

Florida Hurricane Catastrophe Fund (“FHCF”) Contract Year ~~2027~~2026 Detailed Claims Listing Instructions

A Company ~~must upload~~participating in the Florida Hurricane Catastrophe Fund (FHCF) ~~must submit a Detailed Claims Listing for a specific hurricane to the FHCF Online Claims System (<https://fhcfclaims.paragon.aon.com>).~~ The uploaded Detailed Claims Listing will populate the Paid Loss and Outstanding Loss fields Form FHCF-L1B, Proof of Loss Report, for each applicable FHCF type of business, and ~~(as described below) to support the Losses reported in the Proof of Loss Report. Note that Incurred But Not Reported (“IBNR”) will be entered manually. If a company has no paid or outstanding losses, a selection can be made in the Online Claims System to move forward with a Proof of Loss Submission indicating that there are no paid or outstanding losses.~~

~~Losses are not to be included in the Detailed Claims Listing. A Detailed Claims Listing is required:~~

- ~~1. When the Company submits its first Proof of Loss Report for a specific Covered Event that qualifies the Company for reimbursement under that Covered Event;~~
- ~~2. Annually at each year end and quarterly thereafter until the completion of the FHCF commutation process;~~
- ~~3. Upon request of the FHCF in support of any other filed Proof of Loss Report; and~~
- ~~4. Upon request of the FHCF in support of an Interim Loss Report.~~

Steps for Completing a Proof of Loss Submission

1. Generate your Company’s Detailed Claims Listing for each applicable hurricane using the file layout requirements outlined below. The Detailed Claims Listing should include Ultimate Net Losses only; do not include Loss Adjustment Expenses. 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. The exclusions section includes types of policies and exposures not covered by the FHCF (e.g., hotels or motels). Your Company must not report claims on policies not covered by the FHCF. Also listed in the exclusions are types of losses that are not covered by the FHCF (e.g., loss assessment).

Carefully reviewing this information before generating a Detailed Claims Listing may help your Company avoid receiving reimbursements it is not entitled to, which must be paid back to the FHCF with interest based on Article VIII of the Reimbursement Contract.

Related documents and reporting forms can be found at <https://fhcf.sbafla.com>.

2. A registered Online Claims System user uploads a Detailed Claims Listing for each hurricane.
3. Data validation and data quality checks will run on the Detailed Claims Listing. These checks are programmed to assist your Company in avoiding common data submission errors.
 - a) Validation checks ensure the data are in the correct format and that it does not contain invalid values. These checks must be passed before the Proof of Loss Report can be submitted.
 - b) Data quality checks identify issues that could possibly be in error. These checks may recommend a review of specific data elements or require a comment to be entered (e.g., explaining a decrease in reported paid losses). Keep in mind that data quality checks cannot identify errors caused by data which were coded incorrectly according to the policy or claim details. Any examination conducted by the SBA will be the final determinant of data quality.

4. After validation issues are resolved and any required data quality comments are entered, enter IBNR losses as applicable for each FHCF type of business. If your Company has negative IBNR numbers, report the negatives; do not net with the Outstanding Loss numbers.
5. If your Company is claiming trade secret protection for the loss data in the Detailed Claims Listing and related Proof of Loss Report, check the Trade Secret Information box. Florida law generally defines a trade secret as being secret, of value, for use or in use by a business, and of advantage to the business, where the business takes measures to protect its secrecy.
6. Two officers must sign off on the Proof of Loss Report submission.

Officer certification:

We, the undersigned, do state that, to the best of our knowledge, all data reported under Section I of this Proof of Loss Report submission 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 withing our authority in making this declaration, and we have conducted, or have had conducted, a thorough review of the Company's records and system to determine the truth of this statement.

7. Once both officer sign offs are completed, any one of the Company's registered Online Claims System users selects the applicable Proof of Loss Report(s)/Detailed Claims Listing(s) for submission, uploads any supporting documentation/submission comments if desired, and clicks submit.

File Layout

~~The Detailed Claims Listing, which supports the Losses reported for a specific hurricane, must match the aggregate total amounts for paid Losses and outstanding Losses reported on page 1 of the Proof of Loss Report (or the Interim Loss Report if requested by the FHCF).~~ The Detailed Claims Listing must be ~~uploaded~~provided in a pipe delimited text file containing the following fields in the order listed. (For the pipe "|" symbol, press the *Shift* key and the \ key.) **Policy numbers in the Detailed Claims Listing must be in the same format as policy numbers provided in the FHCF Data Call submission.**

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Claim Number	1	20	Special	Include characters A-Z, 0-9, and "-" only
2	Date of Loss	8	8	Numeric	Must use "yyyymmdd" format only (include leading zeroes for single-digit months and days)
3	Date Claim was Reported to Company	8	8	Numeric	Must use "yyyymmdd" format only (include leading zeroes for single-digit months and days)
4	Policy Number	1	30	Special	Include characters A-Z, 0-9, and "-" only; must match the policy numbers and format provided in the ~~20272026~~ Data Call file for policies required to be reported at 6/30/ ~~2726~~
5	Policy Effective Date	8	8	Numeric	Must use "yyyymmdd" format only (include leading zeroes for single-digit months and days)
6	FHCF Type of Business Code	1	1	Numeric	Only use the codes on pg 8 of the Contract Year ~~20272026~~ FHCF Data Call
7	FHCF Line of Business Code	1	1	Numeric	Only use the codes on pg 9 of the Contract Year ~~20272026~~ FHCF Data Call
8	County Code	1	3	Numeric	Only use the codes on pg 30 of the Contract Year ~~20272026~~ FHCF Data Call
9	County Name	3	20	Special	Include characters A-Z and "-" only
10	ZIP Code	5	5	Numeric	

