Property & Casualty Market Conduct Annual Statement
Private Flood Data Call & Definitions

Line of Business: Private Flood
Reporting Period: January 1, 2024 through December 31, 2024
Filing Deadline: April 30, 2025

Contact Information

MCAS Administrator	The person responsible for assigning who may view and input company data.
MCAS Contact	The person most knowledgeable about the submitted MCAS data. This person can be the same as the MCAS Administrator.
MCAS Attestor	The person who attests to the completeness and accuracy of the MCAS data.

Coverages

Stand-Alone Policies (First Dollar Coverage)
Stand-Alone Policies (Excess Coverage)
Endorsements to a Homeowners Policy (First Dollar Coverage)
Endorsements to a Homeowners Policy (Excess Coverage)
Endorsements to a Policy Other than Homeowners (First Dollar Coverage)
Endorsements to a Policy Other than Homeowners (Excess Coverage)

Schedule 1—Interrogatories

Interrogatories – General

1-01	Does the reporting company write private flood policies or endorsements?	Yes/No
1-02	Were private flood policies or endorsements in force during the reporting period?	Yes/No
1-03	In which annual statement lines of business on the state page of the statutory annual statement does the company report private flood experience?	Comment
1-04	Were there private flood policies or endorsements in-force during the reporting period that provided Personal Property coverage?	Yes/No
1-05	Were there private flood policies or endorsements in-force during the reporting period that provided Loss of Use coverage?	Yes/No
1-06	Was the company still actively writing private flood coverage in the state at year end?	Yes/No
1-07	How does company treat subsequent supplemental payments on previously closed claims (or additional payments on a previously reported claim)? Re-open original claim/open new claim. If re-open original claim, report 1. If open new claim, report 2. If other, report 3.	Comment

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Interrogatories – Private Flood Stand – Alone (first dollar coverage)

1-08	Does the reporting company have stand-alone (first dollar coverage) to report?	Yes/No
1-09	If Yes, has the company had a significant event/business strategy that would affect stand-alone (first dollar coverage) data for this reporting period?	Yes/No
1-10	If Yes, explain.	Comment
1-11	If Yes, has the stand-alone (first dollar coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?	Yes/No
1-12	If Yes, explain.	Comment
1-13	If Yes, does the number of stand-alone (first dollar coverage) policies in force at the beginning of the reporting period in this report match the number of policies or endorsements in force at the end of the reporting period for the first prior year report?	Yes/No
1-14	If No, explain the difference.	Comment

Interrogatories – Private Flood Stand-Alone (excess coverage)

1-15	Does the reporting company have stand-alone (excess coverage) to report?	Yes/No
1-16	If Yes, has the company had a significant event/business strategy that would affect stand-alone (excess coverage) data for this reporting period?	Yes/No
1-17	If Yes, explain.	Comment
1-18	If Yes, has the stand-alone (excess coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?	Yes/No
1-19	If Yes, explain.	Comment
1-20	If Yes, does the number of stand-alone (excess coverage) policies in force at the beginning of the reporting period in this report match the number of policies or endorsements in force at the end of the reporting period for the first prior year report?	Yes/No
1-21	If No, explain the difference.	Comment

Interrogatories - Private Flood Endorsements to a Homeowners Policy (first dollar coverage)

1-22	Does the reporting company have endorsements to a homeowners policy (first dollar coverage) to report?	Yes/No
1-23	If Yes, has the company had a significant event/business strategy that would affect endorsements to a homeowners policy (first dollar coverage) data for this reporting period?	Yes/No

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1-24	If Yes, explain.	Comment
1-25	If Yes, has the endorsements to a homeowners policy (first dollar coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?	Yes/No
1-26	If Yes, explain.	Comment
1-27	If Yes, does the number of endorsements to a homeowners policy (first dollar coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?	Yes/No
1-28	If No, explain the difference.	Comment

Interrogatories - Private Flood Endorsements to a Homeowners Policy (excess coverage)

1-29	Does the reporting company have endorsements to a homeowners policy (excess coverage) to report?	Yes/No
1-30	If Yes, has the company had a significant event/business strategy that would affect endorsements to a homeowners policy (excess coverage) data for this reporting period?	Yes/No
1-31	If Yes, explain.	Comment
1-32	If Yes, has the endorsements to a homeowners policy (excess coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?	Yes/No
1-33	If Yes, explain.	Comment
1-34	If Yes, does the number of endorsements to a homeowners policy (excess coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?	Yes/No
1-35	If No, explain the difference.	Comment

