FLORIDA HURRICANE CATASTROPHE FUND (FHCF)
CLAIMS EXAMINATION – CONTRACT YEAR 20272026
ADVANCE PREPARATION INSTRUCTIONS

Event(s):
Contract Year: (Year event occurred)

The following instructions are provided to help your Company prepare for the FHCF's examination.

ADVANCE RECORDS

Your Company is required to submit records in advance of the examiner's review to allow the examiner to fully prepare and to ensure the examination begins as scheduled. A checklist has been set up in the Company's *WIRE* Account (https://fhcfwire.sbafla.com). All advance information and records must be submitted using the *WIRE* checklist, except for the Proof of Loss Report and Detailed Claims Listing, which must be uploaded to the FHCF Online Claims System. Be certain the advance records submitted in *WIRE* are prepared using the specific form or file format given in the instructions below. The 'Submit' button located at the bottom of the checklist will not engage until all required components have been entered/uploaded. You must click the 'Submit' button to send the checklist and records to the FHCF. Once the records package has been submitted, additional uploads are prohibited.

1. PROOF OF LOSS SUBMISSION

Your Company must provide its most recent loss information in a Proof of Loss submission in the FHCF Online Claims System (https://fhcfclaims.paragon.aon.com). The "as of" date of the loss information must be within 60 days prior to the date the advance records are due. Detailed instructions for the Proof of Loss submission can be found in the Detailed Claims Listing instructions Form FHCF-DCL.

1.2. REQUIRED RECORDS CHECKLIST

The Checklist will be completed online. In addition to uploading the required files, the Company should provide complete contact information for the Exam Coordinator, Executive Contact and Claims Contact, and if the examination will be conducted onsite, the Company should designate the office location where the onsite examination should take place. All examination correspondence will be directed through the Exam Coordinator you designate, including the Examination Report. The Exam Coordinator will be contacted periodically by the examiner to help facilitate the preparation of information needed for the examination. Note that all required information and files must be entered/uploaded to *WIRE* before the entire records package can be submitted to the FHCF.

2.3. OPERATIONS QUESTIONNAIRE

Download the questionnaire worksheet directly from the *WIRE* checklist. The questionnaire should be completed in its entirety and saved in its original Excel format (xls or xlsx) before uploading it to the *WIRE* checklist. Do not use a questionnaire for any year other than the contract year in which the hurricane event occurred. The individual(s) responsible for preparing the questionnaire should be available to answer questions before and during the examination.

Attachments for Operations Questionnaire

Based on your response to some questions, you may be required to provide additional information in a separate file, or attachment. If so, save each attachment as a separate file, then combine all attachment files into a single zip file to upload to the *WIRE* checklist.

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43. CLAIMS PROCESS MEMO

Provide a written narrative of your Company's hurricane claims paying process. The narrative should start with how a claim is originated to the time a claim is paid. Please indicate the name and title of primary employees with responsibilities in the process. This must be saved as a pdf file and uploaded to the *WIRE* checklist.

~~4. INCURRED BUT NOT REPORTED (IBNR)~~

~~Provide documentation to support the amount of IBNR reported in each Proof of Loss Report. This must be saved as a doc, docx or pdf file and uploaded to the *WIRE* checklist.~~

5. LIST OF CLAIMS WITH SALVAGE

Provide a listing of all FHCF covered claims where salvage was received. This listing must be provided in a pipe delimited text file containing the fields in the order outlined below. (For the pipe "|" symbol, press the *Shift* key and the \ key.) Upload this txt file to the *WIRE* checklist.

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Claim Number	1	20	Special	Characters A-Z, 0-9, and "-" only; formatting must match claim number formats in the Detailed Claims Listing
2	Policy Number	1	30	Special	Characters A-Z, 0-9, and "-" only; formatting must match policy number formats in the Company's Data Call File
3	Salvage Received	1	12	Numeric	

6. MULTI-STATE POLICY LISTING

Provide a listing of all FHCF covered commercial policies in effect on the dates the event(s) occurred that have exposures written with Florida and non-Florida locations on the same policy. It should include all policies regardless of whether or not a claim was reported to the FHCF for the policy and must be provided in a pipe delimited text file containing the fields in the order outlined below. Upload this txt file to the *WIRE* checklist.

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Policy Number	1	30	Special	Characters A-Z, 0-9, and "-" only; formatting must match policy number format in the company's Data Call File
2	FHCF Type of Business Code	1	1	Numeric	Use only codes specified in the FHCF Data Call Instructions

7. MULTI-RISK POLICY LISTING

Provide a listing of all FHCF covered commercial policies in effect on the dates the event(s) occurred that have both covered and non-covered risks written on the same policy. This list must include all policies regardless of whether or not a claim was reported for the policy and must be provided in a pipe delimited text file containing the fields in the order outlined below. Upload this txt file to the *WIRE* checklist.