11	Deductible Amount Applied to Paid Loss	1	12	Numeric	Report whole dollar amounts only (no decimals). If an amount is zero, then enter 0
12	Paid Loss – Habitational Building*	1	12	Numeric	Report ~~whole~~ dollars <u>and cents amounts only</u> (no decimals). If an amount is zero, then enter 0
13	Paid Loss – Appurtenant Structures*	1	12	Numeric	
14	Paid Loss – Contents*	1	12	Numeric	
15	Paid Loss – Additional Living Expense*	1	12	Numeric	
16	Outstanding Loss Reserve	1	12	Numeric	If the amount is zero, then enter 0
17	Subscription Policy Indicator	1	1	Alpha	If the policy is a Subscription Policy, enter Y. If the policy is not a Subscription Policy, enter N

*Note: A breakdown of paid losses is required.

Example: A record with the following information:

FIELD #	DESCRIPTION	TYPE	ENTRY
1	Claim Number		336733
2	Date of Loss		~~20272026~~ 0910
3	Date Claim was Reported to Company		~~20272026~~ 0911
4	Policy Number		HCP5670996
5	Policy Effective Date		~~20272026~~ 0215
6	FHCF Type of Business Code	Residential	2
7	FHCF Line of Business Code	Homeowners Multiple Peril	2
8	County Code		49
9	County Name		HARDEE
10	ZIP Code		33890
11	Deductible Amount Applied to Paid Loss		500
12	Paid Loss – Habitational Building		12100. <u>00</u>
13	Paid Loss – Appurtenant Structures		3600. <u>00</u>
14	Paid Loss – Contents		8000. <u>00</u>
15	Paid Loss – Additional Living Expense		1500. <u>00</u>
16	Outstanding Loss Reserve		5000
17	Subscription Policy Indicator	Not a Subscription Policy	N

Sample record layout:

336733|~~20272026~~0910|~~20272026~~0911|HCP5670996|~~20272026~~0215|2|2|49|HARDEE|33890|500|12100.00|3600.00|8000.00|1500.00|5000|N

~~You must provide a separate Detailed Claims Listing to support the Losses reported for each hurricane.~~

Remittance of Required Documents

~~The Detailed Claims Listing(s) must be submitted via the FHCF Online Claims System at the same time the associated Proof of Loss Report(s) is filed. The Online Claims System is available at <https://fhcfclaims.paragon.aon.com>.~~

Retention of Records

Companies reporting Losses and receiving reimbursements from the FHCF for paid Losses or advances under Covered Events are subject to examination by the FHCF or its agents pursuant to the Reimbursement Contract. Your Company is required to maintain complete and accurate records of all Losses reported to the FHCF as outlined below, until the FHCF has completed its examination of the Company and commutation for the Contract Year (if applicable) has been concluded. The records retention requirement, as stipulated in the Proof of Loss Report, page 2, requires the Company to maintain all records, including the Detailed Claims Listing, correspondence, and supporting documentation to support each Proof of Loss Report submissionsubmitted to the FHCF, until the FHCF has completed its examination of the Company and commutation for the Contract Year (if applicable) has been concluded.

Claim files which include documentation of the Detailed Claims Listing fields and the following:

- First Notice of Loss
- Claim description
- Amount of Loss for each category of coverage (Building, Appurtenant Structure, Contents, and Additional Living Expense)
- Payment history
- Evidence of whether the deductible was applied
- Evidence to show the Loss was a direct result of a hurricane
- Receipts for any Additional Living Expenses paid
- Evidence of salvage received
- All adjuster estimates, including public adjuster estimates if provided by the Company
- Amount of Loss Adjustment Expense
- Proof of payment of claims (e.g., copies of checks to policyholder)
- Location of property

Reporting Losses

~~When reporting losses to the FHCF, your Company should review the 2026 FHCF Reimbursement Contract definitions in Article V and exclusions in Article VI. The exclusions section of the Reimbursement Contract includes types of policies and exposures not covered by the FHCF (e.g., hotels or motels). Your company should not report claims on policies not covered by the FHCF. Also listed in the exclusions are types of losses that are not covered by the FHCF (e.g., loss assessment). Your Company should carefully review this information before submitting a request for reimbursement. This may help your Company avoid receiving reimbursements it is not entitled to, which must be paid back to the FHCF with interest based on Article VIII of the FHCF Reimbursement Contract.~~

Reporting Losses under a Subscription Policy

Losses reported must not exceed the subscribing company's share of the percentage of a loss under a Subscription Policy.

Reporting Losses for Policies Assumed from Citizens Property Insurance Corporation (Citizens)

If your Company receives reimbursement from the FHCF for Losses on policies assumed from Citizens and the policies, subsequent to the reimbursement, revert back to Citizens, then your Company must deduct those Losses from all future Proof of Loss Reports submitted to the FHCF.

Interim Loss Report

A Detailed Claims Listing may be required upon request of the FHCF in support of Form FHCF-L1A, Interim Loss Report. If required, the uploaded Detailed Claims Listing will populate the Paid Loss and

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Outstanding Loss fields on the Interim Loss Report for each applicable FHCF type of business. IBNR will be entered manually.