Interrogatories - Private Flood Endorsements to a Policy other than Homeowners (first dollar coverage)

1-36	Does the reporting company have endorsements to a policy other than homeowners (first dollar coverage) to report?	Yes/No
1-37	If Yes, has the company had a significant event/business strategy that would affect endorsements to a policy other than homeowners (first dollar coverage) data for this reporting period?	Yes/No
1-38	If Yes, explain.	Comment
1-39	If Yes, has the endorsements to a policy other than homeowners (first dollar coverage) block of business or part of this block of business been sold, closed or moved to another company during	Yes/No

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	the year?	
1-40	If Yes, explain.	Comment
1-41	If Yes, does the number of endorsements to a policy other than homeowners (first dollar coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?	Yes/No
1-42	If No, explain the difference.	Comment

Interrogatories - Private Flood Endorsements to a Policy other than Homeowners (excess coverage)

1-43	Does the reporting company have endorsements to a policy other than homeowners (excess coverage) to report?	Yes/No
1-44	If Yes, has the company had a significant event/business strategy that would affect endorsements to a policy other than homeowners (excess coverage) data for this reporting period?	Yes/No
1-45	If Yes, explain.	Comment
1-46	If Yes, has the endorsements to a policy other than homeowners (excess coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?	Yes/No
1-47	If Yes, explain.	Comment
1-48	If Yes, does the number of endorsements to a policy other than homeowners (excess coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?	Yes/No
1-49	If No, explain the difference.	Comment

Interrogatories - Private Flood Additional Comments

1-50	Additional state specific claims comments (optional):	Comment
1-51	Additional state specific underwriting comments (optional):	Comment

Schedule 2—Private Flood Claims Information (Provide an answer for each of the coverages.)

2-52	Number of claims open at the beginning of the period
2-53	Number of claims opened during the period
2-54	Number of claims closed during the period, with payment
2-55	Number of claims closed during the period, without payment
2-56	Number of claims open at the end of the period
2-57	Median days to final payment

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2-58	Number of claims closed with payment within 0-30 days
2-59	Number of claims closed with payment within 31-60 days
2-60	Number of claims closed with payment within 61-90 days
2-61	Number of claims closed with payment within 91-180 days
2-62	Number of claims closed with payment within 181-365 days
2-63	Number of claims closed with payment beyond 365 days
2-64	Number of claims closed without payment within 0-30 days
2-65	Number of claims closed without payment within 31-60 days
2-66	Number of claims closed without payment within 61-90 days
2-67	Number of claims closed without payment within 91-180 days
2-68	Number of claims closed without payment within 181-365 days
2-69	Number of claims closed without payment beyond 365 days

Section 3—Private Flood Underwriting (Provide an answer for each of the coverages.)

3-70	Number of private flood policies or endorsements in force at end of reporting period in the first prior year report.
3-71	Number of private flood policies or endorsements in force at the beginning of the reporting period.
3-72	Number of private flood policies or endorsements written during the reporting period.
3-73	Number of private flood policies or endorsements in force at the end of the reporting period.
3-74	Number of private flood policies or endorsements in force at the end of the reporting period.
3-75	Dollar amount of direct premium written during the reporting period for private flood policies or endorsements.
3-76	Number of company-initiated non-renewals during the period for private flood policies.
3-77	Number of cancellations for non-pay or non-sufficient funds for private flood policies or endorsements.
3-78	Number of cancellations at the insured's request for private flood policies or endorsements.
3-79	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to an affiliated company for private flood policies or endorsements.
3-80	Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to an affiliated company for private flood policies or endorsements.

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3-81	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to an affiliated company for flood policies or endorsements.

Section 4—Private Flood Lawsuits and Complaints (Provide an answer for each of the coverages.)

4-82	Number of lawsuits open at beginning of the period
4-83	Number of lawsuits opened during the period
4-84	Number of lawsuits closed during the period
4-85	Number of lawsuits closed during the period with consideration for the consumer
4-86	Number of lawsuits open at end of period
4-87	Number of complaints received directly from any person or entity other than the DOI

Schedule 5—Private Flood Attestation

By completing the attestation information, those named understand, agree and certify on behalf of the named company that:

1. They are authorized to submit the Market Conduct Annual Statement on behalf of the named company and to bind the company to the statements in this attestation;
2. They are knowledgeable of the information required to be provided in the Market Conduct Annual Statement filed by this company and have reviewed this filing;
3. To the best of their knowledge and belief, this filing represents a full and accurate statement of the information required to be provided in the Market Conduct Annual Statement pursuant to the applicable instructions; and
4. They are aware that the state insurance department(s) receiving the data may initiate regulatory action as authorized by law in a specific jurisdiction if the data submitted in the MCAS is inaccurate, incomplete, or found to be materially false, misleading or omissive.
5. They affirm that the company is able to accurately trace the data as reported to its source within the company and if necessary, recreate the MCAS results as reported in this filing.

