personal property written under attachments, endorsements, riders; any policy separately covering personal property; or any policy separately covering commercial residential contents should be reported as the FHCF TOB it is associated with. If the exposure is not associated with another policy, it should be reported as FHCF TOB “4” (Tenants), with the exception of mobile home related property, which must still be reported as FHCF TOB “3” (Mobile Home).

Type of Business	Code
Commercial	1
Residential	2
Mobile Home	3

Type of Business	Code
Tenants	4
Condominium Unit Owners	6

General TOB Instructions:

- **“Commercial”** should be used for commercial-habitational exposures such as apartment buildings and condominium complexes. Do not use this TOB for individual condominium unit owners.
- **“Mobile Home”** should be used for all mobile home coverages, regardless of the policy form on which coverage is written, including coverage provided to a person(s) renting a mobile home.

- **“Tenants”** should be used for policies providing property coverage to a person(s) entitled to occupy a dwelling unit (including a condominium unit) under a rental agreement. Do not use this TOB for any policy providing coverage to a person renting a mobile home. Exposure for scheduled personal property written under attachments, endorsements, riders; any policy separately covering personal property; or any policy separately covering commercial residential contents should be reported as the FHCF TOB it is associated with. If the exposure is not associated with another policy, it should be reported as Tenants.
- **“Condominium Unit Owners”** should be used for individual condominium unit owners, whether owner or tenant occupied. Do not use this TOB for condominium complexes or multi-unit structures.

2. Line of Business

Exposure information for Covered Policies is to be reported using the following codes (use the code your company deems most appropriate):

Line of Business	Code	Line of Business	Code
Fire and Allied Lines	1	Commercial Multiple Peril	4
Homeowners Multiple Peril	2	Mobile Homeowners	5
Farmowners Multiple Peril	3	Inland Marine	6

3. Construction Type

The FHCF has further condensed its listing of construction types/definitions. The FHCF’s construction codes and definitions are provided on pages 26-27. Your company must use the applicable FHCF codes in its Data Call submission.

If your company’s construction definitions do not match those of the FHCF, you must provide the Administrator with your company’s construction types and definitions and your recommended mapping to the most similar FHCF construction types as defined on pages 26-27. This will help you avoid a subsequent resubmission due to improper construction reporting. The Administrator will review your method of mapping construction codes and determine if the mapping between your codes and the FHCF’s codes match. Once the Administrator has notified you in writing that your mapping is acceptable, you must complete the actual mapping so that only FHCF constructions are reported in your submission. If a mapping review is necessary for your company, such a review must be done each year to ensure changes to the FHCF construction types have not affected the previously reviewed mapping.

For policies in which your company does not capture construction information, exposure should always be reported using the FHCF Unknown construction code “11” (or code “25” for mobile home exposure). Otherwise, if your company does capture construction information, but has less than \$50 million of aggregate exposure, you have the option of reporting all non-mobile home exposure with FHCF default construction code “12” and all mobile home exposure with FHCF default construction code “26”.

Residential

Construction Type	Code
Frame	01
Masonry	02
Masonry Veneer	10
Unknown (Non-Mobile Home)	11
Non-Mobile Home Default Construction*	12

Commercial, Condominium Unit Owners, Tenants

Construction Type	Code
Frame	01
Masonry	02
Superior	07
Masonry Veneer	10
Unknown (Non-Mobile Home)	11
Non-Mobile Home Default Construction*	12

Mobile Home

Construction Type	Code
Mobile Home - Fully Tied Down, Mfg. before 7/13/94	21
Mobile Home - Fully Tied Down, Mfg. on or after 7/13/94 or documented to be in compliance with ANSI/ASCE 7-88	22
Mobile Home – Other than Fully Tied Down or Unknown	25
Mobile Home - Default Construction* 23	26

* See paragraph preceding the above tables for reporting eligibility

4. Deductible Group – Wind Including Hurricane Deductible, or Hurricane Deductible Only

Except as instructed for commercial-habitation policies below, report an FHCF percentage or dollar deductible code based on how the policy deductible is written. For example, a \$100,000 Residential policy written with a 2% deductible must be reported with code R2, not code RC (\$1,501 to \$2,500 deductible), regardless of how the deductible is “stated” to the policyholder.

For policies written with a percentage deductible and a minimum dollar deductible, report the percentage deductible.

For commercial-habitation policies that have a policy deductible greater than \$50,000, the deductible amount must be converted to a percentage of the total insured Building value (Data Call field 8) and reported to the FHCF as a percentage deductible.

For commercial-habitation policies covering multiple structures/contents under an indivisible aggregate deductible, report the full blanket deductible for each record reported.

Following are the FHCF deductible groups and codes:

Commercial

Deductible Group	Code
\$0 to \$2,500	CA
\$2,501 to \$7,500	CB
\$7,501 to \$15,000	CC
\$15,001 to \$50,000	CD
Greater than \$50,000 – Convert to a percentage	See % Ded.’s

Deductible Group	Code
Less than or equal to 1%	C1
Greater than 1%, less than or equal to 2%	C2
Greater than 2%, less than or equal to 3%	C3
Greater than 3%, less than or equal to 4%	C4
Greater than 4%, less than or equal to 5%	C5
Greater than 5%, less than or equal to 6%	C6
Greater than 6%, less than or equal to 7%	C7
Greater than 7%, less than or equal to 8%	C8
Greater than 8%, less than 10%	C9
10% or Greater	C0

Residential, Tenants, or Condominium Unit Owners

Deductible Group	Code
\$0	RM
\$1 to \$500	RA
\$501 to \$1,500	RB
\$1,501 to \$2,500	RC
Greater Than \$2,500	RD

Deductible Group	Code
Less than or equal to 1%	R1
Greater than 1%, less than or equal to 2%	R2
Greater than 2%, less than or equal to 3%	R3
Greater than 3%, less than or equal to 4%	R4
Greater than 4%, less than or equal to 5%	R5
Greater than 5%, less than or equal to 6%	R6
Greater than 6%, less than or equal to 7%	R7
Greater than 7%, less than or equal to 8%	R8
Greater than 8%, less than 10%	R9
10% or greater, less than 15%	R0
15% or Greater	RZ

Mobile Home

Deductible Group	Code
\$0	MM
\$1 to \$250	MA
\$251 to \$500	MB
Greater Than \$500	MC

Deductible Group	Code
Less than or equal to 1%	M1
Greater than 1%, less than or equal to 2%	M2
Greater than 2%, less than or equal to 3%	M3
Greater than 3%, less than or equal to 4%	M4
Greater than 4%, less than or equal to 5%	M5
Greater than 5%, less than or equal to 6%	M6
Greater than 6%, less than or equal to 7%	M7
Greater than 7%, less than or equal to 8%	M8
Greater than 8%, less than 10%	M9
10% or Greater	M0

5. County Code

Florida county code specifying the location of each covered risk. All records must be coded with a valid Florida county code listed on page 28. There is no “unknown” county code. ZIP Codes and county codes must be cross-referenced to ensure that 95% of your company’s aggregate exposure has a valid Florida ZIP Code to county code match. As the FHCF recognizes some ZIP Codes may span county boundaries, the Preliminary Validation Software Version 2009 has been programmed to accept any county immediately bordering the county the FHCF considers to be the county in which a specific ZIP Code resides.

