NORTH CAROLINA
DEPARTMENT OF INSURANCE
MARKET REGULATION DIVISION

MARKET CONDUCT EXAMINATION

Coordinator's Handbook

Prepared for

Name
Title
company
Address
City, state, zip

date

NC DEPARTMENT OF INSURANCE
MIKE CAUSEY • COMMISSIONER

MARKET REGULATION
Tel 919.807.6899 Fax 919.807.6635

Date

Name
Title
Company
City, state zip

Re: Market Conduct Examination - **North Carolina Operations Only**
Company title

Dear ****:

Thank you for responding to our examination call letter dated date. It is the Market Regulation Division's goal to perform examinations as quickly and efficiently as possible. The Coordinator's Handbook is designed to provide procedural (though not all inclusive) guidelines for the Company. The handbook includes general information on the examination process and a checklist of items required of the Company.

name, Examiner-In-Charge, will contact you to schedule a Pre-Examination Conference. The purpose of this conference is to discuss the upcoming examination and establish the lines of communication. Information outlined in the handbook and any other pertinent questions are encouraged to be discussed at this time.

The Company must include in the meeting those personnel who have a thorough knowledge of the Company's day-to-day North Carolina operations in marketing, underwriting, and claims. Additionally, Management Information Systems personnel responsible for creating the electronic policy and claim data file submissions, must also be in attendance.

The timely receipt of complete and accurate policy and claim data is an integral part of the examination process. The failure of the Company to provide such data, as outlined and requested in the Coordinator's Handbook, could result in a violation of North Carolina General Statute 58-2-185, 58-2-131, and 11 NCAC 19.0106.

We encourage you to distribute copies of the handbook or portions of it to appropriate Company personnel involved in the examination. If you have any questions concerning the above, please contact *name*, Examiner-In-Charge, at (919) 807-xxxx.

Sincerely yours,

Bill George, CPCU, AIS, MCM
Assistant Chief Examiner
Market Regulation Division

TABLE OF CONTENTS

EXAMINATION AUTHORITY 1

EXAMINATION CHRONOLOGY 2

GENERAL PROCEDURES 4

ERROR THRESHOLDS 5

PHASE I EXAMINATION REQUIREMENTS 6

PHASE II EXAMINATION REQUIREMENTS 11

APPENDIX A – INSTRUCTIONS FOR PREPARING ELECTRONIC FILES 16

FACILITIES REQUIREMENTS 57

FORMAT OF EXAMINATION REPORT 58

SCHEDULE AND STAFF PROJECTION 59

EXAMINATION AUTHORITY

The Market Regulation Division has identified a series of items required for completion of an examination of the Company's North Carolina operations. These items, though not all inclusive, are described in the following pages. Pursuant to North Carolina General Statutes 58-2-131, 58-2-185, and 58-2-200, the North Carolina Commissioner of Insurance requests that the Company make these items available to the Market Regulation Division. The items requested will reference transactions occurring during the examination period. The examination period is the three full calendar years preceding the commencement date of the examination, unless agreed to otherwise at the Pre-Examination Conference.

EXAMINATION CHRONOLOGY

1. NOTICE OF EXAMINATION

Issue of notice of examination letter to Company President.

2. COORDINATOR CONTACT AND REQUIREMENTS

a. Delivery of Coordinator's handbook
b. Scheduling of the Pre-Examination Conference
c. Completion of Interrogatories

3. PRE-EXAMINATION CONFERENCE

The Pre-Examination Conference is held to discuss examination requirements and establish lines of communication.

4. PHASE I EXAMINATION

The work performed during the commencement date of the Phase I examination will take place in the Market Regulation Division's office in Raleigh, North Carolina.

5. PHASE II EXAMINATION COMMENCEMENT

The Phase II portion of the examination will continue in the Market Regulation Division's office in Raleigh, North Carolina. The examination team conducts an open examination and encourages discussion of any developing issues.

6. WRAP-UP CONFERENCE

A Wrap-Up Teleconference is initiated by the examination team at the completion of the examination. The Company is encouraged to include all affected management personnel in this conference. An updated list of corrective actions for each deficiency identified on the applicable MC-2s during the course of the examination should be provided to the EIC prior to the Wrap-Up Conference. The statement of corrective action should be detailed to include changes in Company procedures, giving time guidelines for completion and dates of implementation. The examiners will summarize their findings and discuss pertinent issues that will appear in the examination report.

7. REPORT DRAFTING

Upon completion of the Phase II examination, the team will prepare the examination report. This process is normally completed in two weeks.

8. INTERNAL REPORT REVIEW

The report is reviewed and approved at various levels within the Department including the Deputy Commissioner of the Market Regulation Division and the Senior Deputy Commissioner of the Company Services Group. The review process is normally completed in 60 days and the report is then sent to the Company by certified mail.

9. COMPANY REVIEW AND ACCEPTANCE

North Carolina General Statute 58-2-132 allows a 30 day period during which the Company can review the report. The report will become a public document upon acceptance of the report by the Company or if the Market Regulation Division does not receive a written response from the Company by the end of this 30 day period.

10. FORMAL ACCEPTANCE OF REPORT

If, upon review of the report, the Company agrees with its contents, the Market Regulation Division requests the following individual items:

a. A formal letter of acceptance.
b. A statement of corrective actions on developed issues.
c. Notarized affidavits signed by each member of the Board of Directors stating the report has been carefully examined and that he/she is familiar with the contents of the Report.
d. One bound copy of the report.

11. WRITTEN SUBMISSIONS OR REBUTTALS

N.C.G.S. 58-2-132 provides that at the end of 30 days, the Commissioner shall fully consider and review the report, together with any written submissions or rebuttals and enter an order either,

1) Adopting the examination report as filed, or with modifications or corrections.
2) Rejecting the examination report with directions to the examiners to obtain additional data.
3) Calling for an investigatory hearing with no less than 20 days' notice to the insurer.

12. INFORMAL CONFERENCE ON REPORT

If all issues relating to the report are not mutually agreed upon, the Company may request an informal conference with the Market Regulation Division. This conference will be held in the Division's office in Raleigh, North Carolina.

13. REGULATORY ACTION

Final regulatory disposition will be determined by the Commissioner of Insurance for the State of North Carolina.

GENERAL PROCEDURES

The following information pertains to general procedures for conducting the examination. The examination is conducted in two parts: **Phase I** and **Phase II**. Items contained in the **Phase I** section of the handbook must be forwarded in good order to this office no later than 60 days prior to the commencement of the examination. Items contained in the **Phase II** section of this handbook **must** be made available by the commencement date of the examination.

Items contained in the **Phase I** section primarily focus on the Company's consumer complaint, producer, policy, and claims electronic lists as well as items relating to the Company's history, administrative functions, and operations. Items contained in the **Phase II** section primarily focus on Company procedures and practices. These items, in conjunction with the review of the consumer complaint, producer, policy, and claim files furnished by the Company, are primarily representative of the **Phase II** examination. It is requested that you **Not** forward any items contained in this section until the Pre-Examination Conference has been held. These items will be handled in the following manner:

1. The review of the Company's Interrogatories will be performed during the **Phase I** section in order to give the examination team a chance to familiarize themselves with the Company's operations prior to the **Phase II** commencement.

2. All consumer complaint, producer, policy, and claim selections will be forwarded to the Company prior to the commencement of the **Phase II** section of the examination so that the Company can begin assembling the requested selections.

ERROR THRESHOLDS

It is the Department's practice to cite companies in violation of a statute or rule when the results of a sample show errors/noncompliance at or above the following levels: 0 percent for consumer complaints, sales and advertising, producers/adjusters who were not appointed and/or licensed, and the use of forms and rates/rules that were neither filed with nor approved by the Department; 7 percent for claims; and 10 percent for all other areas reviewed. When errors are detected in a sample, but the error rate is below the applicable threshold for a violation, the Department issues a reminder to the company.

PHASE I EXAMINATION REQUIREMENTS

The following information must be delivered in writing to the Market Regulation Division in Raleigh, North Carolina.

Please identify each item using the identification number and title of each section.

I. COMPANY OVERVIEW

A. Antifraud Plan

A copy of written procedures or guides that provide sufficient detail to enable the Company to detect, prosecute and prevent fraudulent insurance acts.

II. POLICYHOLDER TREATMENT

A. Consumer Complaints

A copy of the Company's North Carolina Consumer Complaint Record (register). This register should include complaints closed from the North Carolina Department of Insurance and those complaints closed directly from North Carolina consumers during the examination period.

B. Privacy of Financial and Health Information

1. A copy of the privacy notice provided to applicants and policyholders.

2. Describe procedures to prevent disclosure of non-public personal or privileged information unless authorized by the applicant, insured, or policyholder.

3. Describe when privacy disclosures are provided to applicants and policyholders.

III. MARKETING

A. Policy Forms and Filings

1. Please provide for all lines of business listed under item IV:

   A list of all policy applications, consent to rate forms, riders, endorsements, and amendments in use in North Carolina during the examination period. (Include by line of business: form numbers, edition date, name, time period in use). Include Property & Casualty Tracking Number and/or SERFF Tracking Number.

2. A rate, rule, form, independent program, and loss cost filing history by line of business in use in North Carolina during the examination period. Include Property & Casualty Tracking Number and/or SERFF Tracking Number.

3. A list of all rating organizations the company is a member/subscriber/service purchaser. Please provide a participation report (Ex, ISO report 12R) for the period under examination.

B. Producer Licensing

Separate alphabetical lists of all North Carolina producers* in electronic format. Refer to Appendix A - Instructions for Preparing Electronic Files.

1. Appointed as a new producer during the examination period with their date of appointment.

2. Terminated during the examination period with their date of termination.

* The names of individual producers, **NOT AGENCIES**, are needed for this segment of the examination.

IV. UNDERWRITING AND RATING

A random selection of the Company's underwriting files will be made from the electronic lists provided by the Company. The records subject to this examination will be business originating during the period January 1, 2000 through December 31, 2000. A separate file must be produced for each line of business. Refer to Appendix A - Instructions for Preparing Electronic Files.

