
FLORIDA HURRICANE CATASTROPHE FUND (FHCF)
EXPOSURE EXAMINATION – CONTRACT YEAR 20162017
ADVANCE PREPARATION INSTRUCTIONS

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

ADVANCE RECORDS

Your eCompany is required to submit information and records in advance to allow the examiner to prepare for the on-site review and to ensure the examination begins as scheduled. A checklist has been set up in the eCompany's WIRE account. Advance information and records must be submitted using the WIRE checklist in the format/file type specified in the instructions that follow. To access the checklist: log in to WIRE (<https://www.sbafla.com/fhcfwire/>), click the 'Exposure Exams' navigation tab, and select the applicable eContract ~~y~~Year and the eCompany name/exam type from the drop-down menus.

There are two parts of the checklist which must be completed before the entire records package can be submitted to the FHCF: 1) Exam Location and Contacts, and 2) Upload Advance Records. Detailed instructions for each part are provided below. After all of the required components have been entered/uploaded, open PART 2 of the checklist and click the 'Submit' button beside the 'Required Records Checklist Report' to send the records to the FHCF. The records package must be submitted to the FHCF on or before the deadline specified in the notice letter.

PART 1: EXAMINATION LOCATION AND CONTACTS

The examiner will travel to one location to conduct the examination. In the entry fields provided, enter the street address of the office location best suited for the on-site review. Next, enter the name and contact information of the person who will serve as the exam coordinator and the name and contact information of a company executive. All examination correspondence, including the examination findings and report will be directed to the designated coordinator. You must complete ALL required fields before saving and closing the section.

PART 2: UPLOAD ADVANCE RECORDS

Prepare the records and applicable attachments that follow according to the ~~file types and~~ specifications outlined below and upload ~~them each to~~ PART 2 of the WIRE checklist using the designated 'Upload' button located to the right of the appropriate record title. IMPORTANT: WIRE will retain only one file for each record type (the last file uploaded). Subsequent uploads will overwrite any previously uploaded file, regardless of a difference in filename. A description of allowable file types and an indicator on whether the item is required is included in the checklist next to the title for each advance record. Y The 'Submit' button located at the bottom of the checklist will not engage until all required components have been entered/uploaded. be allowed to submit the records unless all required items are uploaded in the correct file format. Once required/applicable records are uploaded, click the title 'Required Records Checklist Report' to print a copy of the completed checklist for your records. To submit the uploaded records, You must click the 'Submit' button to send the checklist and records to the FHCF, beside the 'Required Records Checklist Report.' Once the records package has been submitted, additional uploads are prohibited.

1. OPERATIONS QUESTIONNAIRE

Download the questionnaire worksheet from the WIRE checklist. Answer all questions based on covered policies in force for the Contract Year being examined and save the completed questionnaire in its original Excel format (xls or xlsx) before uploading it to the WIRE checklist. The individual(s)

responsible for preparing the questionnaire should be available to answer questions once the examiner arrives on-site.

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 it to the *WIRE* checklist.

2. CONSTRUCTION MAPPING WORKSHEET

A completed eConstruction mMapping wWorksheet must be uploaded to the *WIRE* checklist. If your eCompany submitted a eConstruction mMapping wWorksheet to Paragon for approval prior to the Data Call submission, you must upload the approved worksheet. If not, download the worksheet from the *WIRE* checklist. Complete it in its entirety and upload it as a doc, docx or pdf file to the checklist.

Construction Mapping Approval Letter from Paragon

If your eCompany received an approval letter from Paragon for its eConstruction mMapping wWorksheet, upload a pdf file of the approval to the *WIRE* checklist.

3. FORMS AND ENDORSEMENTS

Provide a list of all forms and endorsements used (as of the Data Call date) for all eCovered pPolicies. The list must include the form and endorsement numbers and titles, and must be saved as an Excel file—(xls or xlsx) worksheet or workbook (if the list is divided among multiple worksheets) and uploaded to the *WIRE* checklist.

Forms and Endorsements Specimen Copies

Save each form and/or endorsement specimen as a separate file, then combine all into a single zip file to upload to the *WIRE* checklist. If possible, limit specimen file names to 50 characters or less. DO NOT scan all forms and endorsements into one multi-page pdf file.