NOTE: The company must provide the name for at least two individuals who are able to attest that the criteria listed above have been met, and attest to the overall accuracy of the MCAS filing. Both attestors should have participated in the review and validation of the filing. We recommend that one person be the individual with operational responsibility for the source data such as a responsible individual from claims, underwriting or compliance. We recommend that the second person should be a responsible IT person that participated in the creation of the data in the filing.

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5-88	First Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
5-89	Second Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
5-90	Overall Comments for the Period

Definitions:

Private Flood Insurance– Coverage that insures residential property against the peril of flood.

Include:
- Mobile/manufactured homes intended for use as a dwelling.
- Individual unit condo coverage
- Stand-alone policies
- Endorsements or riders to residential property insurance policies
- First dollar and excess policies

Exclude:
- NFIP policies
- Commercial policies
- Condo master policies
- Lender-placed or creditor-placed policies.
- Private flood written on a surplus lines basis

Report experience for Private Flood regardless of whether the coverage is provided as a stand-alone policy or endorsement or rider to another residential property insurance policy and regardless of the line of business in the statutory annual statement in which the experience is reported and regardless of whether the coverage is first dollar or excess.

Participation Requirements: All companies licensed and reporting at least $50,000 of private flood written premium for all coverages reportable in MCAS within any of the participating MCAS jurisdictions.

Cancellations – Includes all cancellations of the policies where the cancellation effective date is during the reporting year. The number of cancellations should be reported on a policy basis regardless of the number of dwellings insured under the policy.

Report cancellations separately for:
- Policies cancelled for non-payment of premium or non-sufficient funds.
    - These should be reported every time a policy cancels for the above reasons. (i.e., if a policy cancels for non-pay three times in a policy period and is reinstated each time; each cancellation should be counted.)
- Policies cancelled at the insured's request.
- Policies cancelled for underwriting reasons.

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Exclude:

- Policies cancelled for 're-write' purposes where there is no lapse in coverage.

Cancellations within the first 59 days – Company-initiated cancellations for new business where the notice of cancellation was issued within the first 59 days after the original effective date of the policy.

- The calculation of the number of days is from the original inception date of the policy, not the renewal date.
- This time frame should be used regardless of individual state requirements related to the 'underwriting' period for new business.
- The notice of cancellation is the date the cancellation notice was mailed to the insured.

Cancellations from 60 to 90 days – Company-initiated cancellations where the notice of cancellation was issued 60 to 90 days after the original effective date of the policy.

- The calculation of the number of days is from the original inception date of the policy, not the renewal date.
- This time frame should be used regardless of individual state requirements related to the 'underwriting' period for new business.
- The notice of cancellation is the date the cancellation notice was mailed to the insured.

Cancellations greater than 90 days – Company-initiated cancellations where the notice of cancellation was issued more than 90 days after the original effective date of the policy.

- The calculation of the number of days is from the original inception date of the policy, not the renewal date.
- This time frame should be used regardless of individual state requirements related to the 'underwriting' period for new business.

The notice of cancellation is the date the cancellation notice was mailed to the insured.

Claim - A request or demand for payment of a loss that may be included within the terms of coverage of an insurance policy or endorsement. Each insured reporting a loss is counted separately. Each reserve opened is counted separately; a single event may result in multiple private flood claims if there are multiple coverages provided in the policy or endorsement.

Exclude:

- An event reported for "information only".
- An inquiry of coverage if a claim has not actually been presented (opened) for payment.
- A potential claimant if that individual has not made a claim nor had a claim made on

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his or her behalf.

Claims Closed With Payment – Claims closed with payment where the claim was closed during the reporting period regardless of the date of loss or when the claim was received. The number of days to closure, however, should be measured as the difference between the date of the final payment and the date the claim was reported or between the date of the final payment and the date the request for supplemental payment was received. See also "Date of Final Payment".

Exclude:

- Claims where payment was made for company loss adjustment expenses if no payment was made to an insured/claimant.
- Claims that are closed because the amount claimed is below the insured's deductible.