6. ZIP Code

The 5-digit ZIP Code location of each covered risk in Florida. A minimum of 95% of your company’s aggregate exposure must be coded with valid Florida ZIP Codes. The FHCF ZIP Code database is as of January 2009. If a record contains a ZIP Code that does not match our database, the rate applied will be based on the county code instead of the ZIP Code.

A listing of valid ZIP Codes and corresponding county codes and rating regions is installed with the Preliminary Validation Software CD-ROM under the file name “zipinput.csv.”

7. Total Insured Risks (Must be greater than zero.)

This is the total number of insured risks for the FHCF Covered Policies included in a given record.

Reportable Exposure (Data Call Fields 8-11)

The only wind exposure that should be reported in response to this Data Call is summarized below. Keep in mind that the exposure reportable to the FHCF is less inclusive than the coverage provided by the FHCF. (Covered policies are defined in subsection (10) of Article V of the Reimbursement Contract. See page 18 herein.) Note that under no circumstances should exposure be reported for Ordinance and Law coverage (this type of coverage is included within the FHCF rates).

1. Basic wind/hurricane limit for dwellings (often referred to as Coverage A);
2. Basic wind/hurricane limit for appurtenant structures or non-habitational structures (often referred to as Coverage B);
3. Basic wind/hurricane limit for contents (often referred to as Coverage C);
4. Basic wind/hurricane limit for additional living expense (often referred to as Coverage D, and sometimes as Coverage E);
5. Any attachments, endorsements, or riders that modify or increase the limits above;
6. Any attachments, endorsements, or riders that provide additional wind/hurricane ~~coverage limit~~ for personal property or structures, Building Additions and Alterations coverage, or Unit Owners coverage on Condominium Unit Owners policies; and
7. Report total Loss Assessment limit (total loss assessment coverage provided under the policy, whether basic limit or by endorsement, or a combination of the two) greater than \$1,000, including limit written within the policy form (note: for ease of reporting, your company may report the entire limit, including the first \$1,000 of limit).

Exposure from any additional coverages/coverage extensions written within the policy form and not listed above, regardless of whether the coverage is within the policy limits or in addition to the policy limits, are not reportable to the FHCF under this Data Call.

Examples of exposure to be reported to the FHCF:

- ~~Tom's insurance company offers homeowners insurance with a standard Coverage C limit of 50% of Coverage A, but offers Tom the option to purchase additional Coverage C limit at 70% of Coverage A. If Tom purchases this coverage, the full "70% of Coverage A" value of the Coverage C limit must be reported.~~
- In addition to the \$50,000 of Coverage C limit on Patti's renters policy, Patti has \$10,000 of coverage for her personal computer system written as scheduled personal property. \$60,000 of Coverage C limit must be reported.
- Andy's insurance company does not offer Coverage B as a standard coverage under a homeowners policy, but Coverage B limit can be purchased via an endorsement. If Andy purchases the Coverage B endorsement, this exposure must be reported.
- Jason's insurance policy does not provide a stated limit on the dec page for Coverage B, but under "Other Coverages," Coverage B limit is provided as an additional 10% of Coverage A limit. This exposure must be reported.
- Paul's condominium policy provides for \$1,000 loss assessment coverage as an additional coverage within the policy form. Paul purchases an endorsement for an additional \$50,000 of loss assessment coverage, for a total loss assessment coverage of \$51,000. Therefore \$50,000 of loss assessment coverage should be reported. The \$1,000 additional coverage provided under the policy form is not required to be reported. However, as noted in 7. above, for ease of reporting, your company may report \$51,000.
- Linda's deluxe condominium policy provides for \$20,000 loss assessment coverage as an additional coverage within the policy form. Your company should report \$19,000. However, as noted in 7 above, for ease of reporting, your company may report \$20,000.

- Marcie’s renters policy provides for a Coverage C limit of \$50,000. The coverage for the tenants policy includes an additional coverage written within the policy form for buildings additions and alterations of 10% of the Coverage C limit. Marcie has purchased an endorsement to increase the buildings additions and alterations coverage to 25% of the Coverage C limit. In addition to reporting the \$50,000 Coverage C limit, the additional 15% (\$7,500) of the Coverage C limit for building additions and alterations coverage is also reportable, for a total of \$57,500 of exposure to be reported.
- An apartment complex is covered on a commercial policy with \$500,000 for building and \$20,000 for contents. The policy also provides a coverage extension for valuable papers of \$2,500. This coverage is offered as part of the policy form and not by endorsement. The amount of reportable exposure is \$520,000 since the coverage extension for valuable papers is provided as a coverage extension within the policy form.

Examples of exposure not to be reported to the FHCF:

- Any type of Ordinance and Law coverage (~~this type of~~ coverage is included within the FHCF rates.)
- Any additional exposure for endorsements that specifically increase the limit of liability at the time of a covered loss (i.e. guaranteed replacement cost, specified increase to the dwelling limit.)
- Peggy’s renters policy provides for a Coverage C limit of \$50,000. The coverage for the tenants policy includes an additional coverage written within the policy form for buildings additions and alterations of 10% of the Coverage C limit. Peggy has not purchased any endorsements to increase the coverages provided under the policy form. The Coverage C limit of \$50,000 would be reported. The 10% of the Coverage C limit for building additional and alterations coverage is not reportable as additional exposure.
- Your company provides ALE coverage at a limit of 50% of the building (Coverage A) limit. Therefore, for a policy with a Coverage A limit of \$200,000, your company would also provide \$100,000 of ALE limit. Because 40% is the statutory cap with respect to FHCF coverage, your company would only report \$80,000 of ALE exposure under this Data Call.
- Appurtenant Structures insured under a policy that does not include coverage for a habitational structure(s) when such a policy is not an attachment/endorsement/rider to a policy providing coverage for a habitational structure(s). For example, if your company writes a policy covering a pool for an apartment complex, but does not insure the apartment complex itself, the pool exposure is not reportable to, or covered by, the FHCF.

For a list of specific exclusions, see Article VI of the Reimbursement Contract applicable to this Data Call.

8. Total Insured Value - Building

This is the total insured building limit for a policy or multiple policies with the same Data Call codes.

9. Total Insured Value - Appurtenant Structures or Non-Habitational Structures

This is the total insured appurtenant structures limit for a policy or multiple policies with the same Data Call codes.

10. Total Insured Value - Contents

This is the total insured contents limit for a policy or multiple policies with the same Data Call codes.

11. Total Insured Value – Additional Living Expense (ALE)

This is the total insured ALE limit for a policy or multiple policies with the same Data Call codes. For ALE coverage provided as a specific dollar limit, report exposure values based on that limit, but not to exceed 40% of the Residential Structure (Coverage A) exposure or 40% of the contents (Coverage C) exposure. If ALE is written as a portion of Coverage A, 40% of Coverage A is the cap. If ALE is written as a portion of Coverage C, 40% of Coverage C is the cap. Note that if the ALE coverage written is less than 40%, ALE should be reported as written.

