

Instructions for Federal Insurance Office (FIO)
Underwriting Data Call – U.S. Homeowners’ Multi-Peril

General Guidelines

- All data should be:
 - Reported on a legal entity basis
 - Reported on a direct business basis before impact of reinsurance
 - Based on Accident Year information (AY), unless otherwise specified
 - Aggregated at the USPS ZIP Code (5-digit) level
- Data should be reported for all USPS ZIP Codes in which the insurer underwrites business. There are over 41,000 ZIP Codes in the United States.
- Data should be associated with the Homeowners’ Multi-Peril Line of Business (Homeowners’ LOB) and include only Mobile Homeowners’, Owner Occupied Homeowners’, and Other Homeowners’ policy form types (HO-1, HO-2, HO-3, HO-5, HO-7, and HO-8).
- Data should be only associated with Dwelling and Other Structures and Personal Property protection within the Homeowners’ LOB (i.e., coverage for the destruction and damage to a residence’s interior and exterior). It should not include any data related to non-property coverage such as personal liability coverage, medical payments, or additional living expenses.
- Personal property claims and losses associated with non-weather-related damage or theft should be excluded.
- For bundled policies, all data associated with coverages other than Homeowners’ LOB should be excluded.
- Data should be associated with weather-related hazards only, i.e., exclude intentional losses caused by the policyholder or his agents (such as arson, acts of terror, or war).
- Data should exclude any coverage related to earthquakes.
- The data template is replicated for each of five AYs, beginning in 2017. Respondents should fill in each tab separately for each of the five AYs in the Homeowners’ LOB and reflect the total cumulative premiums, claims, and loss data for the occurrence year as reported in statutory statements as of December 31, 2021.
- Premiums, losses, and claims data fields should be reported in accordance with Statutory Accounting Principles (SAP).
- Monetary values should be reported in USD with the full values stated (i.e., not reported in millions or thousands).

“Policy Information” Data Fields

- “Total \$ Value of Coverage for Dwelling and/or Other Structures, and Personal Property” (column E) should equal the estimated value of the insured exposure(s) that was recorded at the effective date of the policy or most recent renewal.
- “Total \$ Replacement Cost Value” (column F) should equal the estimated \$ value to replace the insured exposure(s) that was recorded at the effective date of the policy or most recent renewal.
- “Total \$ Amount of Insurance Deductible” (column G) should reflect the amount of money the property owner must pay out of pocket before the homeowners’ insurance coverage is triggered,

as recorded at effective date of the policy or most recent renewal. Any amounts associated with non-property related coverages should be excluded.

“Claims” Data Fields

- Claims-related data fields correspond to Schedule P (Part 1A, Part 3A, and Part 5A – Sections 1-3. Summary Schedules) for Homeowners’/Farmowners’ LOBs in the annual NAIC Financial Statement Filing.
- Claims-related data fields should be on a direct basis and exclude any claims related to assumed business that is included on Schedule P.

“Premiums” and “Losses” Data Fields

- The data fields in this category correspond to the NAIC Exhibit of Premium and Losses (Statutory Page 14) for the Homeowners’ LOB in the annual NAIC Financial Statement Filing.

Instructions for Homeowners’ LOB Template

Cell	Field Name	Comments
Insurance Company Information		
<i>Data to be entered in column H corresponding to the row noted in “Cell”</i>		
C5	NAIC Group Code	As used for state regulatory reporting purposes. If not part of a group, leave blank and report for the individual company in cells H7 and H8.
C6	Insurer Group Name	Provide the NAIC Group Name as used by reporting insurer. If not part of a group, leave blank and report for the individual company in cells H7 and H8.
C7	NAIC Company Code	As used for state regulatory reporting purposes. Enter information for the insurance company within an affiliated group (as reported in cells H5 and H6), or report for individual company if not part of a group.
C8	Insurance Company Name	Provide name as used by reporting insurance company. Enter information for each company within an affiliated group of insurers (as reported in cells H5 and H6), or report for individual company if not part of a group.
C9	Type of Insurer	Use letters as indicated to characterize nature of operations of reporting insurer (Admitted (A), Domestic Surplus Lines (DSL), Alien Surplus Lines (ASL), Captive (C), Risk Retention Group (RRG), Residual Market Entity (RM)). Select the code that best describes the operations of the reporting insurer.
C10	Total Year-End Net Admitted Assets (As of 12/31 for year of reporting)	Enter figure as reported by the insurance company for state regulatory purposes on its Annual Statement for December 31 of reporting year at Page 2, Line 28, Column 3.
C11	Total Year-End Policyholder Surplus (As of 12/31 for year of reporting)	Enter figure as reported by the insurance company for state regulatory purposes on its Annual Statement for December 31 of reporting year at Page 3, Line 37, Column 1.

