Schedule 1 – Interrogatories

 Why are we asking for the list of vendor? What is we are hoping to learn by having the company

provide that list? Responded to on 5/24

Coverages - Other Breakouts

 Please confirm exactly which lines are to be broken out? Is it 2-26 thru 2-46 for PPA and 2-23

thru 2-39 for HO? Correct; 2-26 thru 2-46 for PPA and 2-23 thru 2-39 for HO.

 Will the companies be expected to report total for each coverage or will we be totaling the

Numbers There will be a total column for the data elements not broken out for digital/hybrid/traditional, but those three columns will equal the total so we did not require companies to provide it.

 If we are totaling the numbers, will the companies be reporting the both the break out and the

total median day to pay for the applicable claims coverages? We cannot add the two numbers

and compare them with prior reporting periods. The idea would be to either calculate an approximation of the aggregate median from the component medians, or request an aggregate median.

 Was there any discussion about the altering the claim payment bucket breakouts? Just

wondering if these current timeframes, especially for closed without payment, will provide

meaningful information for digital claims? Or will all the claims fall only into the 1st or 2nd

bucket? There was discussion on this, and the group decided to keep the existing payment bucket breakouts for consistency.

Definitions

 Header “Digital Claim Settlement” isn’t necessary. We don’t group any of the other definitions. This is an adjustment the group can make if preferred – can happen after June 1st.

 Don’t remember offhand, but do the applicable coverage types involve only 1st party claims? Or

could there be 3rd party claims reported? It could be 1st or 3rd party

o If it includes 3rd party claims, do we want to change references from insured to

insured/claimant? What specific reference? The definition refers to claimant or insured. Do you mean in the examples? If so, that would be a clarification of the definition and as such something that can be addressed after June 1st if needed.

 HO/PPA definition each contain language not applicable to the line of business. For example the

HO definition include things like ‘vehicle’, ‘body shop’, and ‘in-vehicle sensors’. Should the non-appropriate line of business references be removed to avoid confusion? The decision was to keep the definition b/w the PPA and HO blanks consistent.

 Are plane or drone photos a technology used in PPA? Yes

 Digital Claim Settlement - I’m not clear on whether or not the automated loss settlement

algorithms included in the example are necessary for a claims to be considered to be a digital

claim settlement, as the definition itself seems to lack this requirement. These examples were worked out in discussion with industry stakeholders. It was agreed that they could be helpful.

 Current definition appears to include only those instances where there is no in-person

inspection or appraisal. If a claim adjuster relies solely on photos without doing an in-person

inspection or appraisal, how should that claim be counted? Digital claims settlement occurs w/o human review. If a claims adjuster based an offer on review of photos, it would be traditional.

 Would a digital claim settlement include instances where the insurance company uses an

automated loss settlement algorithms to generate a settlement offer, but has an adjuster

review the photos (but no do an inspection) and the offer before sending it to the insured? No – that would not be digital claims settlement due to the human review.

 Where would auto glass claims be reported under the PPA statement? Are they Digital Claims? It is not the claim, but the manner of claims settlement that this breakout is targeting. Glass claim reporting will continue as it has been and glass claims could end up in any of the 3 breakout buckets depending on the settlement method.

 Where to claims get reported that start out via the digital process but get kicked out of the

process (for whatever reason) at any time during the process before an ‘automated’ offer is

generated/made to the insured? The digital/traditional bucket.

 Digital/Traditional Hybrid claim settlement – the words claim and settlement in the term itself

should be capitalized Agreed.

 Digital/Traditional Hybrid Claim Settlement – appears to require an on-site visual inspection or

appraisal to fall into this bucket. Where would a claim be reported if the initial ‘algorithm developed

offer is not accepted, the insured then sends in estimates from a contractor or body

shop, and the insurer amends the offer without doing an on-site inspection? It started as digital, but then human review occurred so it goes into the digital/traditional hybrid bucket.

 Do we need to address the reporting treatment of re-opened claims? This has not changed

 Traditional/Other Than Digital Claims Settlement – inconsistent capitalization of the words Claim

Settlement in the definition Agreed.

 If an insured attaches a copy of a contractor or body shop estimate with the photos when

submitting the claims does that still fall under a digital claim settlement if the insurer uses an

automated loss settlement algorithm on the photos to generate the offer? Or would that fall

into one of the other buckets and if so, which one? It would be digital if there was no human involvement. If the estimate was reviewed by a human and the offer was based (in whole or part) on that review, it would be traditional.

 Additional Digital Claims Settlement Guidance – not quite sure how to interpret this chart. Is it

supposed to be a decision tree? If so, perhaps a more traditional decision tree format would be

more appropriate. This is open to group preference and is a style change. It could happen after June 1st.

 Additional Digital Claims Settlement Guidance – Could the answer in the Hybrid Claim

Settlement/Two or More Loss Settlement Offers ever be a NO? No.

o Is so, what does that mean? n/a