For covered policies written with ALE as a time element coverage, you must report ALE exposure in an amount not to exceed 40% of the Residential Structure or 40% of the contents exposure based on the type of policy (e.g. a homeowners policy is usually based on structure versus a renters policy based contents).

Note that the 40% threshold is a statutory cap. If your company provides coverage to its policyholders that is in excess of this cap, or if rounding of your building or contents exposure results in a higher ALE percentage, report no more than the cap when reporting ALE exposure to the FHCF.

12. Year Built

Enter the Year Built from the table below.

Year Built	FHCF Code
Unknown or Mobile Home	0
1994 or earlier	1
1995 - 2001	2
2002 or later	3

13. Building Code Effectiveness Grading (BCEG) Code

This code is **required** to identify qualifying exposure units that also receive a BCEG credit from their direct insurance writers. Report your actual “community graded” BCEG code (Codes 01 - 10 only). If a BCEG credit is not given or the BCEG code is “Ungraded” or “Non-Participating,” enter “00.”

If your company has less than \$50 million of aggregate non-mobile home exposure, you may choose to report all non-mobile home exposure with default FHCF Code “50”. Exposures reported with this default will not receive any credits from the FHCF.

The FHCF premium credits below will be given for qualifying exposure units that also receive credits from their direct insurance writers:

Actual BCEG Code	FHCF Credit
00	None
01 - 03	12%
04 - 07	8%
08 - 09	4%
10	None
FHCF Default: 50*	None

*See default eligibility requirement in second paragraph of this section.

With respect to buildings which have been individually graded and certified as “Grade 1” for windstorm/hail, and are eligible for a BCEG credit from the FHCF, such exposure may be reported to the FHCF with BCEG credit code “01.”

14. Florida Building Code Indicator

This code is used to identify exposure units that meet the Florida Building Code standards effective March 1, 2002. Enter the appropriate code from the table below.

Florida Building Code Indicator	FHCF Code
Meets 2002 Florida Building Code	1
Does not Meet Florida Building Code or Unknown	2

15. Structure Opening Protection

Enter the appropriate structure opening protection code from the table below.

Structure Opening Protection	FHCF Code
None or Unknown	0
Basic Shutters	1
Hurricane or Engineered Shutters or FBC-Equivalent*	2

* Requires that all openings must be protected with impact resistant coverings, impact resistant doors, and/or impact resistant glazing that meets the requirements of one of: SSTD 12; ASTM E 1886 and ASTM E 1996, Miami-Dade PA 201, 202, and 203; or Florida Building Code Testing Application Standards (TAS) 201, 202, and 203.

16. Roof Shape

Enter the appropriate roof shape code from the table below.

Roof Shape	FHCF Code
Hip, Mansard, or Pyramid	1
Gable, Other, or Unknown	2

17. Roof-Wall Connection

Enter the appropriate roof-wall connection code from the table below.

Roof-Wall Connection	FHCF Code
Anchor Bolts, Hurricane Ties, Clips, Single Wraps, Double Wraps or Structurally Connected	1
Nails, Toe Nails, Screws, Gravity, Friction, Adhesive Epoxy, Other, or Unknown	2

18. Roof-Deck Attachment

Enter the appropriate roof-deck attachment code from the table below.

Roof-Deck Attachment	FHCF Code
Reinforced Concrete Roof Deck	4
Other or Unknown	8

Florida Hurricane Catastrophe Fund 2009 Data Call

Attachments

- Article V - Definitions of Additional Living Expense, Covered Policy, Excess Insurance, and Residential Structures, as included in the Reimbursement Contract (pages 18-19)
- Article VI – Excluded exposures (page 19)
- Reporting Clarifications (pages 20-23)
- Citizens Property Insurance Corporation Takeouts Pursuant to Assumption Agreements (page 24)
- Citizens Property Insurance Corporation High Risk Account Quota Share Primary Insurance Reporting Requirements (page 25)
- Construction Codes (pages 26-27)
- Florida County Codes (page 28)
- Reference Guide (page 29)
- Submission Checklist (page 30)
- Control Totals Form (page 31)
- Statement of Exposure Data Validity (page 32)
- Statement of Retention of Exam File (page 33)
- Collateral Protection Statement (page 34)
- Supplemental Instruction Sheet for New Participants (page 35)
(Sent only to new participants)

Enclosures

- FHCF Preliminary Validation Software (~~Version 2009~~) CD-ROM
- FHCF Preliminary Validation Software Version 2009 Instruction Sheet

Florida Hurricane Catastrophe Fund 2009 Data Call

Reimbursement Contract: Article V – Selected Definitions

DRAFT NOTE: This page to be updated once 2009 Reimbursement Contract finalized.

(3) **Additional Living Expenses (ALE)**

ALE losses covered by the FHCF are not to exceed 40 percent of the insured value of a Residential Structure or its contents based on the coverage provided in the policy. Fair rental value, loss of use, loss of rents, or business interruption losses are not covered by the FHCF.

(10) **Covered Policy or Covered Policies**

(a) Covered Policy, as defined in Section 215.555(2)(c), Florida Statutes, is further clarified to mean only that portion of a binder, policy or contract of insurance that insures real or personal property located in the State of Florida to the extent such policy insures a Residential Structure, as defined in definition (27) herein, or the contents of a Residential Structure located in the State of Florida.

(b) Due to the specialized nature of the definition of Covered Policies, Covered Policies are not limited to only one line of business in the Company's annual statement required to be filed by Section 624.424, Florida Statutes. Instead, Covered Policies are found in several lines of business on the Company's annual statement. Covered Policies will at a minimum be reported in the Company's statutory annual statement as:

- Fire
- Allied Lines
- Farmowners Multiple Peril
- Homeowners Multiple Peril
- Commercial Multiple Peril (non liability portion, covering condominiums and apartments)
- Inland Marine

Note that where particular insurance exposures are reported, e.g. mobile home, on an annual statement is not dispositive of whether or not the exposure is a Covered Policy.

(c) This definition applies only to the first-party property section of a policy pertaining strictly to the structure, its contents, appurtenant structures, or ALE coverage.

(d) Covered Policy also includes any collateral protection insurance policy covering personal residences which protects both the borrower's and the lender's financial interest, in an amount at least equal to the coverage for the dwelling in place under the lapsed homeowner's policy, if such policy can be accurately reported as required in Section 215.555(5), Florida Statutes. A Company will be deemed to be able to accurately report data if the required data, as specified in the Premium Formula adopted in Section 215.555(5), Florida Statutes, is available.

(e) See Article VI of this Contract for specific exclusions.

(13) **Excess Policies**

This term, for the purposes of this Contract, means a policy that provides insurance protection for large commercial property risks that provide a layer of coverage above a primary layer (which is insured by a different insurer) that acts much the same as a very large deductible.

(27) **Residential Structures**

This term means dwelling units used as a home or residence, including the primary structure and appurtenant structures insured under the same policy and any other structure covered under endorsements associated with a policy covering a residential structure, the principal function of which at the time of loss was as a primary or secondary residence. Covered Residential Structures do not include any structures listed under Article VI herein.