4. WINDSTORM MITIGATION FEATURES MAPPING

Provide a list of windstorm mitigation features for sStructure eOpening pProtection and rRoof sShape, the definition of each feature, and the applicable FHCF code used to report each feature. The list must be saved as an xls, xlsx, doc, docx, or pdf file and uploaded to the *WIRE* checklist.

5. STATUTORY PAGE 14 (FLORIDA DWP)

Provide a copy of the annual statement page with the direct written premiums for Florida for the period ending December 31, ~~2015~~2016. Save as a single pdf file and upload it to the *WIRE* checklist.

6. DIRECT WRITTEN PREMIUM REPORT

Provide a report for the period ending December 31, ~~2015~~2016, which supports your ecompany's total direct written premium for all lines where any policy or coverage subject to the FHCF may be written. Lines of business that should always be included in this report are Fire, Allied Lines, Farmowners Multiple Peril, Homeowners Multiple Peril, Commercial Multiple Peril (non-liability portion) and Inland Marine. If your eCompany writes inland marine endorsements and the premium is included under a line of business other than Line 9 for Inland Marine, identify these policies separately in the report by using FHCF line of business code 6 or provide a notation in field 9 of the report designating that the policy has an endorsement. For lines of business that include premium for both commercial and residential policies (e.g., Fire and Allied Lines), distinguish between the different policies using the FHCF type of business/line of business codes. The Direct Written Premium Report must include all policies needed to reconcile to the line item total on the annual statement regardless of whether the policies are covered by the FHCF. Also, if there are differences between the premiums listed on Statutory Page 14 and the Direct Written Premium Report, provide a schedule detailing the reconciling items in the section titled 'Cover Letter and Other Support Files' on the *WIRE* checklist.

The Direct Written Premium Report must be by individual policy, sorted by type and line of business, must be provided in a pipe delimited text file (txt), and must contain the fields in the order listed in the table below. **Policy numbers in the Data Call File and Direct Written Premium Report must be formatted alike. If not, an explanation on how to match the policies is required.**

#	DESCRIPTION	TYPE	NOTES
1	Type of Business	Numeric	Only use the codes on pg 9-x of the 2016-2017 FHCF Data Call
2	Line of Business	Numeric	Only use the codes on pg 10-x of the 2016-2017 FHCF Data Call
3	Policy Effective Date	Numeric or Date/Time	Numeric Format: yyyymmdd Date/Time Format: month/day/year Effective Date must be in one field and the numeric format must have 8 characters
4	Policy Expiration Date	Numeric or Date/Time	Numeric Format: yyyymmdd Date/Time Format: month/day/year Expiration Date must be in one field and the numeric format must have 8 characters
5	Direct Written Premium	Numeric	
6	Policy Number	Special	Use the same policy number and format as used in the Data Call File; include characters A-Z, 0-9, and "-" only.
7	Notation Designating FHCF Covered Policies	Text	If available
8	Notation Designating Policy Written with Ex-wind Endorsement	Text	If available
9	Notation Designating Policy has Endorsement for Scheduled Personal Property	Text	If applicable
10	Class Code	Numeric	If applicable (typically applies to Commercial policies only)

7. UNDERWRITING AND RATING MANUALS

The examiner will need to review a copy of your eCompany’s underwriting manual and rating manual for policies covered by the FHCF effective June 30, ~~2016~~2017. Your eCompany is required to have this available when the examiner is on-site; however, we would prefer that it be provided in advance. You may save a copy as a pdf to upload to the WIRE checklist, or if there are two separate files, you ~~may~~ should combine them both into a single zip file ~~to~~ before uploading to ensure both are retained. At the time of upload, you will be prompted to enter ~~Your company should provide~~ the name and email address of a contact that is familiar with these manuals.

8. COVER LETTER AND OTHER SUPPORT FILES

A cover letter is not required; however, if there is any additional information related to the advance records or the examination that your eCompany wishes to bring to the attention of the examiner, it may be noted in a cover letter, saved as a doc, docx, or pdf file and uploaded to the WIRE checklist. If you wish to provide additional support files, combine all files (including the cover letter) into a single zip file before uploading.

