

Florida Public Hurricane Loss Model Version 7.0

Input Data File Format Specifications

Personal Residential Policies

Input files containing personal residential policies to be processed through version 7.0 of the Florida Public Hurricane Loss Model should adhere to the format specifications contained in this document.

Provide input data for the Florida Public Hurricane Loss Model that meets the following specifications:

1. Report data as of the last day of the most recent accident year included on the Rate Indication Form(s). If more current data is appropriate, provide it and explain why it is more appropriate.
2. Report data only for policies that include wind coverage.

Note: Provide a list of all adjustments made by you necessary to conform your data to these specifications.
Include any default values that you specified for missing or invalid information.
Describe any exposures affected by this filing that are not included in this data.
Describe any exposures included in this data that are not part of this filing.

Your response should include a cover letter with any appropriate information relative to 1, 2, or the Note above along with the total number of policies included in the portfolio data and the name, email address, and phone number of a contact person who can answer any questions concerning the data.

Your response should include the following:

- a. A listing of each Program Code and the associated Program Name. Program Names must be consistent with those shown on the Rate Collection System (RCS).
- b. A summary exhibit on a statewide basis for each Program Code and Form. This exhibit should include the number of policies, the Structure Coverage, the App. Coverage, the Content Coverage, and the ALE Coverage for policies that include wind coverage. This exhibit should also include the total number of policies in-force (wind and non-wind), the premium in-force at the current rate level for all policies (wind and non-wind) with supporting data, and the premium in-force for policies that include wind coverage at the current rate level with supporting data.
- c. A reconciliation exhibit to balance the input data with the data reported in QUASR as of the same date.

Observe the following when preparing the input file:

- a. Provide one policy per line in a comma-separated values file (.csv).
- b. Do not use comma within the fields' values (e.g., as thousand separators or within addresses).
- c. Include the name of each column in the first line of the file.
- d. For fields that require a code, enter the code that more closely represents the data value.
- e. Only include policies with wind coverage.

Each policy should contain a total of 31 attributes. Attributes 1-18 are the minimum required attributes. Attributes 19-31 are required secondary modifiers. Always provide all 31 attributes.

| 1. Policy Id | A unique identifier for this policy in the data file. An alphanumeric text. | | | | | | | | | | | | |
|---------------------------------|--|-------|------|------------------|---|-------------------|---|--------------|---|-------|---|---------|---|
| 2. ZIP Code | The ZIP Code where this building is located. A 5-digit number. | | | | | | | | | | | | |
| 3. Year Built | The year in which the property was built. A 4-digit number or UNKNOWN. | | | | | | | | | | | | |
| 4. Construction Type | The construction type of the building. Encode the data to one of the following: | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Value</th><th>Code</th></tr> </thead> <tbody> <tr> <td>Frame</td><td>1</td></tr> <tr> <td>Masonry</td><td>2</td></tr> <tr> <td>Manufactured</td><td>3</td></tr> <tr> <td>Other</td><td>4</td></tr> <tr> <td>Unknown</td><td>5</td></tr> </tbody> </table> | Value | Code | Frame | 1 | Masonry | 2 | Manufactured | 3 | Other | 4 | Unknown | 5 |
| Value | Code | | | | | | | | | | | | |
| Frame | 1 | | | | | | | | | | | | |
| Masonry | 2 | | | | | | | | | | | | |
| Manufactured | 3 | | | | | | | | | | | | |
| Other | 4 | | | | | | | | | | | | |
| Unknown | 5 | | | | | | | | | | | | |
| 5. Property Value | The dollar amount value of the building. If not known, enter UNKNOWN. | | | | | | | | | | | | |
| 6. Structure Coverage | The structure coverage amount in dollars. Enter 0 if none. | | | | | | | | | | | | |
| 7. App. Coverage | The appurtenant structure coverage amount in dollars. Enter 0 if none. | | | | | | | | | | | | |
| 8. Content Coverage | The content coverage amount in dollars. Enter 0 if none. | | | | | | | | | | | | |
| 9. ALE Coverage | The additional living expense coverage amount in dollars. Enter 0 if none. | | | | | | | | | | | | |
| 10. Deductible | The deductible amount for perils other than hurricane. Dollar amount (convert percentages to dollar amounts). | | | | | | | | | | | | |
| 11. Hurricane Deductible | The hurricane deductible amount in dollars (convert percentages to dollar amounts) | | | | | | | | | | | | |
| 12. Nature of Coverage | The settlement option on the structure. Encode the data to one of the following: | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Value</th><th>Code</th></tr> </thead> <tbody> <tr> <td>Replacement Cost</td><td>R</td></tr> <tr> <td>Actual Cash Value</td><td>A</td></tr> </tbody> </table> | Value | Code | Replacement Cost | R | Actual Cash Value | A | | | | | | |
| Value | Code | | | | | | | | | | | | |
| Replacement Cost | R | | | | | | | | | | | | |
| Actual Cash Value | A | | | | | | | | | | | | |
| 13. County | The name of the county where the building is located. | | | | | | | | | | | | |
| 14. Address | The street address or geographic coordinates of the building. If providing coordinates, enter as longitude; latitude. | | | | | | | | | | | | |
| 15. City | The name of the city where the building is located. | | | | | | | | | | | | |
| 16. Form | Policy Form (HO-1, HO-2, HO-3, HO-5, HO-8, HO-4, HO-6, DP-1, DP-2, DP-3, etc.) | | | | | | | | | | | | |
| 17. Program Code | Use one uppercase letter to represent each company program. | | | | | | | | | | | | |
| 18. Territory Code | Use the territory codes reflected in your rate manual. | | | | | | | | | | | | |
| 19. Year Retrofitted | The 4-digit year when the property was retrofitted (brought up to code). If only the year of roof replacement is known, enter the 4-digit year when the roof was replaced followed by R (i.e. if the roof was replaced in 1999, enter 1999R). If not retrofitted enter NA. If not known enter UNKNOWN. | | | | | | | | | | | | |
| 20. Number of Stories | Number of stories in the building (e.g., 1, 2, 3, etc.) or UNKNOWN. | | | | | | | | | | | | |
| 21. Location of Unit | The story in which the unit is located (e.g., 1, 2, 3, etc.) or UNKNOWN. Only applicable to HO-4 and HO-6 policies. Enter "NA" for all other policy types. | | | | | | | | | | | | |

