

Florida Hurricane Catastrophe Fund

Contract Year ~~2026~~2025 Detailed Claims Listing Instructions

A Company participating in the Florida Hurricane Catastrophe Fund (FHCF) must submit a Detailed Claims Listing (as described below) to support the Losses reported in the Proof of Loss Report. Note that Incurred But Not Reported (IBNR) 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 (~~if requested by the FHCF~~) and quarterly thereafter until ~~the earlier of the completion of the FHCF commutation process or until all claims and Losses resulting from the Covered Event are fully discharged, including any adjustments to such Losses due to salvage or other recoveries;~~
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.

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 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	<u>Date Claim was Reported to Company</u>	<u>8</u>	<u>8</u>	<u>Numeric</u>	<u>Must use “yyyymmdd” format only (include leading zeroes for single-digit months and days)</u>
34	Policy Number	1	30	Special	Include characters A-Z, 0-9, and “-” only; must match the policy numbers and format provided in the 2026 2025 Data Call file for policies required to be reported at 6/30/ 26 25
45	Policy Effective Date	8	8	Numeric	Must use “yyyymmdd” format only (include leading zeroes for single-digit months and days)
56	FHCF Type of Business Code	1	1	Numeric	Only use the codes on pg 8 of the Contract Year 2026 2025 FHCF Data Call
67	FHCF Line of Business Code	1	1	Numeric	Only use the codes on pg 9 of the Contract Year 2026 2025 FHCF Data Call
78	County Code	1	3	Numeric	Only use the codes on pg 30 of the Contract Year 2026 2025 FHCF Data Call
89	County Name	3	20	Special	Include characters A-Z and “-” only
910	ZIP Code	5	5	Numeric	
11	<u>Deductible Amount Applied to Paid Loss</u>	<u>1</u>	<u>12</u>	<u>Numeric</u>	<u>Report whole dollar amounts only (no decimals). If an amount is zero, then enter 0</u>
102	Paid Loss – Habitational Building*	1	12	Numeric	Report whole dollar amounts only (no decimals). If an amount is zero, then enter 0
143	Paid Loss – Appurtenant Structures*	1	12	Numeric	
124	Paid Loss – Contents*	1	12	Numeric	

135	Paid Loss – Additional Living Expense*	1	12	Numeric	
146	Outstanding Loss Reserve	1	12	Numeric	If the amount is zero, then enter 0
157	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		202560910
3	<u>Date Claim was Reported to Company</u>		<u>20260911</u>
34	Policy Number		HCP5670996
45	Policy Effective Date		202560215
56	FHCF Type of Business Code	Residential	2
67	FHCF Line of Business Code	Homeowners Multiple Peril	2
78	County Code		49
89	County Name		HARDEE
910	ZIP Code		33890
11	<u>Deductible Amount Applied to Paid Loss</u>		<u>500</u>
102	Paid Loss – Habitational Building		12100
143	Paid Loss – Appurtenant Structures		3600
124	Paid Loss – Contents		8000
135	Paid Loss – Additional Living Expense		1500
146	Outstanding Loss Reserve		5000
157	Subscription Policy Indicator	Not a Subscription Policy	N

Sample record layout:

336733|202560910|20260911|HCP5670996|202560215|2|2|49|HARDEE|33890|500|12100|3600|8000|1500|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

Your Company is required to maintain records of all Losses reported to the FHCF until the FHCF has completed its examination of the Company and commutation for the Contract Year (if applicable) has been concluded. 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 submitted to the FHCF.

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.