Florida Hurricane Catastrophe Fund 2009 Data Call

Reimbursement Contract: Article VI – Exclusions

DRAFT NOTE: This page to be updated once 2009 Reimbursement Contract finalized.

The following selected exclusions from Article VI of the Reimbursement Contract pertain to exposure that should not be reported under this Data Call.

2. Any policy which excludes wind or hurricane coverage.
3. Any Excess Policy or Deductible Buy-Back Policy that requires individual ratemaking.
4. Any policy for Residential Structures, as defined in Article V(27) herein, that provides a layer of coverage underneath an Excess Policy, as defined in Article V(13) herein, issued by a different insurer.
5. Any liability of the Company attributable to losses for fair rental value, loss of use, loss of rents, or business interruption.
6. Any collateral protection policy that does not meet the definition of Covered Policy as defined in Article V(10)(d) herein.
7. Any reinsurance assumed by the Company.
8. Any exposure for hotels, motels, timeshares, shelters, camps, retreats, and any other rental property used solely for commercial purposes.
9. Any exposure for homeowner associations if no habitational structures are insured under the policy.
10. Any exposure for condominium structures or units that are non-owner occupied for six (6) or more time periods by different parties during the course of a twelve (12) month period.
11. Commercial healthcare facilities and nursing homes; however, a nursing home which is an integral part of a retirement community consisting of primarily habitational structures that are not nursing homes will not be subject to this exclusion.
12. Any exposure under commercial policies covering only appurtenant structures or structures that do not function as a habitational structure (e.g. a policy covering only the pool of an apartment complex).
13. Personal contents in a commercial storage facility covered under a policy that covers only those personal contents.
14. Policies covering only Additional Living Expense.
15. Any exposure for barns or barns with apartments.
16. Any exposure for builders risk coverage or new residential structures still under construction.
17. Any exposure described as a vacant property under a commercial policy.
18. Any exposure for recreational vehicles or boats (including boat related equipment) requiring licensing and written on a separate policy or endorsement.
19. Any liability assumed by the Company from Pools, Associations, and Syndicates. Exception: Covered Policies assumed from Citizens under the terms and conditions of an executed assumption agreement between the Authorized Insurer and Citizens are covered by this Contract.
29. Specialized Fine Arts Risks as defined in Rule 19-8.028(4)(d), F.A.C.

Florida Hurricane Catastrophe Fund 2009 Data Call

Reporting Clarifications

General Clarifications

1. *Aggregate Policy Limits (not applicable to Commercial Residential Policies)*

For policies that provide an aggregate limit without stating a specific limit for buildings, appurtenant structures, contents, or ALE exposures, report the exposure to the FHCF by allocating the total policy limit to the building field if the policy fits the definition of FHCF types of business Residential or Mobile Home, or to the contents field if the policy fits the definition of FHCF types of business Tenants or Condominium Unit Owners.

2. *Farmowners*

The only exposure under a Farmowners policy that is reportable to the FHCF is exposure for the dwelling, other private structures appurtenant to dwellings, household personal property, and additional living expense coverage. FHCF commercial codes for type of business and deductible may not be used.

3. *BCEG Credits that Vary by Coverage Within a Policy*

For policies under which BCEG credits do not apply to every policy coverage (e.g. credit applies to building but not contents), all exposure under the policy may be reported as one record.

4. *Multiple Rating Factors (Construction and Deductible) within the Building, Appurtenant Structures, Contents (including scheduled personal property), and ALE Limits*

If, within a policy, the limits above have different FHCF rating factors, exposure may be reported under one record using the rating factors applicable to the most exposure (e.g. if 70% of the exposure under such a policy is for Building coverage, report the rating factors applicable to the Building coverage). If your company chooses to break such policies into multiple records for FHCF reporting, you must do so consistently across your non-commercial book of business.

This clarification is also applicable to the Year Built, Florida Building Code Indicator, Structure Opening Protection, Roof Shape, Roof-Wall Connection, and Roof-Deck Attachment fields.

For commercial policies covered by the FHCF, see Commercial-Habitational Clarification #1 below.

Commercial-Habitational Clarifications

The only Commercial policies covered by the FHCF are those covering habitational structures (e.g. apartments and condominiums).

1. *Multiple Rating Factors (Construction and Deductible) within the Building (dwelling), Non-Habitational Structures, Contents, and ALE Limits of a commercial policy*

One Occupied Dwelling Structure: If, within a commercial policy, the limits above have different rating factors (e.g. a superior masonry apartment building, a frame guardhouse, and a masonry pool), exposure may be reported under one record using the rating factors applicable to the dwelling structure. If your company chooses to break such policies into multiple records to report different constructions and deductibles to the FHCF, you must do so consistently across your commercial book of business.

Multiple Occupied Dwelling Structures: If, within a commercial policy, several occupied dwelling structures are insured and those structures are in multiple ZIP Codes, a separate record must be reported for each ZIP Code with the exposure applicable to that specific ZIP Code.

If multiple occupied dwelling structures insured under one policy are in the same ZIP Code and have shared non-habitational structures with different rating factors, your company may report the exposure for the non-habitational structures as appurtenant to the dwelling structure your company deems most appropriate.

This clarification, in its entirety, is also applicable to the Year Built, Florida Building Code Indicator, Structure Opening Protection, Roof Shape, Roof-Wall Connection, and Roof-Deck Attachment fields.

2. *Commercial Policies Covering Farms*

For commercial farms with habitational exposure that is written on a commercial policy form, report the exposure as “Residential” type of business, with the exception of any mobile home related exposure. Dwelling mobile home exposure on the policy, including the contents therein and scheduled personal property, must be reported as “Mobile Home” type of business.

3. *Commercial Policies Covering a Variety of Risks (other than Farm coverage)*

For a commercial policy covering both commercial habitational exposures and incidental non-commercial habitational exposures (i.e. single-family homes, condominium unit owners, tenants coverage, and mobile homes) in the same ZIP Code, all non-mobile home related exposure may be reported under one record using FHCF type of business “Commercial.” The construction, deductible, Year Built, Florida Building Code Indicator, Structure Opening Protection, Roof Shape, Roof-Wall Connection, and Roof-Deck Attachment codes applicable to the commercial habitational exposure should be reported for that record. Non-commercial habitational exposure is considered incidental if such exposure accounts for less than 50% of the total reportable exposure under that policy. Any mobile home exposure, regardless of the type of policy under which it is written, must be reported to the FHCF as type of business Mobile Home and with the applicable mobile home construction and deductible codes.

Note that if the exposures are in different ZIP Codes, the exposures under the single commercial policy must be reported as separate records using the ZIP Code applicable to each exposure(s). Should your company choose to report the exposure under such a policy as multiple records (e.g. an apartment building reported as Commercial, the CEO’s home reported as Residential, and the president’s condominium reported as Condominium Unit Owners), the decision to do so must be applied consistently to all such policies, and the Data Call codes applicable to each record/type of business must be reported.