The following lines of business will be examined for underwriting criteria, consistency, rate accuracy, and compliance with North Carolina statutes and rules:

Line of business

For each line of business, lists of all North Carolina policies originally issued new with effective dates on or after January 1, 2000 through December 31, 2000. The lists are to include only risks where the named insured and mailing address are domiciled in North Carolina. (Review of business originally produced prior to 2000 is not contemplated for this examination).

V. TERMINATIONS

A random selection of the Company's underwriting files will be made from the electronic lists provided by the Company. The records subject to this examination will be business with a termination effective date within the period January 1, 20XX through December 31, 20XX regardless of when the policy became effective. The lists are to include only risks where the named insured and mailing address are domiciled in North Carolina. A separate file must be produced for each line of business. Refer to Appendix A - Instructions for Preparing Electronic Files.

The following lines of business will be examined for termination procedures and compliance with North Carolina statutes and rules:

Line of business

A. For each line of business, lists of all North Carolina policies with a cancellation* effective date within the period January 1, 20XX through December 31, 20XX regardless of when the policy became effective. Cancellation includes nonpayment of premium, insured requests, premium finance company request, underwriting decisions, coverage rewritten, insured requested cancellation within 45 days due to cession to the North Carolina Reinsurance Facility, and insureds who are no longer eligible risks for private passenger automobile insurance per NCGS 58-2-164.

* Please **exclude** policies cancelled during the January 1, 20XX through December 31, 20XX period and subsequently reinstated during the same period.

B. For each line of business, lists of all North Carolina policies with a nonrenewal effective date within the period January 1, 20XX through December 31, 20XX regardless of when the policy became effective. Nonrenewal includes underwriting decisions, producer no longer represents the Company, and insureds who are no longer eligible risks for private passenger automobile insurance per NCGS 58-2-164.

C. For personal lines of business only, one list, inclusive of all personal lines of business, of all North Carolina submissions rejected or declined during the examination period. If coverage was bound and then rejected, this should be reported as a cancellation.

C. For all lines of business describe the Company's procedures for the termination of policies due to material misrepresentation.

VI. CLAIMS PRACTICES

A review of the Company's general claims handling practices will be conducted. Sample reviews of the Company's claim files will be made from the electronic claims lists provided by the Company. Claims for the following lines of business are needed for this segment of the examination:

Line of business

In general, the data reviewed for this examination will include North Carolina claims activity occurring during the period January 1, 20XX through December 31, 20XX. The lists are to include only risks where the named insured and mailing address are domiciled in North Carolina. Various lists need to be produced in order to select the files for review. Do not include "catastrophe" claims in the lists. Refer to Appendix A - Instructions for Preparing Electronic Files. **All aspects/features of each claim occurrence must be CLOSED.**

A. A separate list, inclusive of all lines of business, of all North Carolina **CLOSED PAID** claims where the **DATE OF LOSS** occurred during the period January 1, 20XX through December 31, 20XX for each of the following:

1. Private passenger and commercial automobile **PHYSICAL DAMAGE** claims (exclude glass claims, comprehensive and collision claims only) (ONE LIST)

2. Personal and commercial lines **THIRD PARTY PROPERTY DAMAGE** claims (ONE LIST)

3. Personal and commercial lines **FIRST PARTY PROPERTY DAMAGE** claims (ONE LIST)

4. Private passenger auto, commercial automobile, and homeowners **MEDICAL PAYMENTS** claims (medical bills paid under a policy's Medical Payments Coverage) (ONE LIST)

5. Personal and commercial lines **BODILY INJURY** claims (claims paid under a policy's bodily injury liability, uninsured motorists bodily injury, or underinsured motorists bodily injury coverage; exclude claims paid under a policy's medical payments or personal injury protection coverages) (ONE LIST)

B. A list of all North Carolina **CLOSED** personal and commercial lines **CLOSED WITHOUT PAYMENT** claims where the **DATE OF LOSS** occurred during the period January 1, 20XX through December 31, 20XX. Do not consider Loss Adjustment Expenses when determining if a claim is Closed Without Payment.

C. A list of all North Carolina **CLOSED** personal and commercial lines first party **SUBROGATED** claims **CLOSED** during the period January 1,

20XX through December 31, 20XX. This list should include only those claims where the Company actually pursued subrogation.

D. A list of all North Carolina **CLOSED** private passenger and commercial automobile first and third party **TOTAL LOSS** settlements where the **DATE OF LOSS** occurred during the period January 1, 20XX through December 31, 20XX.

E. A list of all North Carolina **CLOSED** personal and commercial lines first and third party **LITIGATED** claims **CLOSED** during the period January 1, 20XX through December 31, 20XX.

In addition to the above lists, the following items will be needed for the **"Phase I"** segment of the examination:

1. Copies of all newsletters, bulletins, etc., regularly sent to claim adjusters.

2. A list of all statistical agencies to which the Company reports its loss data.

3. Copies of all North Carolina internal claim audit reports.

PHASE II EXAMINATION REQUIREMENTS

The following items must be made available to the examiners by the commencement date of the examination:

I. POLICYHOLDER TREATMENT

A. All North Carolina consumer complaint files selected for review:

Documents Required:

1. A copy of the inquiry letter from the Department to the Company regarding the complaint.

2. A copy of the consumer's complaint (which is attached to the Department's letter).

3. A copy of the response from the Company to the Department regarding the disposition of the complaint.

4. If the Department granted an extension for response time, a copy of the request for an extension by the Company and a copy of the approval letter from the Department.

5. Any other pertinent documentation substantiating the Company's action (prior to or after the complaint).

B. The file number indicated on the selection sheet is the North Carolina Department of Insurance number assigned by the Consumer Services Division which should be reflected on the correspondence from the Department to the Company.

C. When making copies of any correspondence, all date stamps must be legible.

II. MARKETING

A. Access to North Carolina producer appointment and termination records.

Documents Required:

1. A copy of the agent's license or Producer Database Report (PDB) from NIPR or Licensee List Report from SBS using NCDOI's license status lookup. (appointed agents only)

2. Documentation supporting Company's electronic submission and Department's electronic confirmation of appointment accepted by the State.

3. Documentation supporting Company's electronic submission and Department's electronic confirmation of termination accepted by the State.

4. If a producer was terminated by the Department for cause, (i.e., failed to meet continuing education requirements), provide a copy of the correspondence from the Department to the Company.

5. A copy of the termination letter from the Company to the producer notifying him/her of their terminated appointment.

6. Documentation supporting producer background checks.

B. Access to agency management files.

III. UNDERWRITING AND RATING

A. Private Passenger Automobile - New Business

1. Access to all underwriting and rating manuals in use during the examination period.

2. A copy of the new business application and consent to rate form if applicable.

3. A copy of the motor vehicle report for each licensed driver listed on the application. CLUE reports, if used, or any other information used in the underwriting process (risk selection/placement).

4. A copy of the declarations page for the new business term or equivalent that shows:

- Company risk written in
- Policy number
- Policy period
- Agency and city located
- Insured's name and mailing address
- Vehicles insured
- Vehicle Identification numbers
- Symbols used for physical damage or cost if rating based on an amount
- Territory vehicle rated (if alternate garaging - where and territory)
- Class code for each vehicle listed
- Limits, deductibles, and premiums by coverage
- Discounts applicable, i.e., mature drivers discount, loss free credit, etc.
- A listing of all applicable forms and endorsements (including edition date) made part of the policy
- UM/UIM rejection-reduction form, if applicable

5. Accounting records that show the installment charge per installment payment.

6. Documentation to support reliable proof of North Carolina residency or eligible risk status as required by NCGS 58-2-164.

B. Homeowners, Dwelling Fire, and Mobile Homeowners – New Business

1. Access to all underwriting and rating manuals in use during the examination period.

2. A copy of the new business application and consent to rate form if applicable.

3. A copy of the declarations page for the new business term or equivalent that shows:

   - Company risk written in
   - Agency and city located
   - Policy number
   - Policy period
   - Insured/insured's name(s)
   - Mailing address and premises address, county
   - Coverages by form type
   - Coverages/Limits of Liability – include all optional coverages provided and any schedules, if applicable.
   - Construction type
   - Protection class (including fire department/district)
   - Territory (rating)
   - Deductible
   - All credits applied and percentage(s)
   - A listing of all forms and endorsements (including edition dates) made a part of the policy
   - Premium amount by coverage

4. Notice to policyholder regarding perils not covered.

5. Documents that supported the credits/debits afforded in the rating of the policy (i.e., protective device credit, account credit, etc.).

6. Documents that supported the amount of coverage written.

7. Accounting records that show the installment charge per installment payment.

C. Commercial Lines **Insert Line(s) of Business** New Business.

1. A copy of the new business application.

2. A copy of the new business term declarations page or equivalent that provides all coverage information for the risk. This must include a listing of all forms and endorsements (including edition dates) made part of the policy.

3. Notice to policyholder regarding perils not covered. (Property lines only)

4. Copies of all pertinent underwriting information, schedules, and complete rating information (must include detailed computation worksheets).

5. Documentation for all credits/debits afforded, i.e., experience, schedule, etc. (copies of schedule rating and/or experience worksheets must be included if credit/debit given).

6. Accounting records that show the installment charge per installment.

7. A copy of the Loss Cost Questionnaire (FC-112).

8. A summary of loss costs and their effective dates applied during the period under examination along with all other relevant rating information (i.e., UM/UIM, deductibles other than those shown on the state/company rate pages, increased limit factors, countrywide/North Carolina class factors, etc.).

9. COMMERCIAL AUTOMOBILE: Documentation to support reliable proof of North Carolina residency or eligible risk status as required by NCGS 58-2-164.

IV. TERMINATIONS

A. Cancellations and Nonrenewals – Personal and Commercial Lines

1. A copy of the termination notice sent to the insured.

2. A copy of the termination notice sent to the loss payee/mortgagee on Company initiated terminations.

3. A copy of proof of mailing.

4. For insured requested terminations, a copy of the loss policy release, the original policy returned, or a copy of any other correspondence confirming termination.

5. For insured requested terminations within 45 days due to cession to the North Carolina Reinsurance Facility, a copy of the insured's request, documentation supporting coverage placed elsewhere in the voluntary market, and a copy of the cession notice.

