



Instructions for Federal Insurance Office (FIO) Climate Data Collection: U.S. Homeowners Multi-Peril Form

General Guidelines

- All data should be aggregated and reported:
 - On a consolidated insurer group basis, unless reporting for a single insurer;
 - On a direct business basis before impact of reinsurance;
 - At the five-digit United States Postal Service ZIP Code (ZIP Code) level and for all ZIP Codes provided in cells C11 to C41101 of the data template;
 - Where possible (premiums, losses, and claims data fields), in accordance with Statutory Accounting Principles;
 - Where appropriate, in U.S dollars with the full values stated (i.e., not reported in millions or thousands).
- Data should include:
 - Information associated with the Homeowners Multi-Peril Line of Business (Homeowners LOB);
 - Only HO-3 policies;
 - Coverage corresponding to Coverages A, B, C, and D in policy forms.
- Data should exclude, if possible:
 - Coverage related to earthquakes;
 - Coverage other than the Homeowners LOB for bundled policies.
- For all fields reported on an accident year (AY) basis that are associated with homeowners businesses divested prior to the 2022 Annual Statement filing, data should be provided up to the last year that results for that business were reported.
- ZIP Code values have been pre-populated in column C. Data for ZIP Codes that are not on the pre-populated list should be added at the end starting in row 41102.
- Each cell should be reported. No cells should be left blank. Report value “0” in the case of zero exposure, business, or losses. In case a data element is not available, report “NA”.
- FIO is requesting data from 2017-2022. Each tab of the data template represents one reporting year, beginning in 2017. Respondents should populate each tab separately for each of the six years.

Data Template Field Instructions

As a guide, the table below provides associated sections, cell numbers, and field names with information about each specific cell.

Section i. Insurance Group Information

Cell(s)	Field Name	Comments
D5	NAIC Group Code	<ul style="list-style-type: none">• Provide the NAIC Group Code used for state regulatory reporting purposes.• If not part of a group, provide the NAIC entity code.
E5	Insurer Group Name	<ul style="list-style-type: none">• Provide the NAIC Group Name used for state regulatory reporting purposes.• If not part of a group, provide the individual company name.
F5	NAIC Company Codes of Homeowners Insurance Entities Included in the Group Reporting Below	<ul style="list-style-type: none">• Provide the NAIC Codes corresponding to each insurance entity included in group-level reporting for a given year used for state regulatory reporting purposes.• Separate each company code with a comma without additional spaces.

Section ii. Policy Information

Cell(s)	Field Name	Comments
C11- C41101	USPS ZIP Code	<ul style="list-style-type: none"> • Prepopulated five-digit ZIP Codes for alignment with aggregated data. • No entry of data necessary, however if given five-digit ZIP Code is not on pre-populated list, it should be added at the end starting in row 41102.
D11- D41101	Number of Policy In-Force Exposures (CY)	<ul style="list-style-type: none"> • Provide the total number of homeowners policies in force at the end of the reporting period (December 31) corresponding to the calendar year. • For the purposes of this field, an individual home should be counted once irrespective of the number of coverages that exist.
E11- E41101	Total \$ Value of Coverage for Dwelling, Other Structures, Personal Property, and Loss of Use (CY)	<ul style="list-style-type: none"> • Provide the aggregate estimated value of the insured exposure(s) recorded at the effective date of the policy or most recent renewal. • Data should be reported corresponding to the calendar year.
F11- F41101	Number of Policies Not Renewed or Retained (CY)	<ul style="list-style-type: none"> • Provide the total number of homeowners policies not renewed or retained at any time during the reporting period corresponding to the calendar year. • Number of Policies not Renewed or Retained for dwelling coverage defined for state regulatory purposes on the group's MCAS for year of reporting at: Row 43 (Number of company-initiated non-renewals during the period) + Row 44 (Number of cancellations for non-pay or non-sufficient funds) + Row 45 (Number of cancellations at the insured's request).

Section iii. Premiums

Cell(s)	Field Name	Comments
G11- G41101	Direct Premiums Written (CY)	<ul style="list-style-type: none"> • Provide data in accordance with Direct Premiums Written as defined for state regulatory purposes on the Annual Statement at: Exhibit of Premiums and Losses for States, Line 4, Column 1. • Data should be reported in accordance with Statutory Accounting Principles on a CY basis.

Section iv. Losses

Cell(s)	Field Name	Comments
H11- H41101	Total Direct Losses Paid (AY)	<ul style="list-style-type: none"> • Definition: Provide data matching the field description of Total Direct Losses Paid as reported for state regulatory purposes on the Annual Statement for year of reporting at: Exhibit of Premiums and Losses for States, Line 4, Column 5. • Reporting framework: Additionally, data should be reported cumulatively on an AY basis as of December 31, 2022 and in accordance with Statutory Accounting Principles. The AY reporting should be aligned with the methodology used for Schedule P – Part 3A.
I11- I41101	Total Direct Incurred Losses (AY)	<ul style="list-style-type: none"> • Definition: Provide data matching the field description of Total Direct Incurred Losses as reported for state regulatory purposes on the Annual Statement for year of reporting at: Exhibit of Premiums and Losses for States, Line 4, Column 6. • Reporting framework: Additionally, data should be reported cumulatively on an AY basis as of December 31, 2022 and in accordance with Statutory Accounting Principles. The AY reporting should be aligned with the methodology used for Schedule P – Part 2A.

Section v. Claims

Cell(s)	Field Name	Comments
J11- J41101	Cumulative Number of Claims Closed with Loss Payment (Direct, AY)	<ul style="list-style-type: none"> • Definition: Provide data in accordance with Cumulative Number of Claims Closed with Loss Payment as defined for state regulatory purposes on the Annual Statement at: Schedule P – Part 5A – Section 1 – Summary Schedules. Do not include any claims associated with assumed business. • Reporting framework: Data should be reported in accordance with Statutory Accounting Principles on an AY basis.