4. *Blanket Limits*

For a multiple location policy with a blanket limit, report the lesser of the full blanket limit or the full wind exposure value for each risk/building/exposure. The company must maintain a copy of the Statement of Values to support the policy exposure reported in order for the SBA to confirm correct reporting during examination.

5. *Blanket Deductibles*

For a policy covering multiple structures/contents under an indivisible aggregate deductible, report each risk/building/exposure with the full blanket deductible amount.

6. *Multiple Location Policy with Non-Florida Risk*

For a multiple location policy with non-Florida risk, report the lesser of the full policy limit or the full wind exposure value for each Florida risk/building/exposure. The company must maintain a copy of the Statement of Values to support the policy exposure reported in order for the SBA to confirm correct reporting during examination.

7. *Single Structures with Mix of Commercial-Habitational and Non-Habitational or Business Exposure*

Important Note: If this section is applicable to your company, it is necessary for you to review your executed 2009/2010 FHCF Reimbursement Contract.

- A. If a single structure is used for both habitational and non-habitational purposes and the structure has a commercial-residential class code (based on a classification plan submitted to, and reviewed by, the FHCF Administrator), report the entire exposure for the structure to the FHCF. The FHCF will reimburse losses for the entire structure as well. **This requirement applies to all companies insuring such structures.**
- B. If the structure has a commercial non-residential class code (again, as on file with and reviewed by the FHCF Administrator), report only the habitational portion of the policy.

In recognition of the unusual nature of commercial structures with incidental habitational exposure and the hardship some companies may face in having to carve out such incidental exposure, as well as the losses to such structures, the FHCF will accommodate these companies by allowing them to exclude the entire exposure from their Data Call submission, if all of the following three conditions are met:

- (1) The decision to not carve out and report the incidental habitational exposure shall apply to all such structures insured by the company.
 - (2) The company should not report losses to this incidental habitational exposure and the FHCF will not reimburse the losses to this exposure.
 - (3) The company must have already indicated its decision to not carve out and report the incidental exposure in the annual Reimbursement Contract. Failure to disclose this decision at the time of the company's execution of the Reimbursement Contract shall be interpreted by the FHCF as the company's intent to carve out and report incidental habitational exposure, and the failure to do so will be considered a reporting error.
- C. If a policy covers multiple structures that each have a mix of commercial-habitational and non-habitational or business exposure, apply the decision rules in A. and B. above separately to each structure. (This process must be consistent with requirement B.(1) above.)
- D. If your company writes policies for which this section is applicable, provide the Administrator with a list of your company's applicable Florida class codes (as on file with and reviewed by the FHCF Administrator), a description of those codes, and your company's recommendation of whether each code is commercial-residential or commercial non-residential. The Administrator will review this information with the SBA, and will respond to your company with respect to the submitted recommendations prior to your Data Call submission.

8. *Policies with a Mix of Commercial Habitational & Non-Habitational Structures*

Only report exposure which directly covers, or is used in relation to, covered habitational structures. "Used in relation to" is defined as any structure that is used solely by the occupants (or their guests) of the habitational structure. If you are unable to make this determination for a structure, do not report the exposure for that structure in your Data Call submission. Refer to the other clarifications herein with respect to blanket limits or blanket deductibles.

9. *Multiple Family Dwellings on a Commercial Policy & FHCF Type of Business (TOB)*

Two, three, and four-family dwellings should be reported with an FHCF TOB based on how your company rates the dwellings (either Residential or Commercial FHCF TOB). Dwellings housing more than four families should be reported as FHCF TOB Commercial. For a commercial policy covering exposure that falls under multiple FHCF types of business, see Commercial-Habitational Clarification #3 herein.

Florida Hurricane Catastrophe Fund 2009 Data Call

Citizens Property Insurance Corporation Takeouts Pursuant to Assumption Agreements

Pursuant to Sections 627.351(6)(p)3. and 627.3511, Florida Statutes, for purposes of reporting exposure, calculating reimbursement premium, and determining retention, all FHCF exposure removed from Citizens Property Insurance Corporation High-Risk Account and/or Citizens Property Insurance Corporation Personal Lines and Commercial Lines Accounts pursuant to an assumption agreement shall be treated as the exposure of the assuming insurer.

Insurers engaged in assumption agreements from July 1, 2008 through June 30, 2009 with either Citizens entity shall submit **separate** data files to the FHCF (including a Control Totals Form for each file) in the format specified herein. If your company engaged in assumption agreements with both Citizens entities, three files would be submitted in response to this Data Call. One file must contain the insurer's FHCF exposure from direct written premiums. The exposure assumed from either Citizens entity which is renewed by June 30, 2009 must be included with the direct portion. The other two file(s) must contain the FHCF exposure which was assumed from each Citizens entity (one file for each entity) and which was not renewed onto your company's book by June 30, 2009. Providing they are clearly labeled, all files may be submitted on the same diskette or CD-ROM.

Note: All data for an individual company should be submitted at the same time. If your company has different departments responsible for compiling portions of your data submission, please have one individual coordinate, compile, and submit the complete package to the Administrator.

For the purpose of this Data Call, each Citizens entity shall submit all of its FHCF exposure not subject to assumption agreements in the format specified herein. In addition, each Citizens entity shall report all FHCF exposure removed from the applicable Citizens entity which, as of June 30, 2009, had not been renewed onto the assuming insurer's policy forms. Such a file is required for each assumption company. Each file shall be reported in the Data Call format specified herein and shall be accompanied by a Control Totals Form.

The FHCF will compare the file(s) submitted by an assumption company against the file(s) submitted by Citizens and the assumption company will be required to explain discrepancies.

~~Regarding the tagging and untagging of policies for assumption, all policies identified by Citizens as "tagged" for assumption as of June 30th shall be considered by the FHCF to be policies of the assuming insurer for the purpose of Data Call reporting. Any changes to the status of an assumed policy, including any untagging or other retroactive changes, subsequent to June 30th will not be considered by the FHCF and will not impact Data Call reporting for Citizens or the assuming insurer.~~

The FHCF recognizes that policyholders receiving a notice of assumption from an assumption company can opt to not have their policy assumed any time during the policy period. For purposes of reporting assumed policies to the FHCF, Citizens and the assuming company must track the date the policyholder notified the assumption company or Citizens rejecting the assumption company's offer of coverage since the policy is required to be reported to the FHCF based on its status at June 30th. Any decision made by the policyholder to opt out of the assumption after June 30th will not be recognized for exposure reporting purposes by the FHCF and should not affect how the policy is reported. Furthermore, any retroactive coverage changes subsequent to June 30th will not be considered by the FHCF and will not impact Data Call reporting for Citizens or the assuming insurer.

All exposure files requested from the two Citizens entities and insurers engaged in removing exposure from either Citizens entity pursuant to an assumption agreement are subject to examination by the SBA and must be retained as specified under **Retention of Records for SBA Examination** on page 5 herein.