6. For automobile (personal) terminations, a copy of the North Carolina Notice of Termination Form (FS-4) or documentation supporting electronic submission to the North Carolina Division of Motor Vehicles.

7. Accounting records for ***cancellations*** that include the total policy premium, the amount of premium paid by the insured (including a breakdown of installment charges), the method for calculating the unearned premium (pro rata or short rate), and the amount of the unearned premium.

B. Declinations/Rejections - Personal Lines

1. A copy of the original submission to the Company.

2. A copy of any correspondence sent or received regarding the declination/rejection of the coverages applied for.

V. CLAIMS PRACTICES

A. Access to all claims procedures manuals in use in North Carolina during the examination period.

B. A specimen copy of each claim form in use during the examination period.

C. The survey of files will consist of (but are not limited to) the review of:

1. **Closed Paid Claims:** Acord form (first report), adjuster activity log(s), independent adjuster's report (where applicable), appraisal sheet, policy declarations, police report (if applicable) and a copy of the check issued to appropriate parties.

2. **Closed Without Payment:** Acord form (first report), adjuster activity log, policy declarations, police report (where applicable), independent adjuster's report (where applicable), denial letter, and reason for denial.

3. **Subrogated:** Acord form (first report), adjuster activity log, copy of estimates, appraisal, copy of check received from other company, copy of final installment payments made by responsible party, letter received from an attorney who collected from a responsible party, policy declaration, copy of arbitration pleadings. Copy of check from Company to insured for deductible reimbursement - explanation required if pro rata reimbursement made.

4. **Total Loss:** Acord form (first report), adjuster activity log(s), Total Loss and Evaluation sheet, independent adjuster's report (where applicable). Note: If more than 1 total loss, select insured first, then third party second. A copy of the salvage title, odometer statement, power of attorney, owner retention form, and copy of check(s).

5. **Litigation:** Acord form (first report), adjuster activity log, the complaint, policy declarations, litigation summary sheet, copy of general release, copy of stipulation of dismissal, copy of judgment, copy of excess letter.

APPENDIX A – INSTRUCTIONS FOR PREPARING ELECTRONIC FILES

The attached file layouts are to be used for building the electronic files/records to be sent to the North Carolina Department of Insurance (Department). **Please only submit data subject to this examination.**

Files may be submitted via compact disk, e-mail (if the size of the attachment is less than 1 MB), or a secure file sharing service (e.g., sharefile). If employing e-mail, use a WINZIP® compatible data compression tool on any attachments greater than 100KB). Do not submit 'backed-up' files.

The data must be formatted as ASCII Fixed Length (plain text).

All files/records must correspond to the appropriate layout definition exactly as prescribed herein.

All records must contain data only. Do not include any column titles/field names, blank records, header or trailer records, total or subtotal records, etc.

With the exception of a leading dash in the first position of the field to represent a negative amount, numeric fields must not contain any punctuation (decimal points, commas, dollar signs, etc.).

Numeric fields must be right justified; alphanumeric fields must be left justified.

All companies subject to the examination must be included in the same file for a particular examination item.

All lines of business must be included in the same file for the DECLINATION and CLAIMS examination items. Each line of business must be submitted as its own individual file for the RATING, CANCELLATION, and NONRENEWAL examination items.

Files should be sorted by effective (new business), termination (cancellation, nonrenewal, declination), or loss (claims) dates as applicable.

Dollar amounts are to be reported **exclusive** of installment fees.

If there are any fields that you are unable to populate, please advise the Department, in writing, as soon as possible. These fields need to be accounted for in the file through the use of blank fill (space fill). Do NOT use Tab characters.

The company will be supplied with a list of the records selected as a representative sample of the total population submitted for each specific examination item. The selected records will be reviewed, in detail, by the Department's examiners; therefore, the associated company files must be made available to the examiners for their use in verifying data submitted electronically.

Please forward the files as they are completed. Do not wait until all files are complete to start sending. **Files not received in good order by the date determined by the Examiner-In-Charge during the Pre-Examination Conference will be deemed in violation.**

Address all CDs to the attention of the Examiner in Charge of your examination at the following address:

North Carolina Department of Insurance
Market Regulation Division
1201 Mail Service Center
Raleigh, North Carolina 27699-1201

FILE NAMES:

Examination Item:	File Name:
Appointed Producers	apptprod.txt
Terminated Producers	termprod.txt
Homeowners New Business Rating	homerate.txt
Mobile Homeowners New Business Rating	mhomrate.txt
Dwelling Fire New Business Rating*	dwelrate.txt
Personal Auto New Business Rating	pautrate.txt
Personal Inland Marine New Business Rating*	pimrate.txt
Personal Liability/Umbrella New Business Rating*	pumbrate.txt
Commercial Fire New Business Rating*	firerate.txt
Commercial Auto New Business Rating	cautrate.txt
Commercial Liability (mono-line CGL) New Business Rating	cglrate.txt
Commercial Inland Marine New Business Rating*	cimrate.txt
Commercial Umbrella New Business Rating*	cumbrate.txt
Businessowners (BOP) New Business Rating	boprate.txt
Farmowners New Business Rating*	farmrate.txt
Workers' Compensation New Business Rating	comprate.txt
Mortgage Guaranty New Business Rating*	mortrate.txt
Credit Insurance New Business Rating*	crdtrate.txt
Medical Professional Liability New Business Rating*	medrate.txt
Homeowners Cancellations	homecanx.txt
Mobile Homeowners Cancellations	mhomcanx.txt
Dwelling Fire Cancellations	dwelcanx.txt
Personal Auto Cancellations	pautcanx.txt
Personal Inland Marine Cancellations	pimcanx.txt
Personal Liability/Umbrella Cancellations	pumbcanx.txt
Commercial Fire Cancellations	firecanx.txt
Commercial Auto Cancellations	cautcanx.txt
Commercial Liability (CGL) Cancellations	cglcanx.txt
Commercial Inland Marine Cancellations	cimcanx.txt
Commercial Umbrella Cancellations	cumbcanx.txt
Businessowners (BOP) Cancellations	bopcanx.txt
Farmowners Cancellations	farmcanx.txt
Workers' Compensation Cancellations	compcanx.txt
Mortgage Guaranty Cancellations	mortcanx.txt
Credit Insurance Cancellations	crdtcanx.txt
Medical Professional Liability Cancellations	medcanx.txt

*Refer to the Miscellaneous New Business file layout.

FILE NAMES (cont.):

Examination Item:	File Name:
Homeowners Nonrenewals	homenrnl.txt
Mobile Homeowners Nonrenewals	mhomnrnl.txt
Dwelling Fire Nonrenewals	dwelnrnl.txt
Personal Auto Nonrenewals	pautnrnl.txt
Personal Inland Marine Nonrenewals	pimnrnl.txt
Personal Liability/Umbrella Nonrenewals	pumbnrnl.txt
Commercial Fire Nonrenewals	firenrnl.txt
Commercial Auto Nonrenewals	cautnrnl.txt
Commercial Liability (CGL) Nonrenewals	cglnrnl.txt
Commercial Inland Marine Nonrenewals	cimnrnl.txt
Commercial Umbrella Nonrenewals	cumbnrnl.txt
Businessowners (BOP) Nonrenewals	bopnrnl.txt
Farmowners Nonrenewals	farmnrnl.txt
Workers' Compensation Nonrenewals	compnrnl.txt
Medical Professional Liability Nonrenewals	mednrnl.txt
Personal Lines Declinations	declined.txt
1st Party Physical Damage Paid Claims (Auto only)	physdmg.txt
1st Party Property Damage Paid Claims (non-Auto)	propdmg.txt
3rd Party Paid Claims (Property Damage Only)	thrdprty.txt
Medical Payments Claims	medpay.txt
1st and 3rd Party Bodily Injury Claims	bodinjry.txt
Claims Closed Without Payment	clsdwopy.txt
Subrogated Claims	subrogtn.txt
Total Losses	totlloss.txt
Litigated Claims	litigatd.txt
Workers' Compensation Claims Closed Without Payment	wcclsdwopy.txt
Workers' Compensation Denied Claims	wcdenied.txt
Workers' Compensation Indemnity Paid Claims	wcindpaid.txt
Workers' Compensation Medical Only Paid Claims	wcmedpaid.txt
Complaints	complaint.txt

LINES OF BUSINESS:

Please use the following nomenclature where LOB is required in the record layout definition:

Homeowners
Mobile Homeowners
Dwelling Fire
Personal Auto
Personal Umbrella
Pers Inland Marine
Commercial Fire
Commercial Auto
Commercial Liability
BOP
Comm Inland Marine
Commercial Umbrella
Farmowners
Workers Comp
Mortgage Guaranty
Credit
Med Prof Liability
Law Prof Liability

I. MARKETING

A) Appointed Producers:

Please provide a list of all producers newly appointed during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
PRODUCER'S NAME	7	30	A		Producer's Name
AGENCY	37	30	A		Name of Agency
CITY	67	25	A		Agency's City
PRODUCER'S APPOINT DT	92	8	N	0	Producer's Appointment Date (YYYYMMDD)
SUBMISSION DT	100	8	N	0	Date of Submission (YYYYMMDD)
RESIDENCY	108	11	A		Is the producer a resident or nonresident? Valid values: "Resident" or "Nonresident"
NATIONAL PRODUCER NO	119	9	A		Producer's National Producer Number
COMPANY	128	25	A		Name of Insurer
CODE	153	5	A		Insurer's NAIC Company Code

Total Record Length: 157

B) Terminated Producers:

Please provide a list of all terminated producers during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
PRODUCER'S NAME	7	30	A		Producer's Name
AGENCY	37	30	A		Name of Agency
CITY	67	25	A		Agency's City
PRODUCER'S TERM DT	92	8	N	0	Producer's Termination Date (YYYYMMDD)
SUBMISSION DT	100	8	N	0	Date of Submission (YYYYMMDD)
TERM LETTER	108	3	A		Was the termination letter sent to the producer? Valid values: "Yes" or "No"
TERM LETTER DT	111	8	N		Date the Term Letter was sent (YYYYMMDD)
TERM BY DOI	119	3	A		Was the producer terminated by the Department (DOI)? Valid value: "Yes" or "No"
NATIONAL PRODUCER NO	122	9	A		Writing Producer's National Producer Number
COMPANY	131	25	A		Name of Insurer
CODE	156	5	A		Insurer's NAIC Company Code