Clarification:

- If a claim is reopened for the sole purpose of refunding the insured's deductible, do not count it as a paid claim.
- For claims where the net payment is $0 due to subrogation recoveries, report the number of claims in which any amount was paid to the insured; do not net the payment with subrogation recoveries when counting the number of paid claims

Calculation Clarification:

- For each coverage identifier, the sum of the claims closed with payment across each closing time interval should equal the total number of claims closed with payment during the reporting period.

Handling Additional Payment on Previously Reported Claim / Subsequent Supplemental Payment for claims closed with payment during the reporting period:

- If a claim is reopened for a subsequent supplemental payment, count the reopened claim as a new claim. Calculate a separate aging on that supplemental payment from the time the request for supplemental payment was received to the date of the final payment was made.

Claims Closed Without Payment – Claims closed with no payment made to an insured. The number of days to closure is the difference between the date the claim was closed and the date the claim was reported and/or reopened. See also "Date of Final Payment".

Include:

- All claims that were closed during the reporting period regardless of the date of loss or when the claim was received.
- Claims where no payment was made to an insured even though payment was made for company loss adjustment expenses.
- A demand for payment for which it was determined that no relevant policy was in-

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force at the time of the loss if a claim file was set up and the loss was investigated.
- Claims that are closed because the amount claimed is below the insured's deductible.

Calculation Clarification:
- For each coverage identifier, the sum of the claims closed without payment across each closing time interval should equal the total number of claims closed without payment during the reporting period.

Complaint – any written communication that expresses dissatisfaction with a specific person or entity subject to regulation under the state's insurance laws. An oral communication, which is subsequently converted to a written form in order to be analyzed and acted upon, will meet the definition of a complaint for this purpose.

Include:
- Any complaint regardless of the subject of the complaint (claims, underwriting, marketing, etc.)
- Complaints received from third parties.

Date of Final Payment – The date final payment was issued to the

insured/claimant. Calculation Clarification:
- If partial payments were made on the claim, the claim would be considered closed with payment if the final payment date was made during the reporting period regardless of the date of loss or when the claims was received.
- Report a claim as "closed with payment" or "closed without payment" if it is closed in the company's claims system during the reporting period (even if the final payment was issued in a prior reporting period.
- If a claim remains open at the end of the reporting period (even though a final payment has been issued) it should be reported as open. Only when the claim is closed in the company's claims system, would you report the days to final payment.

Example:
- A claim is open on 11/1/00 and final payment is made on 12/1/00. The claim is left open until 2/1/01 to allow time for supplemental requests.
- The claim would be reported as open in the "00" MCAS submission and closed in the "01" MCAS submission.
- The number of days to final payment would be calculated as 30 days and reported in the "01" MCAS submission.

Date the Claim was Reported – The date an insured or claimant first reported his or her loss to either the company or insurance agent.

Direct Written Premium - The total amount of direct written premium for all polices covered by the market conduct annual statement (new and renewal) written during the

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reporting period.

Calculation Clarification:

- Premium amounts should be determined in the same manner as used for the financial annual statement state page exhibit.
- If premium is refunded or additional premium is written during the reporting period (regardless of the applicable policy effective date), the net effect should be reported.
- If there is a difference of 20% or more between the Direct Written Premium for stand-alone private flood reported for market conduct annual statement and the Direct Written Premium reported on the financial annual statement state page exhibit line 2.5, provide an explanation for the difference when filing the market conduct annual statement in order to avoid inquiries from the regulator receiving the market conduct annual statement filing.
- Reporting shall not include premiums received from or losses paid to other carriers on account of reinsurance assumed by the reporting carrier, nor, shall any deductions be made by the reporting carrier for premiums added to or for losses recovered from other carriers on account of reinsurance ceded.

Endorsement to a Homeowners Policy - means the offer of private flood through an addition to a homeowners policy through endorsement, rider, amendment or any other means.

Endorsement to a Property Insurance Policy Other Than Homeowners - means the offer of private flood through an addition to a property insurance policy other than a homeowners policy through endorsement, rider, amendment or any other means.

Lawsuit—An action brought in a court of law in which one party, the plaintiff, claims to have incurred a loss as a result of the action of another party, the defendant.