Florida Hurricane Catastrophe Fund 2009 Data Call

Citizens Property Insurance Corporation High Risk Account Quota Share Primary Insurance Reporting Requirements

Section 627.351(6)(c)2.f, Florida Statutes, requires that “For all eligible risks covered under quota share primary insurance agreements, the exposure and coverage levels for both the corporation and authorized insurers shall be reported by the corporation to the Florida Hurricane Catastrophe Fund. For all policies of eligible risks covered under quota share primary insurance agreements, the corporation and the authorized insurer shall maintain complete and accurate records for the purpose of exposure and loss reimbursement examinations as required by Florida Hurricane Catastrophe Fund rules. The corporation and the authorized insurer shall each maintain duplicate copies of policy declaration pages and supporting claims documents.”

Citizens Property Insurance Corporation High Risk Account (referred to hereafter on this page as Citizens) shall report all quota share primary insurance exposure data to the FHCF in a separate file meeting the requirements below. **Individual insurers shall not report any such exposure to the FHCF.**

1. File must include quota share primary insurance exposure for all insurers engaged in quota share primary insurance agreements;
2. File must include all data fields as specified in this Data Call; and
3. In addition to the data fields specified in this Data Call, the file must include the following two fields:
 - Field #19: Five-character numeric field indicating NAIC# of insurer for each record reported, and
 - Field #20: Two-character numeric field indicating Citizens’ specified percentage of hurricane coverage of the risks reported in a specific record, as set forth in the quota share primary insurance agreement between Citizens and an insurer.
4. A separate SBA exam file, as specified on pages 5-6 of this Data Call, shall also be prepared for this data. The two fields specified immediately above shall be included as fields #23-24 of the SBA exam file.

Based on the separate Data Call file, the FHCF shall:

- Calculate the aggregate FHCF premium, based on the Reimbursement Premium Formula as discussed on page 1 of this Data Call, by insurer;
- Based upon the specified Citizens’ percentage of hurricane coverage, allocate the applicable share of FHCF premium to Citizens and to each insurer;
- The allocated premium from above will be added to the FHCF premium calculated from non-quota share primary insurance for Citizens and for each insurer participating in a quota share primary insurance agreement(s) with Citizens; and
- This aggregate premium shall be used for the calculation of retentions and FHCF reimbursements.

When reporting loss information to the FHCF, Citizens and insurers will be required to report only their respective portion of losses under quota share primary insurance agreements.

Florida Hurricane Catastrophe Fund 2009 Data Call

FHCF Construction Codes

The construction code identifies the material with which the building is constructed.

Construction Type/Definition	FHCF Code
<p><i>Frame</i> Buildings where the exterior walls are wood or other combustible materials, including wood iron-clad, stucco on wood, or plaster on combustible supports. Also includes aluminum or plastic siding over frame. <u>If a company's definition of frame includes hardiboard, FHCF Frame construction should be used¹.</u></p>	1
<p><i>Masonry</i> Buildings where the exterior walls are constructed of masonry, non-combustible, or fire resistive materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or other non-combustible materials.</p>	2
<p><i>Superior</i> Masonry, non-combustible, or fire resistive construction where one of the following additional conditions exist:</p> <ul style="list-style-type: none"> ▪ Roof deck has a minimum thickness of 2 inches with roof supports having a minimum dimension of 6 inches; or ▪ Floors and roof constructed of 2 inches of masonry on steel supports or documented to be constructed of 22 gauge metal or heavier on steel supports; or ▪ Roof assembly is documented to have a UL wind uplift classification of 90 or equivalent. <p>Or A building of any construction which is 6 or more stories.</p>	7
<p><i>Masonry Veneer</i> Buildings with exterior walls of combustible construction veneered with brick, masonry, or stone. <u>If a company's definition of veneer includes hardiboard, FHCF Masonry Veneer construction should be used¹.</u></p>	10
<p><i>Unknown</i> Construction information not collected for the policy or the reportable exposure. Not valid for mobile home or mobile home-related exposure.</p>	11
<p><i>Non-Mobile Home Default Construction</i> Construction information collected for the policy, but company is eligible to report all non-mobile home exposure using this default code. See page 10 for restrictions on the use of this default.</p>	12
<p><i>Mobile Home - Fully Tied Down, manufactured before 7/13/94²</i> Mobile/Manufactured Housing, manufactured before 7/13/94, which has anchors and tie-downs as required by Section 320.8325, Florida Statutes, and Florida Administrative Code rules promulgated thereunder.</p>	21
<p><i>Mobile Home - Fully Tied Down, manufactured on or after 7/13/94²</i> Mobile/Manufactured Housing which has anchors and tie-downs as required by Section 320.8325, Florida Statutes, and Florida Administrative Code rules promulgated thereunder, and was manufactured on or after 7/13/94 or is documented to be in compliance with ANSI/ASCE 7-88.</p>	22
<p><i>Mobile Home – Other than Fully Tied Down or Unknown</i> Mobile home is not fully tied down, the nature of any tie downs is unknown, or tie down information is not available.</p>	25
<p><i>Mobile Home Default Construction</i> Construction information collected for the policy, but company is eligible to report all mobile home exposure using this default code. See page 11 for restrictions on the use of this default.</p>	26

¹If your company has a specific rate for hardiboard construction (i.e., a rate other frame or veneer), a proposed mapping must be submitted to the FHCF Administrator as specified on page 9 herein.

²If you are uncertain whether a mobile home was manufactured on or after 7/13/94, use the manufactured before 7/13/94 code "21." If your company only tracks the year built and not the month, use code "21."

Florida Hurricane Catastrophe Fund 2009 Data Call

Florida County Codes*

County Code	County Name	County Code	County Name	County Code	County Name
001	Alachua	049	Hardee	093	Okeechobee
003	Baker	051	Hendry	095	Orange
005	Bay	053	Hernando	097	Osceola
007	Bradford	055	Highlands	099	Palm Beach
009	Brevard	057	Hillsborough	101	Pasco
011	Broward	059	Holmes	103	Pinellas
013	Calhoun	061	Indian River	105	Polk
015	Charlotte	063	Jackson	107	Putnam
017	Citrus	065	Jefferson	109	St. Johns
019	Clay	067	Lafayette	111	St. Lucie
021	Collier	069	Lake	113	Santa Rosa
023	Columbia	071	Lee	115	Sarasota
027	De Soto	073	Leon	117	Seminole
029	Dixie	075	Levy	119	Sumter
031	Duval	077	Liberty	121	Suwannee
033	Escambia	079	Madison	123	Taylor
035	Flagler	081	Manatee	125	Union
037	Franklin	083	Marion	127	Volusia
039	Gadsden	085	Martin	129	Wakulla
041	Gilchrist	086	Miami-Dade	131	Walton
043	Glades	087	Monroe	133	Washington
045	Gulf	089	Nassau		
047	Hamilton	091	Okaloosa		

* Derived from the Federal Information Processing Standards (FIPS) Codes.

Florida Hurricane Catastrophe Fund 2009 Data Call

Reference Guide

The FHCF is dedicated to making information pertaining to the FHCF as readily available as possible, and has posted a considerable amount of information on the Internet through both the FHCF (www.sbafla.com/fhcf/) and Paragon (www.paragonbenfield.com/fhcfhttp://fhcf.paragon.aonbenfield.com) web sites.