Total Record Length: 160

II. UNDERWRITING AND RATING

A) Homeowners New Business:

Please provide a list of all policies issued **new** during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
NAME	32	30	A		Insured's Name
CITY	62	25	A		Insured's City
COUNTY	87	25	A		Insured's County
EFF DT	112	8	N	0	Policy Effective Date (YYYYMMDD)
EXP DT	120	8	N	0	Policy Expiration Date (YYYYMMDD)
FORM	128	6	A		Policy Form Code Valid values: "HO2", "HO3", "HO3w15", "HO4", "HO5","HO6" or "HO8"
CONSTR	134	7	A		Dwelling Construction Valid values: "Frame" or "Masonry"
CNSTR DT	141	8	N	0	Date of Construction/Certificate of Occupancy (YYYYMMDD - if only year is known use YYYY0101 format).
TERR	149	4	N	0	Rating Territory Code
PC	153	2	A		Protection Class Valid values: "1", "2", "3", "4", "5", "6", "7", "8", "8B", "9", "9E", "9S" or "10"
DED	155	5	N	0	Policy Deductible
PRGTYPE	160	15	A		Program Type (e.g.: Standard, Preferred, Ultra)
COV A	175	8	N	0	Coverage A Limit
COV B	183	8	N	0	Coverage B Limit
COV C	191	8	N	0	Coverage C Limit
COV D	199	8	N	0	Coverage D Limit
COV E	207	8	N	0	Coverage E Limit
COV F	215	8	N	0	Coverage F Limit
PREM CHG	223	10	N	2	Amount of premium charged insured
PRODUCER'S NAME	233	30	A		Writing Producer's Name
NATIONAL PRODUCER NO	263	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	272	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	280	25	A		Name of Insurer
CODE	305	5	A		Insurer's NAIC Company Code

Total Record Length: 309

B) Mobile Homeowners New Business:

Please provide a list of all policies issued **new** during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
NAME	32	30	A		Insured's Name
CITY	62	25	A		Insured's City
EFF DT	87	8	N	0	Policy Effective Date (YYYYMMDD)
EXP DT	95	8	N	0	Policy Expiration Date (YYYYMMDD)
PLAN	103	6	A		Valid values: "MH(F)", "MH(C)", or "Other"
FORM	109	7	A		Type of Coverage Form Valid values: "Renter" or "Owner"
SIDING	116	20	A		Type of Siding (e.g., Aluminum, etc…)
UNIT TYPE	136	20	A		Type of Unit (e.g., single-wide, double-wide, etc…)
TIED DOWN	156	4	A		Is Unit Tied Down? Valid values: "Yes" or "No"
MANUF DATE	160	8	N	0	Date of Manufacture (YYYYMMDD)
TERR	168	4	N	0	Rating Territory Code
PC	172	2	A		Protection Class Valid values: "1", "2", "3", "4", "5", "6", "7", "8", "8B", "9", "9E", "9S" or "10"
PRICE	174	10	N	2	Purchase Price of Unit
VALUE	184	10	N	2	Unit Coverage Limit
ADJ STR	194	10	N	2	Adjacent Structures Coverage Limit
PERS PROP	204	10	N	2	Personal Property Coverage Limit
PERS LIAB	214	10	N	2	Personal Liability Coverage Limit
MED PAY	224	10	N	2	Medical Payments Coverage Limit
DED	234	5	N	0	Policy Deductible
PREM CHG	239	10	N	2	Amount of premium charged insured
PRODUCER'S NAME	249	30	A		Writing Produce's Name
NATIONAL PRODUCER NO	279	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	288	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	296	25	A		Name of Insurer
CODE	321	5	A		Insurer's NAIC Company Code

Total Record Length: 325

C) Personal Auto New Business:

Please provide a list of all policies issued **new** during the examination period.
If a policy has more than one vehicle, all vehicle-specific fields (positions 307 through 701) must be for the highest-rated vehicle.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
NAME	32	30	A		Insured's Name
CITY	62	25	A		Insured's City
EFF DT	87	8	N	0	Policy Effective Date (YYYYMMDD)
DRIVER NAME1	95	30	A		Covered Driver's Name 1
DOB1	125	8	N	0	Date of Birth for Driver Name1 (YYYYMMDD)
DRIVER NAME2	133	30	A		Covered Driver's Name 2
DOB2	163	8	N	0	Date of Birth for Driver Name2 (YYYYMMDD)
DRIVER NAME3	171	30	A		Covered Driver's Name 3
DOB3	201	8	N	0	Date of Birth for Driver Name3 (YYYYMMDD)
DRIVER NAME4	209	30	A		Covered Driver's Name 4
DOB4	239	8	N	0	Date of Birth for Driver Name4 (YYYYMMDD)
VEH	247	3	N	0	Number of Vehicles on the Policy
FAC	250	3	A		Is Policy Ceded to the Facility? Valid values: "Yes" or "No"
OTHER PLAN	253	20	A		Describe Other Rating Plan (i.e.: "Consent To Rate")
TYPE OF POLICY	273	1	N	0	Valid values: 1 – Owners, 2 – Non-Owners
PTS	274	3	N	0	Enter Number of Liability SDIP Points
FACTR	277	5	N	2	Enter Liability SDIP Factor
COM	282	3	N	0	Number of Vehicles with Comprehensive Coverage
COL	285	3	N	0	Number of Vehicles with Collision Coverage
LIA	288	3	N	0	Total Number of Liability Coverages on the Policy e.g.: A policy covering 2 vehicles, each with BI & PD liability coverage, would have a total of 4 liability coverages.
RECALL	291	6	N	4	Recoupment/Allocation Factor
PREM TOT	297	10	N	2	Total Policy Premium
VEHICLE DESC	307	15	A		Year, Make and Model. Abbreviate as necessary.
SYCOMP	322	2	N	0	Comprehensive Rating Symbol
SYCOLL	324	2	N	0	Collision Rating Symbol
TR	326	3	N	0	Rating Territory
RTCLS	329	5	A		Vehicle Rating Class Code (e.g.: 1a)
STCLS	334	6	A		Vehicle Statistical Class Code (e.g.: 116100)

BILMT	340	11	A		Bodily Injury Liability Limits (in thousands) (e.g.: 100/300)
BIBAS	351	6	N	2	Bodily Injury Liability Annual Base Premium for this Limit
BICLS	357	6	N	2	Bodily Injury Liability Class Factor
BITRM	363	6	N	2	Bodily Injury Liability Policy Term Factor
BIDEV1	369	6	N	2	Bodily Injury Liability Miscellaneous Deviation Factor (e.g.: Package Credit)
BIDEV2	375	6	N	2	Bodily Injury Liability Miscellaneous Deviation Factor
BIDEV3	381	6	N	2	Bodily Injury Liability Miscellaneous Deviation Factor
BIDEV4	387	6	N	2	Bodily Injury Liability Miscellaneous Deviation Factor
BIDEV5	393	6	N	2	Bodily Injury Liability Miscellaneous Deviation Factor
PDLMT	399	6	A		Property Damage Liability Limit (in thousands) (e.g.: 50)
PDBAS	405	6	N	2	Property Damage Liability Annual Base Premium for this Limit
PDCLS	411	6	N	2	Property Damage Liability Class Factor
PDTRM	417	6	N	2	Property Damage Liability Policy Term Factor
PDDEV1	423	6	N	2	Property Damage Liability Miscellaneous Deviation Factor (e.g.: Package Credit)
PDDEV2	429	6	N	2	Property Damage Liability Miscellaneous Deviation Factor
PDDEV3	435	6	N	2	Property Damage Liability Miscellaneous Deviation Factor
PDDEV4	441	6	N	2	Property Damage Liability Miscellaneous Deviation Factor
PDDEV5	447	6	N	2	Property Damage Liability Miscellaneous Deviation Factor
MPLMT	453	6	A		Medical Payments Limit
MPBAS	459	6	N	2	Medical Payments Annual Base Premium for this Limit
MPCLS	465	6	N	2	Medical Payments Class Factor
AIRBAG	471	6	N	2	Air Bag Discount Factor
MPTRM	477	6	N	2	Medical Payments Policy Term Factor
MPDEV1	483	6	N	2	Medical Payments Miscellaneous Deviation Factor (e.g.: Package Credit)
MPDEV2	489	6	N	2	Medical Payments Miscellaneous Deviation Factor
MPDEV3	495	6	N	2	Medical Payments Miscellaneous Deviation Factor
MPDEV4	501	6	N	2	Medical Payments Miscellaneous Deviation Factor
MPDEV5	507	6	N	2	Medical Payments Miscellaneous Deviation Factor
UMLMT	513	15	A		Uninsured/Underinsured Motorist Limits (in thousands) (e.g.: 100/300/100)