For purposes of reporting lawsuit in the MCAS blank:

- Include only lawsuits brought by an applicant for insurance, a policyholder or a beneficiary as a plaintiff against the reporting insurer or its agent as a defendant;
- Include all lawsuits, whether or not a hearing or proceeding before the court occurred.
- Do not include arbitrations of any sort;
- ~~If one lawsuit seeks damages under two or more policies, count the number of policies involved as the number of lawsuits. For example, if one lawsuit seeks damages under three policies, count the action as three lawsuits;~~
- If one lawsuit has two or more complainants, report the number of complainants as the number of lawsuits. For example, if one lawsuit has two complainants, report two lawsuits. If the lawsuit is a class action, see instructions for treatment of class action lawsuits;
- Report a lawsuit in the jurisdiction in which the policy was issued with the exception

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of class action lawsuits.
- Treatment of class action lawsuits: Report the opening and closing of a class action lawsuit once in each state in which a potential class members reside. Include an explanatory note with your submission stating the number of class action lawsuits included in the data and the general cause of action.

Lawsuits Closed During the Period with Consideration for the Consumer—A lawsuit closed during the reporting period in which a court order, jury verdict, or settlement resulted in payment , benefits, or other thing of value, i.e., consideration, to the applicant, policyholder, or beneficiary in an amount greater than offered by the reporting company before the lawsuit was brought.

Median Days to Final Payment – The median value for all claims closed with payment during the period.

Calculation for losses with one final payment date during the reporting period:
- Date the loss was reported to the company to the date of final payment.

Calculation for losses with multiple final payment dates during the reporting period:
- Date the request for supplemental payment received to the date of final payment (for each different final payment date.)

Exclude:
- Subrogation payments.

Calculation Clarification / Example:
- To determine the Median Days to Final Payment you must first determine the number of days it took to settle each claim. This is the difference between the date the loss was reported to the company, or the date the request for supplemental payment was received, to the date of final payment. The Median Days to Final Payment is the median value of the number of days it took to settle all claims closed with payment during the period.

Median - A median is the middle value in a distribution arranged in numerical order (either lowest to highest or highest to lowest). If the distribution contains an odd number of elements, the median is the value above, and below which lie an equal number of values. If the distribution contains an even number of elements, the median is the average of the two middle values. It is not the arithmetic mean (average) of all of the values.

Consider the following simple example of the number of days it took to settle each of the following seven claims:

	Nbr 1	Nbr 2	Nbr 3	Nbr 4	Nbr 5	Nbr 6	Nbr 7

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Days to Settle	2	4	4	5	6	8	20

In this situation, the Median Days to Final Payment would be 5 because it is the middle value. There are exactly 3 values below the median (2, 4, & 4) and 3 values above the median (6, 8, 20). If the data set had included an even number of values, then the median would be the average of the two middle values as demonstrated below.

	Nbr 1	**Nbr 2**	**Nbr 3**	**Nbr 4**	**Nbr 5**	**Nbr 6**
Days to Settle	2	4	5	6	8	20

Median Days to Final Payment = (5 + 6)/2 = 5.5

The median should be consistent with the paid claim counts reported in the closing time intervals.
Example: A carrier reports the following closing times for paid claims.

Closing Time	**# of Claims**
< 30	22
31-60	13
61-90	18
91-180	11
181-365	12
>365	15

The sum of the claims reported across each closing time interval is 91, so that the median is the 46th claim. This claim falls into the closing time interval "61-90 days." Any reported median that falls outside of this range (i.e. less than 61 or greater than 90) will indicate a data error.

NAIC Company Code – The five-digit code assigned by the NAIC to all U.S. domiciled companies which filed a Financial Annual Statement with the NAIC.

NAIC Group Code – The code assigned by the NAIC to identify those companies that are a part of a given holding company structure. A zero indicates that the company is not part of a holding company.

New Business Policy Written – A newly written agreement that puts insurance coverage into effect during the reporting period.

Exclude:
- 'Re-written' policies unless there was a lapse in coverage.

Non-Renewals – A policy for which the insurer elected not to renew the coverage for

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circumstances allowed under the "non-renewal" clause of the policy.

Include:

- All company-initiated non-renewals of the policies where the non-renewal effective date is during the reporting period.

Exclude:

- Policies where a renewal offer was made, and the policyholder did not accept the offer.
- Instances where the policyholder requested that the policy not be renewed.

Calculation Clarification:

- The number of non-renewals should be reported on a policy basis regardless of the number of dwellings insured under the policy.

Policies or Endorsements In-Force - Coverage, through the relevant policy or endorsement, was in effect at some point in time during the specified time frame. Time frames used in this MCAS include at the end of the prior reporting period, at the beginning of the current reporting period, at any point during the current reporting period and at the end of the current reporting period.

Stand-alone private flood: Private flood insurance provided through a policy providing only coverage for the peril of flood.

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