The following are sample documents/information available on-line:

- Bonding Estimates
- FHCF Calendar
- Contact Request Form (Insurer Contacts)
- Coverage Selections & Premium Calculations
- Data Call
- Examination Information
- Frequently Asked Questions
- Link: FEMA
- Link: Florida Administrative Weekly
- Link: Florida Department of Financial Services
- Link: Online Sunshine
- Loss Reimbursement Preparedness Program
- Loss Reports
- Member Handbook
- Projected Payout Multiple
- Ratemaking Formula Report and Addendum(s), as applicable
- Rates and Retention Multiples
- Reimbursement Contract and Addendum(s), as applicable
- Rule 19-8.010: Reimbursement Contract
- Rule 19-8.012: Ineligibility/Exemption from the FHCF
- Rule 19-8.013: Revenue Bonds
- Rule 19-8.028: Reimbursement Premium Formula
- Rule 19-8.029: Insurer Reporting Requirements
- Rule 19-8.030: Insurer Responsibilities
- Section 215.555, Florida Statutes

**Florida Hurricane Catastrophe Fund
2009 Data Call**

Submission Checklist

Due September 1, 2009

Please provide us with the following information and return this checklist with your exposure data:

Company Name: _____ **NAIC No.** _____

Item	Included?
Exposure Data File	Y / N
Completed Submission Checklist (page 30)	Y / N
Brief Written Verification of Exposure Fluctuations (criteria on page 4)	Y / N
Completed Control Totals Form (page 31)	Y / N
Completed Statement of Exposure Data Validity (page 32)	Y / N
Completed Statement of Retention of Exam File (page 33)	Y / N
Completed Collateral Protection Policies Statement * (page 34)	Y / N
*The above Statement is required only for Companies writing Collateral Protection Policies	
Validation Printouts (optional)	Y / N

In the event that we have questions regarding the data submitted, please provide the name of the person responsible for data collection:

Name	Telephone Number
Title	Facsimile Number
Street Address (not P.O. Box)	E-Mail Address
City, State, ZIP	

**Florida Hurricane Catastrophe Fund
2009 Data Call**

Control Totals Form

Due September 1, 2009

Please complete this form, verify that the totals match both your Data Call submission file and your SBA exam file, and return to Paragon along with your exposure data.

Company Name: _____ **NAIC No.** _____

FHCF Type of Business	Insured Risks	Total Insured Value (Exposure)			
		Building	Appurtenant Structures	Contents	ALE
Commercial	_____	_____	_____	_____	_____
Residential	_____	_____	_____	_____	_____
Mobile Home	_____	_____	_____	_____	_____
Tenants	_____	_____	_____	_____	_____
Condominium Unit Owners	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

**Florida Hurricane Catastrophe Fund
2009 Data Call**

Pursuant to Section 215.555(5)(c), Florida Statutes

Due September 1, 2009

Statement of Exposure Data Validity

on behalf of

(Company Name)

We, the undersigned, do state that, to the best of our knowledge, the attached data provided by the captioned Company to the State Board of Administration of Florida under Section 215.555(5)(c), Florida Statutes, is complete and accurate.

The validity of all exposure data sets received by Paragon is subject to examination.

We are each, respectively, executive officers of said Company, acting within our authority in making this declaration, and we have conducted, or have had conducted, a thorough review of said Company's records and systems to determine the truth of this statement.

BY: _____ **BY:** _____
Signature *Signature*

TYPED NAME: _____ **TYPED NAME:** _____
Typed/Printed *Typed/Printed*

TITLE: _____ **TITLE:** _____

DATE: _____ **DATE:** _____

**Florida Hurricane Catastrophe Fund
2009 Data Call**

Pursuant to Section 215.555(5)(c), Florida Statutes

Due September 1, 2009

Statement of Retention of Exam File

on behalf of

(Company Name)

We, the undersigned, state that the State Board of Administration of Florida (SBA) exam file referenced on pages 5-6 of this Data Call has been produced by the captioned Company in accordance with the required specifications and that the SBA exam file will be retained and maintained by the captioned Company in a secure location. We understand that the SBA exam file will be used when the FHCF conducts an examination of the captioned Company's exposure submission for this Contract Year. The captioned Company will provide the SBA exam file to the FHCF or its designated representative upon notification that an exposure examination for this Contract Year has been scheduled. The captioned Company recognizes that the exposure examination will require documentation in addition to the SBA exam file.

We are each, respectively, executive officers of said Company, acting within our authority in making this declaration, and we have conducted, or have had conducted, a thorough review of the said Company's records and systems to determine the truth of this statement. We understand that our SBA exam file should be generated at the same time our Data Call file is created, and that data fields common to both the Data Call file and the SBA exam file must be the same. We acknowledge that if it is determined, subsequent to our Data Call submission, that these files are not in agreement, our company will be required to resubmit both files and will be subject to a \$1,000 resubmission fee for each resubmission.

BY: _____
Signature

BY: _____
Signature

TYPED-NAME: _____
Typed/Printed

TYPED-NAME: _____
Typed/Printed

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

Florida Hurricane Catastrophe Fund 2009 Data Call

Pursuant to Section 215.555(5)(c), Florida Statutes

Due September 1, 2009

Collateral Protection Statement

(This form may be disregarded if not applicable to your company)

on behalf of

(Company Name)

We, the undersigned, acknowledge that the captioned Company writes collateral protection policies covering personal residences in the State of Florida that protect both the borrower's and the lender's financial interest, in an amount at least equal to the coverage for the dwelling in place under the lapsed homeowner's policy. We understand that, as referenced in Section 215.555(2)(c), Florida Statutes, for such policies to be covered by the FHCF, our Company must be able to accurately report exposure information for those policies as required in Section 215.555(5), and specifically, as outlined in this Data Call.

We are each, respectively, executive officers of said Company, acting within our authority in making this declaration. We have conducted, or have had conducted, a thorough review of said Company's records to determine whether all necessary information required for collateral protection policies to be covered by, and reported to, the FHCF, as outlined above and in this Data Call, is available for reporting (whether in a hard copy or an electronic format). Accordingly, we certify that (check appropriate box below):

Said Company has collected all information necessary for such policies to be covered by, and reported to, the FHCF, as outlined in this Statement and this Data Call, and has accordingly included collateral protection exposure covered by the FHCF in this Data Call submission.

Said Company **DOES NOT** have available the data as required by the premium formula as specified in Section 215.555(5), Florida Statutes, and therefore is unable to accurately report its collateral protection exposure. We understand that the said Company is ineligible to collect any reimbursements from the FHCF for losses occurring during the 2009/2010 FHCF contract year from policies covering collateral protection exposure.