UMBAS	528	6	N	2	Uninsured/Underinsured Motorist Annual Base Premium for this Limit
UMTRM	534	6	N	2	Uninsured/Underinsured Motorist Policy Term Factor
UMDEV1	540	6	N	2	Uninsured/Underinsured Motorist Miscellaneous Deviation Factor (e.g.: Package Credit)
UMDEV2	546	6	N	2	Uninsured/Underinsured Motorist Miscellaneous Deviation Factor
UMDEV3	552	6	N	2	Uninsured/Underinsured Motorist Miscellaneous Deviation Factor
UMDEV4	558	6	N	2	Uninsured/Underinsured Motorist Miscellaneous Deviation Factor
UMDEV5	564	6	N	2	Uninsured/Underinsured Motorist Miscellaneous Deviation Factor
CMDED	570	6	A		Comprehensive Deductible
CMBAS	576	6	N	2	Comprehensive Annual Base Premium for this Model Year and Symbol Vehicle
CMFACT	582	6	N	2	Comprehensive Deductible Factor
CMCLS	588	6	N	2	Comprehensive Class Factor
CMTRM	594	6	N	2	Comprehensive Policy Term Factor
CMDEV1	600	6	N	2	Comprehensive Miscellaneous Deviation Factor (e.g.: Package Credit)
CMDEV2	606	6	N	2	Comprehensive Miscellaneous Deviation Factor
CMDEV3	612	6	N	2	Comprehensive Miscellaneous Deviation Factor
CMDEV4	618	6	N	2	Comprehensive Miscellaneous Deviation Factor
CMDEV5	624	6	N	2	Comprehensive Miscellaneous Deviation Factor
CLDED	630	6	A		Collision Deductible
CLBAS	636	6	N	2	Collision Annual Base Premium for this Model Year and Symbol Vehicle
CLFACT	642	6	N	2	Collision Deductible Factor
CLCLS	648	6	N	2	Collision Class Factor
CLTRM	654	6	N	2	Collision Policy Term Factor
CLDEV1	660	6	N	2	Collision Miscellaneous Deviation Factor (e.g.: Package Credit)
CLDEV2	666	6	N	2	Collision Miscellaneous Deviation Factor
CLDEV3	672	6	N	2	Collision Miscellaneous Deviation Factor
CLDEV4	678	6	N	2	Collision Miscellaneous Deviation Factor
CLDEV5	684	6	N	2	Collision Miscellaneous Deviation Factor
TOWLAB	690	6	N	2	Towing and Labor Term Premium
TRNSXP	696	6	N	2	Transportation Expense Term Premium
PRODUCER'S NAME	702	30	A		Writing Producer's Name
NATIONAL PRODUCER NO	732	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	741	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	749	25	A		Name of Insurer

CODE	774	5	A		Insurer's NAIC Company Code

Total Record Length: 778

D) Commercial Auto New Business:

Please provide a list of all policies issued **new** during the examination period.
If a policy has more than one vehicle, all vehicle-specific fields (positions 118 through 586) must be for the first scheduled vehicle.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
NAME	32	30	A		Insured's Name
CITY	62	25	A		Insured's City
EFF DT	87	8	N	0	Policy Effective Date (YYYYMMDD)
TERR	95	4	N	0	Rating Territory
RATE PLAN	99	9	A		Enter "Voluntary" "Facility" or "Other"
RECOUP	108	6	N	4	Recoupment Factor
PREM TOT	114	10	N	2	Total Policy Premium
RADIUS/USE/ WEIGHT	124	25	A		Literal Description of Radius, Use & Weight of Vehicle (e.g.: Local Service 25000)
CLASS	149	6	A		Vehicle Class Code
BI/CSL LMT	155	11	A		Bodily Injury (in thousands) or Combined Single Limit Liability Limit
BILC	166	6	N	2	Bodily Injury or Combined Single Limit Liability Loss Cost
BILCM	172	6	N	4	Bodily Injury or Combined Single Limit Liability Loss Cost Multiplier
BIILF	178	6	N	4	Bodily Injury or Combined Single Limit Liability Increased Limits Factor
BIPRIM	184	6	N	4	Bodily Injury or Combined Single Limit Liability Primary Class Factor
BISEC	190	6	N	4	Bodily Injury or Combined Single Limit Liability Secondary Class Factor
BIFLT	196	6	N	4	Bodily Injury or Combined Single Limit Liability Fleet Factor
BIDEV1	202	6	N	4	Bodily Injury or Combined Single Limit Liability Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
BIDEV2	208	6	N	4	Bodily Injury or Combined Single Limit Liability Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
BIDEV3	214	6	N	4	Bodily Injury or Combined Single Limit Liability Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
BIMISC	220	6	N	2	Bodily Injury or Combined Single Limit Liability Flat Dollar Miscellaneous Fee, Charge or Credit
BITRM	226	6	N	2	Bodily Injury or Combined Single Limit Liability Policy Term Factor

BIEXCESS	232	6	N	4	Bodily Injury or Combined Single Limit Liability Excess Factor
PD LMT	238	10	A		Property Damage Liability Limit
PDLC	248	6	N	2	Property Damage Liability Loss Cost
PDLCM	254	6	N	4	Property Damage Liability Loss Cost Multiplier
PDILF	260	6	N	4	Property Damage Liability Increased Limits Factor
PDPRIM	266	6	N	4	Property Damage Liability Primary Class Factor
PDSEC	272	6	N	4	Property Damage Liability Secondary Class Factor
PDFLT	278	6	N	4	Property Damage Liability Fleet Factor
PDDEV1	284	6	N	4	Property Damage Liability Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
PDDEV2	290	6	N	4	Property Damage Liability Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
PDDEV3	296	6	N	4	Property Damage Liability Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
PDMISC	302	6	N	2	Property Damage Liability Flat Dollar Miscellaneous Fee, Charge or Credit
PDTRM	308	6	N	2	Property Damage Liability Policy Term Factor
PDEXCESS	314	6	N	4	Property Damage Liability Excess Factor
MP LMT	320	10	A		Medical Payments Limit
MPBASE	330	6	N	2	Medical Payments Base Premium
MPLCM	336	6	N	4	Medical Payments Base Premium Multiplier
MPILF	342	6	N	4	Medical Payments Base Increased Limits Factor
MPPRIM	348	6	N	4	Medical Payments Primary Class Factor
MPSEC	354	6	N	4	Medical Payments Secondary Class Factor
MPDEV1	360	6	N	4	Medical Payments Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
MPDEV2	366	6	N	4	Medical Payments Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
MPDEV3	372	6	N	4	Medical Payments Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
MPMISC	378	6	N	2	Medical Payments Flat Dollar Miscellaneous Fee, Charge or Credit

MPTRM	384	6	N	2	Medical Payments Policy Term Factor
UM LMT	390	11	A		Uninsured/Underinsured Motorist Bodily Injury Limit (in thousands)
UMBASE	401	6	N	2	Uninsured/Underinsured Motorist Bodily Injury Base Premium
UMDEV1	407	6	N	4	Uninsured/Underinsured Motorist Bodily Injury Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
UMDEV2	413	6	N	4	Uninsured/Underinsured Motorist Bodily Injury Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
UMDEV3	419	6	N	4	Uninsured/Underinsured Motorist Bodily Injury Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
UMMISC	425	6	N	2	Uninsured/Underinsured Motorist Bodily Injury Flat Dollar Miscellaneous Fee, Charge or Credit
UMTRM	431	6	N	2	Uninsured/Underinsured Motorist Bodily Injury Policy Term Factor
UP LMT	437	10	A		Uninsured Motorist Property Damage Limit
UPBASE	447	6	N	2	Uninsured Motorist Property Damage Base Premium
UPDEV1	453	6	N	4	Uninsured Motorist Property Damage Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
UPDEV2	459	6	N	4	Uninsured Motorist Property Damage Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
UPDEV3	465	6	N	4	Uninsured Motorist Property Damage Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
UPMISC	471	6	N	2	Uninsured Motorist Property Damage Flat Dollar Miscellaneous Fee, Charge or Credit
UPTRM	477	6	N	2	Uninsured Motorist Property Damage Policy Term Factor
CM DED	483	10	A		Comprehensive Deductible
CMLC	493	6	N	2	Comprehensive Loss Cost
CMLCM	499	6	N	4	Comprehensive Loss Cost Multiplier
CMAGEF	505	6	N	4	Comprehensive Age Factor
CMOCNF	511	6	N	4	Comprehensive Original Cost New Factor

CMDEDF	517	6	N	4	Comprehensive Deductible Factor
CMPRIM	523	6	N	4	Comprehensive Primary Class Factor
CMSEC	529	6	N	4	Comprehensive Secondary Class Factor
CMFLT	535	6	N	4	Comprehensive Fleet Factor
CMDEV1	541	6	N	4	Comprehensive Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
CMDEV2	547	6	N	4	Comprehensive Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
CMDEV3	553	6	N	4	Comprehensive Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
CMMISC	559	6	N	2	Comprehensive Flat Dollar Miscellaneous Fee, Charge or Credit
CMTRM	565	6	N	2	Comprehensive Policy Term Factor
CL DED	571	10	A	0	Collision Deductible
CLLC	581	6	N	2	Collision Loss Cost
CLLCM	587	6	N	4	Collision Loss Cost Multiplier
CLAGEF	593	6	N	4	Collision Age Factor
CLOCNF	599	6	N	4	Collision Original Cost New Factor
CLDEDF	605	6	N	4	Collision Deductible Factor
CLPRIM	611	6	N	4	Collision Primary Class Factor
CLSEC	617	6	N	4	Collision Secondary Class Factor
CLFLT	623	6	N	4	Collision Fleet Factor
CLDEV1	629	6	N	4	Collision Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
CLDEV2	635	6	N	4	Collision Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
CLDEV3	641	6	N	4	Collision Miscellaneous Deviation Factor (e.g.: Package Credit, Pollution Factor, Schedule, Experience Credit or CSL Factor etc.)
CLMISC	647	6	N	2	Collision Flat Dollar Miscellaneous Fee, Charge or Credit
CLTRM	653	6	N	2	Collision Policy Term Factor
PRODUCER'S NAME	659	30	A		Writing Produce's Name
NATIONAL PRODUCER NO	689	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	698	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	706	25	A		Name of Insurer
CODE	731	5	A		Insurer's NAIC Company Code

