

# 2004 Property & Casualty Market Conduct Annual Statement

## Homeowners Annual Statement Data Request

<b>Reporting Period:</b>	<b>January 1, 2004 through December 31, 2004</b>
<b>Filings Due:</b>	<b>April 30, 2005</b>

<b>Contact Information:</b>
NAIC Code
Group Code
Federal EIN
Contact Person
Contact Phone
Contact Email
Company (Name)
Address1
Address2
City
State
Zip Code

Coverage Identifiers	Explanation of Coverage Identifier
A	Dwelling (includes – Other Structures, Personal Property, Loss of Use and Medical Payments)
B	Liability

*Throughout the data collection process, additional information will be available at [www.naic.org](http://www.naic.org). Be sure to check the NAIC website often to review Frequently Asked Questions (FAQs) and check for any other updates.*

## Schedule 1 – Homeowners Claims Activity

<u>ID</u>	<u>Description</u>
	State Indicator (State For Which This Is Being Submitted) Automatically loaded
	NAIC Company Code Automatically Loaded after initial entry
	NAIC Group Code Automatically loaded after initial entry
	Schedule Identifier (1) Automatically loaded
	Coverage Identifier (A or B) Automatically loaded
<b>PH01</b>	Type of Claim Count Indicator (By Occurrence use “O”, by Claimant use “C”)
<b>PH02</b>	Claims open at beginning of the period
<b>PH03</b>	Claims opened during the period
<b>PH04</b>	Claims closed during the period, with payment
<b>PH05</b>	Claims closed during the period, without payment

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## Schedule 2 – Homeowners Claims Date of Report to Date of Final Payment

<u>ID</u>	<u>Description</u>
	State Indicator (State For Which This Is Being Submitted) Automatically loaded
	NAIC Company Code Automatically Loaded after initial entry
	NAIC Group Code Automatically loaded after initial entry
	Schedule Identifier (2) Automatically loaded
	Coverage Identifier (A or B) Automatically loaded
	1st or 3rd Party Claims Automatically loaded
<b>PH06</b>	Median days to final payment
<b>PH07</b>	Number of claims settled within 0-30 days
<b>PH08</b>	Number of claims settled within 31-60 days
<b>PH09</b>	Number of claims settled within 61-90 days
<b>PH10</b>	Number of claims settled within 91-180 days
<b>PH11</b>	Number of claims settled within 181-365 days
<b>PH12</b>	Number of claims settled beyond 365 days

## Schedule 3 – Homeowners Claims Date of Accident to Date of Report

<u>ID</u>	<u>Description</u>
	State Indicator (State For Which This Is Being Submitted) Automatically loaded
	NAIC Company Code Automatically Loaded after initial entry
	NAIC Group Code Automatically loaded after initial entry
	Schedule Identifier (3) Automatically loaded
	Coverage Identifier (A or B) Automatically loaded
<b>PH13</b>	Median days to date of report

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## Schedule 4 – Homeowners Claims in Suit

<u>ID</u>	<u>Description</u>
	State Indicator (State For Which This Is Being Submitted) Automatically loaded
	NAIC Company Code Automatically Loaded after initial entry
	NAIC Group Code Automatically loaded after initial entry
	Schedule Identifier (4) Automatically loaded
	Coverage Identifier (A or B) Automatically loaded
<b>PH14</b>	Suits open at beginning of the period
<b>PH15</b>	Suits closed during the period
<b>PH16</b>	Suits open at end of period

## Schedule 5 – Homeowners Underwriting

<b>Homeowners Underwriting, one record per company</b>	
<u>ID</u>	<u>Description</u>
	State Indicator (State For Which This Is Being Submitted) Automatically loaded
	NAIC Company Code Automatically Loaded after initial entry
	NAIC Group Code Automatically loaded after initial entry
	Schedule Identifier (5) Automatically loaded
<b>PH17</b>	Number of dwellings that have policies inforce at the end of the period
<b>PH18</b>	Number of policies inforce at the end of the period
<b>PH19</b>	Number of new business policies written during the period
<b>PH20</b>	Dollar amount of direct premium written during the period
<b>PH21</b>	Number of non-renewals during the period
<b>PH22</b>	Number of cancellations that occur 60 days or more after effective date, excluding those for either non-pay or at the insured's request.
<b>PH23</b>	Number of cancellations that occur in the first 59 days after effective date, excluding those for either non-pay or at insured's request.

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## **Definitions:**

All companies should follow the same methodology/definitions used to file the Financial Annual Statement and its corresponding state pages.

**Claim** - A request or demand for payment of a loss that may be included within the terms of coverage of an insurance policy. The company should indicate in the "Type of Claim Count Indicator" whether the aging of claims is being reported per occurrence or claimant.

**Claims Settled** - The claims section of the Homeowners request asks for an aging from date of report to date of final payment to claimant. This should exclude subrogation. The later supplemental payment date should only be used if the original claim was re-opened and then closed with a payment. If a new claim was opened for a subsequent supplemental payment, then calculate a separate aging on that claim.

**Direct Written Premium** - The actual amount of premiums written during the reporting period. (1/1/2004 through 12/31/2004)

**Homeowners** – Includes renters insurance.

**Median** - The middle value in a distribution, above and below which lie an equal number of values. The median value for all claims reported during the period, calculated from the date of the accident to the date the loss was reported to the company.

**Reporting for direct business only** – reporting shall not include premiums received from or losses paid to other carriers on account of reinsurance assumed by the reporting carrier, nor, shall any deductions be made by the reporting carrier for premiums added to or for losses recovered from other carriers on account of reinsurance ceded.