ON-SITE REQUIREMENTS

In order for the examiner to properly conduct and expedite an early conclusion of the Exposure Examination, the exam coordinator should ensure that the examiner has access to items 1-4 below on the first day and throughout the duration of the on-site visit.

1. EQUIPMENT AND SPACE

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. REQUIRED RECORDS TO HAVE AVAILABLE ON-SITE

The examiner will request applications and declaration pages to be available for review on-site. If policy files are in more than one location, your eCompany is responsible for coordinating the retrieval of the files to one central location. The files must contain at least the following information:

- a. Insured's Name
- b. Address and ZIP Code for location of property insured
- c. Policy Number
- d. Policy Period
- e. Construction Type
- f. Deductible Group
- g. County Code
- h. Total Insured Values
- i. Year Built
- j. Evidence to support the reported rRoof sShape code
- k. Evidence to support a reinforced concrete roof, if applicable
- l. Evidence to show a credit is given to the policyholder for sStructure eOpening pProtection
- m. A copy of the Residential Property Insurance Checklist required by the Office of Insurance Regulation Rule 690-167.013, F.A.C. (This requirement applies to homeowners', mobile homeowners', dwelling or condominium unit owners' policies)
- n. All applicable endorsements and policy changes
- o. Underwriting manual and rating manual for policies covered by the FHCF, if not already provided in advance through WIRE.

Online policy files may be acceptable for the review of residential lines of business if the items listed above are viewable on the online system, if the system is the same system that produces the company's dec pages, and if the examiner determines the system information is reliable. If the examiner determines the online system cannot be used for policy review, then your eCompany must provide the physical policy files including the applications and underwriting files.

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

4. ADDITIONAL ON-SITE REQUIREMENTS

- a. Companies writing commercial policies covering single structures that contain a mix of both commercial-habitational and commercial non-habitational or business occupancies, are required to submit a proposed methodology for determining predominant use, as defined in the Data Call, to the FHCF Administrator on an annual basis before the September 1st deadline. Your eCompany must be able to identify these types of policies and individuals familiar with your eCompany's class codes and underwriting guidelines must be available to answer questions during the examination.
- b. If your eCompany's reported exposure includes collateral protection policies covered by the FHCF, a copy of the lapsed homeowner's policy or the equivalent of a dec page must be available for the examiner's review in addition to the dec page for the policy in force at June 30, ~~2016~~2017.

POST-EXAM REQUIREMENTS

The examiner or the FHCF may request additional information and/or documentation following the completion of the on-site review. All records, including exposure filings (Data Call submission), policy files, and supporting documentation must be retained until the FHCF has completed its examination of your eCompany's exposure submission and Loss reports (applicable to the Data Call Contract Year) and commutation for the Contract Year (if applicable) has been concluded.

SPECIAL EXAMS RELATED TO CITIZENS PROPERTY INSURANCE CORPORATION (CITIZENS)

1. REQUIREMENT FOR EACH CITIZENS ENTITY ENGAGED IN TAKEOUTS PURSUANT TO ASSUMPTION AGREEMENTS

In addition to the Data Call file for FHCF exposure from direct written premiums and the separate Data Call files for FHCF exposure assumed from Citizens pursuant to an assumption agreement which, as of June 30, ~~2016~~2017, had not renewed onto the assuming ~~insurers'~~ Company's policy forms, the following information must be provided for each assumption occurring July 1, ~~2015-2016~~ through June 30, ~~2016~~2017:

- a. A separate file that includes a list of all policies that were assumed by each eCompany on the date of the assumption. This file must include the policy number, contract number/eCompany identifier, assumption date, total insured value, indicator for policies insuring short-term rentals as defined in exclusion (10) in Article VI of the FHCF Reimbursement Contract, indicator for policies written without wind coverage, indicator for policies cancelled on or before June 30, ~~2016~~2017, date untagged by Citizens and policy effective/expiration date.
- b. For each individual assumption, provide a list of all policies untagged by Citizens after the assumption date up to, and including, June 30, ~~2016~~2017. The file must include the policy number, the assumption date, and the date the policy was untagged.
- c. A copy of the assumption agreement between Citizens and the assuming eCompany along with copies of exhibits to show the number of policies assumed.