Total Record Length: 735

E) Commercial General Liability New Business:
Please provide a list of all policies issued **new** during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
NAME	32	30	A		Insured's Name
CITY	62	25	A		Insured's City
EFF DT	87	8	N	0	Policy Effective Date (YYYYMMDD)
EXP DT	95	8	N	0	Policy Expiration Date (YYYYMMDD)
CLASS	103	8	A		Class Code
TERR	111	6	A		Rating Territory
LOB	117	20	A		Line of Business – Valid value: "Commercial Liability"
POLC	137	6	N	2	Premises/Operations Loss Cost
POLCM	143	6	N	4	Premises/Operations Loss Cost Multiplier
POILF	149	6	N	4	Premises/Operations Loss Cost Increased Limits Factor
POMD1	155	6	N	4	Premises/Operations Miscellaneous Rate Modifier 1
POMD2	161	6	N	4	Premises/Operations Miscellaneous Rate Modifier 2
POMD3	167	6	N	4	Premises/Operations Miscellaneous Rate Modifier 3
POMD4	173	6	N	4	Premises/Operations Miscellaneous Rate Modifier 4
POMD5	179	6	N	4	Premises/Operations Miscellaneous Rate Modifier 5
POMD6	185	6	N	4	Premises/Operations Miscellaneous Rate Modifier 6
POXPS	191	6	N	0	Premises/Operations Number of Exposures
PCOLC	197	6	N	2	Products/Completed Operations Loss Cost
PCOLCM	203	6	N	4	Products/Completed Operations Loss Cost Multiplier
PCOILF	209	6	N	4	Products/Completed Operations Loss Cost Increased Limits Factor
PCOMD1	215	6	N	4	Products/Completed Operations Miscellaneous Rate Modifier 1
PCOMD2	221	6	N	4	Products/Completed Operations Miscellaneous Rate Modifier 2
PCOMD3	227	6	N	4	Products/Completed Operations Miscellaneous Rate Modifier 3
PCOMD4	233	6	N	4	Products/Completed Operations Miscellaneous Rate Modifier 4
PCOMD5	239	6	N	4	Products/Completed Operations Miscellaneous Rate Modifier 5
PCOMD6	245	6	N	4	Products/Completed Operations Miscellaneous Rate Modifier 6

PCOXPS	251	6	N	0	Products/Completed Operations Number of Exposures
PREM CHG	257	10	N	2	Amount of premium charged insured
PRODUCER'S NAME	267	30	A		Writing Produce's Name
NATIONAL PRODUCER NO	297	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	306	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	314	25	A		Name of Insurer
CODE	339	5	A		Insurer's NAIC Company Code

Total Record Length: 343

F) Businessowners New Business:

Please provide a list of all policies issued **new** during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
NAME	32	30	A		Insured's Name
CITY	62	25	A		Insured's City
EFF DT	87	8	N	0	Policy Effective Date (YYYYMMDD)
EXP DT	95	8	N	0	Policy Expiration Date (YYYYMMDD)
TERR	103	6	A		Rating Territory
CLASS OF BUSINESS	109	20	A		General Description of Business Type (e.g., Mercantile, Service, Retail, Manufacturing, etc…)
CLASS	129	8	A		Class Code
DEV1	137	6	N	4	Miscellaneous Deviation 1
DEV2	143	6	N	4	Miscellaneous Deviation 2
PROP LMT	149	10	A		Total of Building and Business Personal Property Coverage Limits
LIAB LMT	159	10	A		Liability Coverage Occurrence Limit
MIN PREM	169	10	N	2	Policy Writing Minimum Premium
PREM CHG	179	10	N	2	Premium Company Charged Insured
PRODUCER'S NAME	189	30	A		Writing Produce's Name
NATIONAL PRODUCER NO	219	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	228	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	236	25	A		Name of Insurer
CODE	261	5	A		Insurer's NAIC Company Code

Total Record Length: 265

G) Workers' Compensation New Business:

Please provide a list of all policies issued **new** during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
NAME	32	30	A		Insured's Name
CITY	62	25	A		Insured's City
EFF DT	87	8	N	0	Policy Effective Date (YYYYMMDD)
EXP DT	95	8	N	0	Policy Expiration Date (YYYYMMDD)
CMPNY TYPE	103	11	A		Company Type Valid values: "Individual", "Corporation", "Partnership", "ABC Board" or "Other"
EAACCLMT	114	9	N	0	Each Accident Limit for Bodily Injury by Accident
EAEMPLMT	123	9	N	0	Each Employee Limit for Bodily Injury by Disease
POLICYLMT	132	9	N	0	Policy Limit for Bodily Injury by Disease
LCM	141	6	N	4	Loss Cost Multiplier
CLASSIFICATION1	147	20	A		Classification Description for 1st Covered Class
CLASS1	167	8	A		Class Code for 1st Covered Class
PAYROLL1	175	10	N	2	Remuneration Payroll for 1st Covered Class
LC1	185	6	N	2	Loss Cost for 1st Covered Class
CLASSIFICATION2	191	20	A		Classification Description for 2nd Covered Class
CLASS2	211	8	A		Class Code for 2nd Covered Class
PAYROLL2	219	10	N	2	Remuneration Payroll for 2nd Covered Class
LC2	229	6	N	2	Loss Cost for 2nd Covered Class
CLASSIFICATION3	235	20	A		Classification Description for 3rd Covered Class
CLASS3	255	8	A		Class Code for 3rd Covered Class
PAYROLL3	263	10	N	2	Remuneration Payroll for 3rd Covered Class
LC3	273	6	N	2	Loss Cost for 3rd Covered Class
CLASSIFICATION4	279	20	A		Classification Description for 4th Covered Class
CLASS4	299	8	A		Class Code for 4th Covered Class
PAYROLL4	307	10	N	2	Remuneration Payroll for 4th Covered Class
LC4	317	6	N	2	Loss Cost for 4th Covered Class
CLASSIFICATION5	323	20	A		Classification Description for 5th Covered Class
CLASS5	343	8	A		Class Code for 5th Covered Class
PAYROLL5	351	10	N	2	Remuneration Payroll for 5th Covered Class
LC5	361	6	N	2	Loss Cost for 5th Covered Class
CLASSIFICATION6	367	20	A		Classification Description for 6th Covered Class

CLASS6	387	8	A		Class Code for 6th Covered Class
PAYROLL6	395	10	N	2	Remuneration Payroll for 6th Covered Class
LC6	405	6	N	2	Loss Cost for 6th Covered Class
CLASSIFICATION7	411	20	A		Classification Description for 7th Covered Class
CLASS7	431	8	A		Class Code for 7th Covered Class
PAYROLL7	439	10	N	2	Remuneration Payroll for 7th Covered Class
LC7	449	6	N	2	Loss Cost for 7th Covered Class
CLASSIFICATION8	455	20	A		Classification Description for 8th Covered Class
CLASS8	475	8	A		Class Code for 8th Covered Class
PAYROLL8	483	10	N	2	Remuneration Payroll for 8th Covered Class
LC8	493	6	N	2	Loss Cost for 8th Covered Class
ILF	499	6	N	4	Increased Limits Factor
MINPRM	505	8	N	0	Coverage Minimum Premium
ADDPRM	513	8	N	0	Additional Premium Needed to Meet Minimum Premium Requirement
XPRMOD	521	6	N	4	Experience Modification Factor
SCHCRT	527	6	N	4	Schedule Rating Credit Factor
PRMDSC	533	6	N	4	Premium Discount Factor
DLRDSC	539	10	N	2	Premium Discount in Dollars
XPNSCNST	549	8	N	0	Expense Constant
PREM CHG	557	10	N	2	Amount of premium charged insured
PRODUCER'S NAME	567	30	A		Writing Produce's Name
NATIONAL PRODUCER NO	597	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	606	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	614	25	A		Name of Insurer
CODE	639	5	A		Insurer's NAIC Company Code

Total Record Length: 643

H) Miscellaneous New Business (to be used only with prior approval of NCDOI):
Please provide a list of all policies issued **new** during the examination period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
LOB	7	20	A		Line of Business
POLICY NO	27	25	A		Policy Number
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
EFF DT	107	8	N	0	Policy Effective Date (YYYYMMDD)
EXP DT	115	8	N	0	Policy Expiration Date (YYYYMMDD)
PRODUCER'S NAME	123	30	A		Writing Produce's Name
NATIONAL PRODUCER NO	153	9	A		Writing Producer's National Producer Number
PRODUCER'S APPOINT DT	162	8	N	0	Writing Producer's Appointment Date (YYYYMMDD)
COMPANY	170	25	A		Name of Insurer
CODE	195	5	A		Insurer's NAIC Company Code

Total Record Length: 199

III. TERMINATIONS

A) Cancellations:

Cancellation includes nonpayment of premium, insured or finance company requests, re-writes, underwriting reasons and risk no longer eligible. Files should be created and labeled by Line of Business. Please **exclude** policies cancelled during the exam period and subsequently reinstated during the same period.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		City of Risk
EFF DT	107	8	N	0	Policy Effective Date (YYYYMMDD)
TERM DT	115	8	N	0	Policy Cancellation Effective Date (YYYYMMDD)
RSN	123	4	N	0	Reason for Cancellation: 1 Underwriting Reason 2 Rewritten 3 Insured's Request 4 Finance Company's Request 5 Nonpayment of Premium 6 Insured Cancel within 45 days due to Cession 7 Risk No Longer Eligible (NCGS 58-2-164)
MAIL DT	127	8	N	0	Cancellation Notice Mailed Date (YYYYMMDD)
FS-4 DT	135	8	N	0	Date of FS-4 Notice (auto only; leave blank for other lines) (YYYYMMDD)
MTHD	143	4	N	0	Rate method used for calculating the refund: 1 Personal Lines Short Rate (6 Month) 2 Personal Lines Short Rate (12 Month) 3 Commercial Lines Short Rate (6 Month) 4 Commercial Lines Short Rate (12 Month) 5 Pro-Rata (6 Month) 6 Pro-Rata (12 Month) 7 Flat Cancellation
PREM CHG	147	10	N	2	Amount of premium charged insured
PREM PD	157	10	N	2	Amount of premium paid by insured
PREM DUE	167	10	N	2	Amount of premium owed by insured (i.e.: past due)
PREM RTN	177	10	N	2	Amount of premium refunded to insured
COMPANY	187	25	A		Name of Insurer
CODE	212	5	A		Insurer's NAIC Company Code

Total Record Length: 216

B) Nonrenewals:

Nonrenewal includes underwriting reasons, producer no longer represents the Company and risk no longer eligible. Files should be created and labeled by Line of Business.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
POLICY NO	7	25	A		Policy Number
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
EFF DT	107	8	N	0	Policy Effective Date (YYYYMMDD)
TERM DT	115	8	N	0	Policy Nonrenewal Effective Date (YYYYMMDD)
RSN	123	4	N	0	Reason for Nonrenewal: 1 Underwriting Reason 2 Producer No Longer Appointed 3 Risk No Longer Eligible (NCGS 58-2-164)
MAIL DT	127	8	N	0	Nonrenewal Notice Mailed Date (YYYYMMDD)
FS-4 DT	135	8	N	0	Date of FS-4 Notice (auto only; leave blank for other lines) (YYYYMMDD)
COMPANY	143	25	A		Name of Insurer
CODE	168	5	A		Insurer's NAIC Company Code

Total Record Length: 172

C) Declinations/Rejections:

Report **all** North Carolina applications rejected or declined during the examination period for all Personal Lines of Business subject to the examination. All Lines of Business must be included in one file.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
LINE OF COVERAGE	7	20	A		Enter "Personal Lines"
LOB	27	20	A		Line of Business Valid values: refer to LOB list
NAME	47	30	A		Applicant's Name
CITY	77	25	A		Applicant's City
APP DT	102	8	N	0	Date of Application (YYYYMMDD)
TERM DT	110	8	N	0	Date of Declination/Rejection (YYYYMMDD)
"BLANK FIELD"	118	8	N	0	Blank – account for field with "0"s
COMPANY	126	25	A		Name of Insurer
CODE	151	5	A		Insurer's NAIC Company Code

Total Record Length: 155

IV. CLAIMS PRACTICES

All aspects/features of all Claims must be **CLOSED**. Do not include "catastrophe" claims in any of the files. Claims are to be summarized and reported on a claimant-level basis (suggestion – append a claimant number to the end of the claim number so that each record is unique – maintain the parameters of the CLAIM NO field.).