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Policy Number	1	30	Special	Characters A-Z, 0-9, and "-" only; formatting must match policy number formats in the Company's Data Call File

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2	FHCF Type of Business Code	1	1	Numeric	Use only codes specified in the FHCF Data Call Instructions

8. SINGLE STRUCTURES POLICY LISTING

Provide a listing of all FHCF Covered Policies in effect on the dates the event(s) occurred that insure single structure(s) that are used for both habitational and non-habitational purposes. This listing includes all policies regardless of whether or not a claim was reported for the policy and must be provided in a pipe delimited text file containing the fields in the order outlined below. Upload this txt file to the *WIRE* checklist.

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Policy Number	1	30	Special	Characters A-Z, 0-9, and "-" only; formatting must match policy number formats in the Company's Data Call File
2	FHCF Type of Business Code	1	1	Numeric	Use only codes specified in the FHCF Data Call Instructions
3	Class Code	1	10	Alpha-Numeric	Characters A-Z and 0-9 only

REQUIREMENTS FOR COMMENCEMENT AND DURATION OF EXAMINATION

In order for the examiner to properly conduct and expedite an early conclusion of the Claims Examination, the Exam Coordinator should ensure that the examiner has access to the following items on the first day and throughout the duration of the scheduled, dedicated examination work period designated in the Notice of Examination letter from the FHCF.

1. EQUIPMENT AND SPACE (if an onsite examination)

The examiner will need a private working space and an internet connection.

2. COMPANY PERSONNEL

The Exam Coordinator may wish to provide names of persons whom the examiner can contact directly for answers to the many questions the examination generates.

3. CLAIMS AND POLICY RECORDS TO HAVE AVAILABLE

The examiner will be requesting claims and policy files to be available for review on the first day of the examination. TIf the files must be provided~~are made available physically rather than~~ electronically and~~, and the examiner is onsite, your Company is responsible for coordinating the retrieval of the files to one central location. The files should be made available upon request and~~ should contain ~~at least~~ the following information:

Claim File (the complete file)

a. First Notice of Loss
b. Claim Number
c. Date of Loss
d. Date Claim was reported to Company
e. Deductible Amount Applied to Paid Loss
f. Amount of Loss for each category of coverage (Building, Appurtenant Structure, Contents, and Additional Living Expense)
g. Claim description
h. Policy Number and location of property
i. Amount of Loss Adjustment Expense
j. Proof of payment of Claims (e.g., copies of checks to policyholder)

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k. All adjuster's estimates, including Public Adjuster estimates if provided to the Company
l. Payment history
m. Evidence of salvage received, if any
n. Evidence of whether the deductible was applied
o. Receipts for any Additional Living Expenses paid
p. Evidence to show the Loss was a direct result of a hurricane or its subsequent downgrades in storm status
q. Documentation of policyholder's fees, including legal fees, and/or Public Adjuster fees paid, if provided to the Company

Policy File (the complete file in effect at the time of loss)

a. Policy Declarations
b. Insured's Name
c. Address and ZIP Code for location of property insured
d. Policy Number
e. Policy Period
f. Construction Type
g. Deductible Group
h. County Code
i. County Name
j. Total Insured Values
k. All applicable forms, endorsements, and policy changes/transactional history

If your Company retains claims and/or policy files on an online system, this will be acceptable for the review of residential lines of business as long as the items listed above are available on that system and the examiner determines the system information can be relied upon. If the examiner determines the online system cannot be used for the review, then the examiner will need claims and/or policy files including the application and underwriting files for the specific policies being reviewed. Also, if the Company's online system is not the same system that produces the Company's declaration pages, then the Company must provide the examiner with the electronic copies of the~~physical~~ policy files.

For review of commercial policies, the complete policy files, underwriting files, applications, commercial class codes, and statement of values are required.

For Subscription Policies, each subscribing insurer must have complete claim and policy files, including all information described in this section, available for review.

4. ADDITIONAL REQUIREMENTS

~~The Company may be required to provide a walkthrough of the claims process at the start of the examination. The examiner will coordinate with the Company in advance of the walkthrough to provide expectations and instructions for performing the walkthrough. The Company should make prior arrangements for the examiner to conduct this walkthrough with the necessary personnel. Be certain an individual familiar with the Company's claims process is available to answer questions before and during the examination.~~

~~Also~~, Pprovide the examiner with a copy of the claims manual for claims covered by the FHCF and the name of a contact familiar with this manual. ~~It is preferable that~~ Tthe claims manual must be provided in electronic format.

If your Company reported losses from collateral protection policies covered by the FHCF, you must be able to provide documentation that the policy covers the borrower's and lender's financial interest and that the dwelling coverage is in an amount at least equal to (a) the coverage for the dwelling in place under the lapsed homeowner's policy, (b) the coverage amount that the homeowner has been notified

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of by the collateral protection insurer, or (c) the coverage amount that the homeowner requests from the collateral protection insurer.

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