BY: _____
Signature

BY: _____
Signature

~~TYPED~~ NAME: _____
Typed/Printed

~~TYPED~~ NAME: _____
Typed/Printed

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

Florida Hurricane Catastrophe Fund 2009 Data Call

Supplemental Instruction Sheet for New Participants

As explained on page one of this Data Call, each authorized insurance company writing Covered Policies in the state of Florida is required to pay a reimbursement premium to the Florida Hurricane Catastrophe Fund (FHCF). This includes new participants to the FHCF. Rule 19-8.028 Reimbursement Premium Formula, Florida Administrative Code (F.A.C.), defines a new participant as a company that:

“writes covered policies on or after the beginning of the Fund’s contract year on June 1 and did not do so prior to the beginning of the contract year, or if it removes exposure from Citizens Property Insurance Corporation pursuant to an assumption agreement on or after June 1 and had written no other covered policies before June 1.”

Rule 19-8.028, F.A.C., requires that a new participant report its insured values under Covered Policies **as of December 31, 2009** by March 1, 2010. To comply with this requirement, please use the 2009 Data Call instructions, keeping the following points in mind:

- All references to data as of June 30, 2009 should be as of December 31, 2009 for new participants.
- The Data Call submission for new participants is due by March 1, 2010. Extensions will not be granted.
- The forms included in this supplemental should be used when compiling and submitting your company’s data.
- All references to exposure fluctuations from the prior year may be disregarded.

If you have any questions about the information to be supplied as a new participant, please do not hesitate to call Holly Bertagnolli, ~~Sandie Donner~~, Martin Helgestad, or Kathy Mackenthun of Paragon Strategic Solutions Inc. at 1-800-689-FUND (3863).

**Florida Hurricane Catastrophe Fund
2009 Data Call**

New Participants Submission Checklist

Due March 1, 2010

Please provide us with the following information and return this checklist with your exposure data:

Company Name: _____ **NAIC No.:** _____

Item	Included?
Exposure Data File	Y / N
Completed New Participants Submission Checklist (page 36)	Y / N
Completed New Participants Control Totals Form (page 37)	Y / N
Completed New Participants Statement of Exposure Data Validity (page 38)	Y / N
Completed New Participants Statement of Retention of Exam File (page 39)	Y / N
Completed New Participants Collateral Protection Policies Statement * (page 40)	Y / N
*The above Statement is required only for Companies writing Collateral Protection Policies	
Validation Printouts (optional)	Y / N

In the event that we have questions regarding the data submitted, please provide the name of the person responsible for data collection:

Name	Telephone Number
Title	Facsimile Number
Street Address (not P.O. Box)	E-Mail Address
City, State, ZIP	

**Florida Hurricane Catastrophe Fund
2009 Data Call
New Participants Control Totals Form**

Due March 1, 2010

Please complete this form, verify that the totals match both your Data Call submission file and your SBA exam file, and return to Paragon along with your exposure data.

Company Name: _____ NAIC No. _____

FHCF Type of Business	Insured Risks	Total Insured Value (Exposure)			
		Building	Appurtenant Structures	Contents	ALE
Commercial	_____	_____	_____	_____	_____
Residential	_____	_____	_____	_____	_____
Mobile Home	_____	_____	_____	_____	_____
Tenants	_____	_____	_____	_____	_____
Condominium Unit Owners	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

Florida Hurricane Catastrophe Fund 2009 Data Call

Pursuant to Section 215.555(5)(c), Florida Statutes

Due March 1, 2010

New Participants Statement of Exposure Data Validity

on behalf of

(Company Name)

We, the undersigned, do state that, to the best of our knowledge, the attached data provided by the captioned Company to the State Board of Administration of Florida under Section 215.555(5)(c), Florida Statutes, is complete and accurate.

The validity of all exposure data sets received by Paragon is subject to examination.

We are each, respectively, executive officers of said Company, acting within our authority in making this declaration, and we have conducted, or have had conducted, a thorough review of said Company's records and systems to determine the truth of this statement.

BY: _____
Signature

BY: _____
Signature

~~TYPED~~ NAME: _____
Typed/Printed

~~TYPED~~ NAME: _____
Typed/Printed

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

**Florida Hurricane Catastrophe Fund
2009 Data Call**

Pursuant to Section 215.555(5)(c), Florida Statutes

Due March 1, 2010

New Participants Statement of Retention of Exam File

on behalf of

(Company Name)

We, the undersigned, state that the State Board of Administration of Florida (SBA) exam file referenced on pages 5-6 of this Data Call has been produced by the captioned Company in accordance with the required specifications and that the SBA exam file will be retained and maintained by the captioned Company in a secure location. We understand that the SBA exam file will be used when the FHCF conducts an examination of the captioned Company's exposure submission for this Contract Year. The captioned Company will provide the SBA exam file to the FHCF or its designated representative upon notification that an exposure examination for this Contract Year has been scheduled. The captioned Company recognizes that the exposure examination will require documentation in addition to the SBA exam file.

We are each, respectively, executive officers of said Company, acting within our authority in making this declaration, and we have conducted, or have had conducted, a thorough review of the said Company's records and systems to determine the truth of this statement. We understand that our SBA exam file should be generated at the same time our Data Call file is created, and that data fields common to both the Data Call file and the SBA exam file must be the same. We acknowledge that if it is determined, subsequent to our Data Call submission, that these files are not in agreement, our company will be required to resubmit both files and will be subject to a \$1,000 resubmission fee for each resubmission.

BY: _____ **BY:** _____
Signature *Signature*

TYPED-NAME: _____ **TYPED-NAME:** _____
Typed/Printed *Typed/Printed*

TITLE: _____ **TITLE:** _____

DATE: _____ **DATE:** _____

Florida Hurricane Catastrophe Fund 2009 Data Call

Pursuant to Section 215.555(5)(c), Florida Statutes

Due March 1, 2010

New Participants Collateral Protection Statement

(This form may be disregarded if not applicable to your company)

on behalf of

(Company Name)

We, the undersigned, acknowledge that the captioned Company writes collateral protection policies covering personal residences in the State of Florida that protect both the borrower's and the lender's financial interest, in an amount at least equal to the coverage for the dwelling in place under the lapsed homeowner's policy. We understand that, as referenced in Section 215.555(2)(c), Florida Statutes, for such policies to be covered by the FHCF, our Company must be able to accurately report exposure information for those policies as required in Section 215.555(5), and specifically, as outlined in this Data Call.

We are each, respectively, executive officers of said Company, acting within our authority in making this declaration. We have conducted, or have had conducted, a thorough review of said Company's records to determine whether all necessary information required for collateral protection policies to be covered by, and reported to, the FHCF, as outlined above and in this Data Call, is available for reporting (whether in a hard copy or an electronic format). Accordingly, we certify that (check appropriate box below):

Said Company has collected all information necessary for such policies to be covered by, and reported to, the FHCF, as outlined in this Statement and this Data Call, and has accordingly included collateral protection exposure covered by the FHCF in this Data Call submission.

Said Company **DOES NOT** have available the data as required by the premium formula as specified in Section 215.555(5), Florida Statutes, and therefore is unable to accurately report its collateral protection exposure. We understand that the said Company is ineligible to collect any reimbursements from the FHCF for losses occurring during the 2009/2010 FHCF contract year from policies covering collateral protection exposure.

BY: _____

Signature

BY: _____

Signature

~~TYPED~~ NAME: _____

Typed/Printed

~~TYPED~~ NAME: _____

Typed/Printed

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____