22. Sliders

Indicates whether the unit has sliders. Encode the data to one of the following:

| Value | Code |
|-----------------|------|
| No Sliders | 0 |
| Sliders | 1 |
| Unknown | 2 |
| Not HO-4 / HO-6 | NA |

23. Area of Property

The total number of square feet for all floors of the insured property or UNKNOWN.

24. Roof Shape

Encode the data to one of the following:

| Value | Code |
|-------------------------|------|
| Unbraced Gable | 1 |
| Braced Gable | 2 |
| Gable (Unknown bracing) | 3 |
| Hip | 4 |
| Other | 5 |
| Unknown | 6 |

25. Roof Cover

Encode the data to one of the following:

| Value | Code |
|------------------------------|------|
| Unrated Shingles | 1 |
| Rated Shingles (Current FBC) | 2 |
| Shingles (Unknown rating) | 3 |
| Tiles | 4 |
| Metal | 5 |
| Other FBC Compliant | 6 |
| Other Non-FBC Compliant | 7 |
| Unknown | 8 |

26. Roof Membrane

Encode the data to one of the following:

| Value | Code |
|----------------------------|------|
| Regular Underlayment | 1 |
| Secondary Water Resistance | 2 |
| Other* | 3 |
| Unknown | 4 |

*Example of other include foam joints

27. Roof-to-Wall Connection

Encode the data to one of the following:

| Value | Code |
|-----------|------|
| Toe Nails | 1 |
| Clips | 2 |
| Straps | 3 |
| Other | 4 |
| Unknown | 5 |

28. Deck Attachment

Encode the data to one of the following:

| Value | Code |
|-------------------------|------|
| Planks | 1 |
| Sheathing with 6d@6/12" | 2 |
| Sheathing with 8d@6/12" | 3 |
| Sheathing with 8d@6/6" | 4 |
| Other * | 5 |
| Unknown | 6 |

*Example of other include reinforced concrete deck attachment

29. Garage Door

Encode the data to one of the following:

| Value | Code |
|----------------|------|
| No garage door | 0 |
| Unbraced | 1 |
| Braced | 2 |
| Unknown | 3 |

30. Opening Protection

If at least one glazed opening is not protected, enter as no protection.
 If there is more than one type of opening protection, use the most predominant type code.
 If the only known information is that the policy qualifies for a Basic or Hurricane windstorm loss reduction credit, use code 2.

| Value | Code |
|------------------------|------|
| No Protection | 0 |
| Plywood | 1 |
| Metal | 2 |
| Impact Resistant Glass | 3 |
| Other* | 4 |
| Unknown | 5 |

*Example of other include fabric

31. Law and Ordinance

Whether the policy includes Law and Ordinance coverage.

| Value | Code |
|---------------------------|------|
| Does not include coverage | 0 |
| Includes coverage | 1 |
| Coverage does not apply | NA |

Example data file with two policies:

PolicyID,ZipCode,YearBuilt,ConstructionType,PropertyValue,StructureCoverage,AppCoverage,ContentCoverage,ALEC coverage,Deductible,HurricaneDeductible,NatureOfCoverage,County,Address,City,Form,ProgramCode,TerritoryCode,YearRetrofitted,NumberOfStories,LocationOfUnit,Sliders,AreaOfProperty,RoofShape,RoofCover,RoofMembrane,RoofToWallConnection,DeckAttachment,GarageDoor,OpeningProtection,LawOrdinance
 ABC100,33143,1981,2,100000,50000,0,20000,8000,1000,1000,R,Miami-Dade,123 Main Street,Miami,HO-6,A,35,NA,1,UNKNOWN,2,1245,6,7,3,5,5,3,5,NA
 ABC210,34109,1995,2,165000,115000,0,20000,10000,2500,2500,R,Collier,-81.345593;26.017147,Naples,HO-2,A,35,NA,1,UNKNOWN,2,UNKNOWN,6,7,3,5,5,3,5,1

Instructions for submission:

The specified data should be sent in a file or set of files via email to the requesting actuary or on a CD ROM to:

Ms. Vicky Fletcher
Florida Office of Insurance Regulation
200 East Gaines Street, Suite 233.9
Tallahassee, FL 32399-0330

Vicky.Fletcher@flioir.com

Note: If sending files in an email, the cumulative size of the file may not exceed 10 MB.

If you believe this information to be trade secret, you may provide additional security against unauthorized viewing of the files by notifying the Office of its trade secret nature and the qualifiers for trade secret protection. You may password protect this information, however, the password must be contemporaneously made available to Ms. Fletcher by telephone (850-413-4185). Please do not leave the password in a voicemail.

We request your confirmation that model output summarized at the territorial and statewide levels may be attached to your filing and not considered as trade secret information.