Cell	Field Name	Comments
Policy Information		
<i>Data to be entered in rows starting from row 16 (one row for each ZIP Code) corresponding to the column noted in "Cell"</i>		
C15	USPS ZIP Code	Enter the ZIP Code of the aggregated policy and financial-related data.
D15	Number of Policy In-Force Exposures	Enter the count of policies written during the AY for which all due premiums were paid and no premiums were outstanding for December 31 of that year.
E15	Total \$ Value of Coverage for Dwelling and/or Other Structures, and Personal Property	Enter the total estimated value of the insured exposure(s).
F15	Total \$ Replacement Cost Value	Enter the estimated \$ value to replace the insured exposure(s).
G15	Total \$ Amount of Insurance Deductible	Enter the total insurance deductible or the total amount policyholders were responsible for paying towards the insured loss.
Claims		
<i>Data to be entered in rows starting from row 16 (one row for each ZIP Code) corresponding to the column noted in "Cell"</i>		
H15	Number of Claims Reported (Direct, AY)	Enter ZIP Code level data for each AY that was recorded at the end of the first CY, as reported by the insurance company for state regulatory purposes on its Annual Statement for December 31, 2021 at Schedule P – Part 1A, Lines 7-11, Column 12. Do not include any claims associated with assumed business or Farmowners’.
I15	Number of Claims Closed With Loss Payment (Direct, AY)	Enter ZIP Code level data for each AY that was recorded at the end of the first CY, as reported by the insurance company for state regulatory purposes on its Annual Statement for December 31, 2021 at Schedule P – Part 3A, Lines 7-11, Column 11. Do not include any claims associated with assumed business or Farmowners’.
J15	Number of Claims Closed Without Loss Payment (Direct, AY)	Enter ZIP Code level data for each AY that was recorded at the end of the first CY, as reported by the insurance company for state regulatory purposes on its Annual Statement for December 31, 2021 at Schedule P – Part 3A, Lines 7-11, Column 12. Do not include any claims associated with assumed business or Farmowners’.
K15	Cumulative Number of Claims Closed With Loss Payment (Direct, AY)	Enter ZIP Code level data for total number of claims for each AY that was recorded through Dec 31, 2021 corresponding to the figure(s) as reported by the insurance company for state regulatory purposes on its Annual Statement for December 31, 2021 at Schedule P – Part 5A – Section 1. Do not include any claims associated with assumed business or Farmowners’.
L15	Cumulative Number of Claims Outstanding (Direct, AY)	Enter ZIP Code level data for total number of claims for each AY that was recorded through Dec 31, 2021 corresponding to the figure(s) as reported by the insurance company for state regulatory purposes on its Annual

Cell	Field Name	Comments
		Statement for December 31, 2021 at Schedule P – Part 5A– Section 2. Do not include any claims associated with assumed business or Farmowners’.
M15	Cumulative Number of Claims Reported (Direct, AY)	Enter ZIP Code level data for total number of claims for each AY that was recorded through Dec 31, 2021 corresponding to the figure(s) as reported by the insurance company for state regulatory purposes on its Annual Statement for December 31, 2021 at Schedule P – Part 5A –Section 3. Do not include any claims associated with assumed business or Farmowners’.
Premiums		
<i>Data to be entered in rows starting from row 16 (one row for each ZIP Code) corresponding to the column noted in “Cell”</i>		
N15	Direct Premiums Written (AY)	Enter ZIP Code level data corresponding to the figure as reported by the insurance company for state regulatory purposes on its Annual Statement for year of reporting at Exhibit of Premiums and Losses for States, Line 4, Column 1, for each AY through December 31, 2021.
O15	Direct Premiums Earned (AY)	Enter ZIP Code level data corresponding to the figure as reported by the insurance company for state regulatory purposes on its Annual Statement for year of reporting at Exhibit of Premiums and Losses for States, Line 4, Column 2, for each AY through December 31, 2021.
P15	Amount of Direct Premiums Written Renewed or Retained	Provide the total amount of Premiums renewed from the prior reporting period for each AY.
Losses		
<i>Data to be entered in rows starting from row 16 (one row for each ZIP Code) corresponding to the column noted in “Cell”</i>		
Q15	Total Direct Losses Paid	Enter ZIP Code level data corresponding to the figure as reported by the insurance company for state regulatory purposes on its Annual Statement for year of reporting at Exhibit of Premiums and Losses for States, Line 4, Column 5, for each AY through December 31, 2021.
R15	Total Direct Incurred Losses	Enter ZIP Code level data corresponding to the figure as reported by the insurance company for state regulatory purposes on its Annual Statement for year of reporting at Exhibit of Premiums and Losses for States, Line 4, Column 6, for each AY through December 31, 2021.