A. Closed Paid Claims:

1) **Private Passenger And Commercial Automobile Physical Damage Claims (One File):**

2) **Personal And Commercial Third Party Property Damage Claims (One File):** These two types of claims all use the following record layout. While lines of business are to be combined into the same file for each type of claim, each of the two types of claims must be submitted as a separate file.

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
TYPE CLAIM	107	10	A		Type of Claim (Collision, Comp, UMPD, UIMPD, PD)
LOSS DT	117	8	N	0	Date of Loss (YYYYMMDD)
RECVD DT	125	8	N	0	Date Claim Received (YYYYMMDD)
ACKN DT	133	8	N	0	Date Claim Acknowledged by Company (YYYYMMDD)
INVST DT	141	8	N	0	Date Investigation of Claim Completed (YYYYMMDD)
APRSL DT	149	8	N	0	Date of Appraisal (YYYYMMDD)
ESTM DT	157	8	N	0	Date Estimate Received (YYYYMMDD)
LOSS AMT	165	10	N	2	Amount Of Loss
PAID AMT	175	10	N	2	Amount Paid
DEDUCT	185	6	N	0	Deductible Amount
PAID DT	191	8	N	0	Date Loss Paid (YYYYMMDD) - Date first payment made to claimant for this particular feature.
CASH DT	199	8	N	0	Date Check Cashed (YYYYMMDD)
REPAIR SHOP	207	30	A		Name of Auto Body Repair Shop
DRP SHOP	237	3	A		Is this a Preferred/Contracted Auto Body Repair Shop? Valid values: "Yes" or "No"
ADJUSTER'S NAME	240	30	A		Adjuster's Name
NATIONAL PRODUCER NO	270	9	A		Adjuster's National Producer Number
COMPANY	279	25	A		Name of Insurer
CODE	304	5	A		Insurer's NAIC Company Code

Total Record Length: 308

3) Personal And Commercial First Party Property Damage Claims (Excluding Automobile) (One File):

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
TYPE CLAIM	107	10	A		Type of Claim (Dwelling, Building)
LOSS DT	117	8	N	0	Date of Loss (YYYYMMDD)
RECVD DT	125	8	N	0	Date Claim Received (YYYYMMDD)
ACKN DT	133	8	N	0	Date Claim Acknowledged by Company (YYYYMMDD)
INVST DT	141	8	N	0	Date Investigation of Claim Completed (YYYYMMDD)
APRSL DT	149	8	N	0	Date of Appraisal (YYYYMMDD)
ESTM DT	157	8	N	0	Date Estimate Received (YYYYMMDD)
LOSS AMT	165	10	N	2	Amount Of Loss
PAID AMT	175	10	N	2	Amount Paid
DEDUCT	185	6	N	0	Deductible Amount
PAID DT	191	8	N	0	Date Loss Paid (YYYYMMDD) - Date first payment made to claimant for this particular feature.
CASH DT	199	8	N	0	Date Check Cashed (YYYYMMDD)
ADJUSTER'S NAME	207	30	A		Adjuster's Name
NATIONAL PRODUCER NO	237	9	A		Adjuster's National Producer Number
COMPANY	246	25	A		Name of Insurer
CODE	271	5	A		Insurer's NAIC Company Code

Total Record Length: 275

4) Medical Payments Claims (One File):
Exclude data related to loss adjustment. Provide this information, including all lines of business in the same file, using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: “Commercial Auto”, “Personal Auto” or “Homeowners”
NAME	52	30	A		Insured’s Name
CITY	82	25	A		Insured’s City
TYPE CLAIM	107	10	A		Type of Claim Valid value: “Med Pay”
LOSS DT	117	8	N	0	Date of Loss (YYYYMMDD)
RECVD DT	125	8	N	0	Date Claim Received (YYYYMMDD)
ACKN DT	133	8	N	0	Date Claim Acknowledged by Company (YYYYMMDD)
INVST DT	141	8	N	0	Date Investigation of Claim Completed (YYYYMMDD)
CLAIM AMT	149	10	N	2	Total Amount Claimed
PAID AMT	159	10	N	2	Total Amount Paid
PAID DT	169	8	N	0	Date of Loss Paid (YYYYMMDD)
CLAIMANT	177	30	A		Claimant’s Name
REVIEWED	207	3	A		Was claim submitted to an independent review company? Valid values: “Yes” or “No”
REVIEW CO NAME	210	30	A		If answer to previous question was “Yes”, enter name of review company utilized; if “No”, blank-fill this field
ADJUSTER’S NAME	240	30	A		Adjuster’s Name
NATIONAL PRODUCER NO	270	9	A		Adjuster’s National Producer Number
COMPANY	279	25	A		Name of Insurer
CODE	304	5	A		Insurer’s NAIC Company Code

Total Record Length: 308

5) **Personal And Commercial First and Third Party Bodily Injury Claims (One File):** Exclude data related to loss adjustment. Provide this information, including all lines of business in the same file, using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
TYPE CLAIM	107	10	A		Type of Claim Valid values: "BI", "UMBI", or "UIMBI"
LOSS DT	117	8	N	0	Date of Loss (YYYYMMDD)
RECVD DT	125	8	N	0	Date Claim Received (YYYYMMDD)
ACKN DT	133	8	N	0	Date Claim Acknowledged by Company (YYYYMMDD)
INVST DT	141	8	N	0	Date Investigation of Claim Completed (YYYYMMDD)
CLAIM AMT	149	10	N	2	Total Amount Claimed
PAID AMT	159	10	N	2	Total Amount Paid
PAID DT	169	8	N	0	Date of Loss Paid (YYYYMMDD)
CLAIMANT	177	30	A		Claimant's Name
REVIEWED	207	3	A		Was claim submitted to an independent review company? Valid values: "Yes" or "No"
REVIEW CO NAME	210	30	A		If answer to previous question was "Yes", enter name of review company utilized; if "No", blank-fill this field
ADJUSTER'S NAME	240	30	A		Adjuster's Name
NATIONAL PRODUCER NO	270	9	A		Adjuster's National Producer Number
COMPANY	279	25	A		Name of Insurer
CODE	304	5	A		Insurer's NAIC Company Code

Total Record Length: 308

B) Personal And Commercial Claims Closed Without Payment:
Provide this information, including all lines of business in the same file, using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
TYPE CLAIM	107	10	A		Type of Claim (Collision, Comp, UMPD, Fire, etc.)
LOSS DT	117	8	N	0	Date of Loss (YYYYMMDD)
RECVD DT	125	8	N	0	Date Claim Received (YYYYMMDD)
ACKN DT	133	8	N	0	Date Claim Acknowledged by Company (YYYYMMDD)
INVST DT	141	8	N	0	Date Investigation of Claim Completed (YYYYMMDD)
DNIED DT	149	8	N	0	Date Claim Denied (YYYYMMDD)
REASON DENIED	157	100	A		Reason Claim Denied
ADJUSTER'S NAME	257	30	A		Adjuster's Name
NATIONAL PRODUCER NO	287	9	A		Adjuster's National Producer Number
COMPANY	296	25	A		Name of Insurer
CODE	321	5	A		Insurer's NAIC Company Code

Total Record Length: 325

C. Subrogated Claims Closed During The Examination Period:

Should include only those claims where the Company actually pursued subrogation. Provide this information, including all lines of business in the same file, using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number(append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
TYPE CLAIM	107	10	A		Type of Claim (Collision, Comp, UMPD, Fire, etc.)
CLOSED DT	117	8	N	0	Date of Closed (YYYYMMDD)
LOSS AMT	125	10	N	2	Amount Of Loss
DEDUCT	135	6	N	0	Deductible Amount
AMT RCVRD	141	10	N	2	Amount Recovered
RCVRD DT	151	8	N	0	Date Recovered (YYYYMMDD)
AMT REIM	159	10	N	2	Amount Reimbursed to Insured
REIM DT	169	8	N	0	Date Insured Reimbursed (YYYYMMDD)
AMT OWED	177	10	N	2	Amount still owed Insured
REPAIR SHOP	187	30	A		Name of Auto Body Repair Shop
DRP SHOP	217	3	A		Is this a Preferred/Contracted Auto Body Repair Shop? Valid values: "Yes" or "No"
ADJUSTER'S NAME	220	30	A		Adjuster's Name
NATIONAL PRODUCER NO	250	9	A		Adjuster's National Producer Number
COMPANY	259	25	A		Name of Insurer
CODE	284	5	A		Insurer's NAIC Company Code

Total Record Length: 288

D. First and Third Party Total Loss Settlements:

Provide this information, including both Personal and Commercial Automobile lines of business in the same file, using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
TYPE CLAIM	107	10	A		Type of Claim (Collision, Comp, UMPD, Fire, etc.)
LOSS DT	117	8	N	0	Date of Loss (YYYYMMDD)
RECVD DT	125	8	N	0	Date Claim Received (YYYYMMDD)
APRSL DT	133	8	N	0	Date of Appraisal (YYYYMMDD)
BOOK VALUE	141	10	N	2	Vehicle Book Value
DELR QUOTE	151	10	N	2	Dealer Quote
OTHR QUOTE	161	10	N	2	Other Quote
STLMNT AMT	171	10	N	2	Settlement Amount
DEDUCT	181	6	N	0	Deductible Amount
PAID AMT	187	10	N	2	Amount Company Paid
PAID DT	197	8	N	0	Date Claim Paid (YYYYMMDD)
REPAIR SHOP	205	30	A		Name of Auto Body Repair Shop
DRP SHOP	235	3	A		Is this a Preferred/Contracted Auto Body Repair Shop? Valid values: "Yes" or "No"
ADJUSTER'S NAME	238	30	A		Adjuster's Name
NATIONAL PRODUCER NO	268	9	A		Adjuster's National Producer Number
COMPANY	277	25	A		Name of Insurer
CODE	302	5	A		Insurer's NAIC Company Code

Total Record Length: 306

E. Closed Litigated Files:

Provide this information, including all lines of business in the same file, using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: refer to LOB list
NAME	52	30	A		Insured's Name
CITY	82	25	A		Insured's City
TYPE CLAIM	107	10	A		Type of Claim (Bodily Injury, Property Damage, Fire, etc.)
CLOSED DT	117	8	N	0	Date of Closed (YYYYMMDD)
POLICY LMT	125	11	A		Policy Limit (If Split BI limit, report in thousands)
LITIGATION REASON	136	100	A		Describe Reason for Litigation
SUIT OFFER	236	13	N	2	Amount Offered to Settle Suit
SUIT DEMAND	249	13	N	2	Amount Demanded Pre-Suit
FINAL DISPOSITION	262	100	A		Describe Final Disposition of Litigation
ADJUSTER'S NAME	362	30	A		Adjuster's Name
NATIONAL PRODUCER NO	392	9	A		Adjuster's National Producer Number
COMPANY	401	25	A		Name of Insurer
CODE	426	5	A		Insurer's NAIC Company Code

Total Record Length: 430

V. WORKERS' COMPENSATION CLAIMS

All aspects/features of all Claims must be **CLOSED**.

A. Claims Closed Without Payment:

Provide this information using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: "Workers Comp"
NAME	52	30	A		Employee's Name
CITY	82	25	A		Employee's City
PARTS INJURED	107	100	A		Injury/ Body Parts Injured
LOSS DT	207	8	N	0	Date of Loss (YYYYMMDD)
INJURY ER DT	215	8	N	0	Date Injury Reported to Employer (YYYYMMDD)
INJURY IC DT	223	8	N	0	Date Report of Injury to IC (Form 18) (YYYYMMDD)
REPORT DT	231	8	N	0	Date Employer Reported Injury (Form 19) (YYYYMMDD)
MEDICAL EXP	239	10	N	2	Total of Medical Expenses Incurred
DECISION DT	249	8	N	0	Date of Decision (Form 61) (YYYYMMDD)
ADJUSTER'S NAME	257	30	A		Adjuster's Name
NATIONAL PRODUCER NO	287	9	A		Adjuster's National Producer Number
COMPANY	296	25	A		Name of Insurer
CODE	321	5	A		Insurer's NAIC Company Code

Total Record Length: 325

B. Denied Claims:

Provide this information using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: “Workers Comp”
NAME	52	30	A		Employee’s Name
CITY	82	25	A		Employee’s City
PARTS INJURED	107	100	A		Injury/ Body Parts Injured
LOSS DT	207	8	N	0	Date of Loss (YYYYMMDD)
INJURY ER DT	215	8	N	0	Date Injury Reported to Employer (YYYYMMDD)
INJURY IC DT	223	8	N	0	Date Report of Injury to IC (Form 18) (YYYYMMDD)
REPORT DT	231	8	N	0	Date Employer Reported Injury (Form 19) (YYYYMMDD)
DECISION DT	239	8	N	0	Date of Decision (Form 61) (YYYYMMDD)
ADJUSTER’S NAME	247	30	A		Adjuster’s Name
NATIONAL PRODUCER NO	277	9	A		Adjuster’s National Producer Number
COMPANY	286	25	A		Name of Insurer
CODE	311	5	A		Insurer’s NAIC Company Code

Total Record Length: 315

C. Indemnity Paid Claims:

Provide this information using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: “Workers Comp”
NAME	52	30	A		Employee’s Name
CITY	82	25	A		Employee’s City
PARTS INJURED	107	100	A		Injury/ Body Parts Injured
LOSS DT	207	8	N	0	Date of Loss (YYYYMMDD)
INJURY ER DT	215	8	N	0	Date Injury Reported to Employer (YYYYMMDD)
INJURY IC DT	223	8	N	0	Date Report of Injury to IC (Form 18) (YYYYMMDD)
REPORT DT	231	8	N	0	Date Employer Reported Injury (Form 19) (YYYYMMDD)
INDEMNITY	239	10	N	2	Total Indemnity Paid
MEDICAL EXP	249	10	N	2	Total Medical Expense Paid
ADJUSTER’S NAME	259	30	A		Adjuster’s Name
NATIONAL PRODUCER NO	289	9	A		Adjuster’s National Producer Number
COMPANY	298	25	A		Name of Insurer
CODE	323	5	A		Insurer’s NAIC Company Code

Total Record Length: 327

D. Medical Only Paid Claims:

Provide this information using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
CLAIM NO	7	25	A		Claim Number (append claimant number as suffix)
LOB	32	20	A		Line of Business Valid values: “Workers Comp”
NAME	52	30	A		Employee’s Name
CITY	82	25	A		Employee’s City
PARTS INJURED	107	100	A		Injury/ Body Parts Injured
LOSS DT	207	8	N	0	Date of Loss (YYYYMMDD)
INJURY ER DT	215	8	N	0	Date Injury Reported to Employer (YYYYMMDD)
INJURY IC DT	223	8	N	0	Date Report of Injury to IC (Form 18) (YYYYMMDD)
REPORT DT	231	8	N	0	Date Employer Reported Injury (Form 19) (YYYYMMDD)
MEDICAL EXP	239	10	N	2	Total Medical Expense Paid
INDEMNITY PAYMENTS	249	3	A		Indemnity Payments Made? Valid values: “Yes” or “No”
ADJUSTER’S NAME	252	30	A		Adjuster’s Name
NATIONAL PRODUCER NO	282	9	A		Adjuster’s National Producer Number
COMPANY	291	25	A		Name of Insurer
CODE	316	5	A		Insurer’s NAIC Company Code

Total Record Length: 320

VI. COMPLAINTS

Provide this information using the following format:

Field Name	Start	Length	Type	Dec	Description
COUNT	1	6	N	0	Record Number for this list (begin with 1)
LOB	7	20	A		Line of Business Valid values: refer to LOB list
POLICY NO	27	25	A		Policy Number
NAME	52	30	A		Complainant's Name
DOI FILE NO	82	30	A		DOI Compliant File Number
INQUIRY DT	112	8	N	0	Date of Inquiry (YYYYMMDD)
RECEIVED DT	120	8	N	0	Date of Complaint Received (YYYYMMDD)
RESPONSE DT	128	8	N	0	Date of Response (YYYYMMDD)
COMPANY	136	25	A		Name of Insurer
CODE	161	5	A		Insurer's NAIC Company Code

Total Record Length: 165

FACILITIES REQUIREMENTS

1 When an on-site examination is deemed necessary, adequate private work space and facilities for XX Market Conduct examiners with telephone and internet access, as well as a laser printer and photocopier will be needed. If there is no Wi-Fi, an additional line for a modem is required. The examination room should have appropriate electrical outlets for the examiners' portable computers. It will be the Company's responsibility to assure security for the examiners' on-site computer equipment during the examination period.

2. Provide written confirmation on the following logistical considerations:

- The Company's core business hours.
- Locations of relevant Company operations and programs.
- Directions and parking information for examination sites.
- Arrangement for temporary access to the Company's offices if security cards, etc., are utilized.

3. Access to company's policy management system, computers, and other equipment used by the Company for records retention and maintenance.

4. Provide a file cabinet that is equipped with a lock for the examiner's use.

5. Miscellaneous office supplies: staplers, tape and dispensers, company telephone directory, paper clips, highlighters, post-it notes, and trash can.

FORMAT OF EXAMINATION REPORT

I. COMPANY OVERVIEW

A. Antifraud Plan

II. POLICYHOLDER TREATMENT

A. Consumer Complaints
B. Privacy of Financial and Health Information

III. MARKETING

A. Policy Forms and Filings
B. Producer Licensing

IV. UNDERWRITING AND RATING

New Business

V. TERMINATIONS

A. Cancellations
B. Nonrenewals
C. Declinations/Rejections

VI. CLAIMS PRACTICES

A. Paid Claims
B. Closed Without Payment
C. Total Loss Settlements (Salvage)
D. Subrogation
E. Litigation

VII. COMMENTS, RECOMMENDATIONS, AND DIRECTIVES

VIII. CONCLUSION

SCHEDULE AND STAFF PROJECTION

North Carolina
Market Conduct Examination

of

company

This examination has been scheduled for the following date:

Commencement Date: date

The following analysts have been assigned to this examination:

Jim McQuillan	Analyst III, Examiner-In-Charge E-Mail: jim.mcquillan@ncdoi.gov Phone: 919-807-6888
Brooke Green	Analyst II E-Mail: brooke.green@ncdoi.gov Phone: 919-807-6890
Eshita Patel	Analyst II E-mail: eshita.patel@ncdoi.gov Phone: 919-807-6894
Larry Cook	Analyst III, Examiner-In-Charge Email: larry.cook@ncdoi.gov Phone: 919-807-6883
Jeffrey O'Bannon	Analyst II E-Mail: jeffrey.obannon@ncdoi.gov Phone: 919-807-6875

Any comments about the examination process that cannot be addressed by the Examiner-In-Charge should be addressed to:

Bill George, CPCU, AIS, MCM
Assistant Chief Examiner
Market Regulation Division
1201 Mail Service Center
Raleigh, North Carolina 27699-1201
(919) 807- 6877