Insurance Bulletin No. 227

TO: All Licensed and Surplus Lines Property / Casualty Insurance Companies

RE: Flood and Rain Events Claims Data Call

October 18, 2023

On July 9, 2023, Governor Phil Scott declared a State of Emergency to enhance Vermont’s preparedness and expedite the response to the severe flooding and heavy rainfall that occurred in July 2023.

Pursuant to 8 V.S.A. §13, Kevin J. Gaffney, Commissioner of the Department of Financial Regulation (DFR), issues this data call to collect claim data associated with the flooding and rain events that impacted so many Vermonter throughout the summer.

As detailed below, property and casualty insurers (including surplus lines or non-admitted insurers) are directed to report information regarding all claims associated with the flooding and rain events that occurred in Vermont, with a date of loss between July 7, 2023, and September 1, 2023. Claims data should not be limited to claims within the time period and/or counties identified in FEMA’s disaster notices.

Timelines

The first report is due by November 17, 2023, containing cumulative claims data as of October 31, 2023. The department will request a second report, and the due date will be shared when it is available.

Lines of Business

The reported data shall include information on claims related to all flooding and rain events in the State of Vermont, with a date of loss between July 7, 2023, and September 1, 2023, affecting the following lines of business:

- Residential Property
  - Sub-TOI 4.0001 Condominiums
  - Sub-TOI 4.0002 Mobile Homeowners
  - Sub-TOI 4.0003 Owner Occupied Homeowners
  - Sub-TOI 4.0004 Tenants Homeowners
  - Sub-TOI 4.0005 Other Homeowners
  - Sub-TOI 30.0 Homeowners/Auto Combinations
  - Sub-TOI 30.1 Dwelling Fire
  - Other
• Commercial Property
• Personal Auto
• Commercial Auto
• Business Interruption
• Farm Owners
  o Sub-TOI 3.0 Personal Farm Owners
  o Sub-TOI 5.0006, 5.1006, and 5.2006 Commercial Farm and Ranch
• Private Flood
• Federal Flood
• Excess Flood
• Inland Marine
• Crop

**Data to Report**

Tab #1 – Introduction & Company Information

Tab #2 - Number of Policies in Force – Provide the number of policies in force as of July 1, 2023 in all zip codes and towns by line of business. This number will remain static throughout any subsequent reporting submissions.

Tabs #3- #13 –

Column A. Claim/Loss Location 5 Digit Zip Code

Column B. Name of County

Column C. Name of Town

Column D. Date of Loss

Column E. Policy Type for Residential Property and Farm Owners only (see dropdown menus).

Column F. Number of Claims Reported by Date of Loss and Zip Code – Provide the cumulative number of claims reported that were associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.

Column G. Number of Claims Closed With Payment by Date of Loss and Zip Code – Provide the cumulative number of claims closed with payment that were associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.

Column H. Number of Claims Closed Without Payment by Date of Loss and Zip Code – Provide the cumulative number of claims closed without payment that were associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.
Column I. Average Number of Days to Close Claims – Provide a simple average of the number of days it took to close the claims associated with, or resulting from, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.

Column J. Paid Loss – Provide the cumulative dollar amount in paid loss associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.

Column K. Case Incurred Loss – Provide the cumulative dollar amount in case incurred loss associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.

Column L. Number of Total Loss Claims – Provide the cumulative number of total-loss claims that are associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.

Column M. Number of Open Claims – Provide the total number of open claims that are associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 7/7/2023 and 9/1/2023.

A snapshot of the reporting template is provided in Appendix A.

**Reporting Procedure**

The report must be submitted using the designated template, which is

To access the NAIC system, send an email to help@naic.org requesting the following permission: RDC_VT2023FLOOD_USER_PR. Please be sure to do this early to ensure timely submission. It may take at least one business day to process this request.

Once the permission is assigned, the report must be submitted by logging into the NAIC reporting portal, selecting “PAC” as the “datacallgroup,” and selecting “VT_2023_FLOOD.” Before attempting to submit a file, please review the “File Submission Guide” available for download at this online portal managed by the NAIC.

**Group or Individual Company Reporting Will Be Accepted**

DFR will accept submissions at either the group or individual company level. If reporting by group, please include all companies in the group or ensure that no companies are duplicated within separate submissions. Individual companies, not part of a group, should provide their company code in the group code field on the template. Surplus carriers should use their alien insurance number which should begin with “AI.” Carriers without an identification code from the NAIC should contact researchshared@naic.org for a code to include in the company and group code fields of the template.

The reporting template will require information on the group, company, or both. If a company is submitting an individual report, input your NAIC code and company name wherever the
template requests the group code or group name. Failing to do this will trigger a rejection of the upload. Group submissions must list all companies in the response on the reporting template.

**Companies With No Information to Report**

A group or individual company that determines it has no claim information to report based on what is required, shall complete Tabs #1 and #2, and also submit reports with zeroes in the first row of Tabs #3 – #13 in the template provided. This requirement will help the DFR monitor companies that are expected to respond to the data call. Companies that do not write any Vermont business in the lines of business listed above are not obligated to submit reports for this data call.

**Definitions**

Payment – Loss payment, excluding adjustment expenses. Payments should be net of actual salvage and subrogation recoveries. For applicable lines, include losses associated with loss of use, additional living expense, fair rental value, etc.

Case incurred loss – Indemnity case reserves plus claim payments made to date. Estimates of IBNR should not be included.

Information on the named disaster event can be found at [FEMA Disaster Information](https://www.fema.gov). DFR will provide updated frequently asked questions as needed.

Please submit questions to Rosemary Raszka at Rosemary.Raszka@vermont.gov.

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Kevin Gaffney, Commissioner

10/18/2023

Date
## Intro Tab

### Flood and Rain Events 2023 - Vermont

**Report Due Date**: Report must be submitted by [insert date]

**County Town**: [insert name]

**Date of Loss (MM/DD/YYYY)**: [insert date]

**Policy Type**: [insert type]

**NAIC Group Code**: [insert code]

**NAIC Group Code is a required field. Your file will fail without it. If you are not part of a group and therefore have no group code/name, please include your company code and name above.**

**5 Digit ZIP Code**: [insert code]

### Data Call Reporting Schedule:

- **Report Number**: [insert number]
- **Cumulative Claims Data Reported As Of**: [insert date]
- **Report Due Date**: [insert date]

**Company Notes**: [insert notes]

### Policies In Force

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Residential Property</th>
<th>Commercial Property</th>
<th>Personal Auto</th>
<th>Commercial Auto</th>
<th>Business Interruption</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Benefits and Risks**

- Benefits:
  - [insert benefits]
  - [insert benefits]
  - [insert benefits]

- Risks:
  - [insert risks]
  - [insert risks]
  - [insert risks]

### Residential Property

| Claim/Loss Location | 5 Digit ZIP Code | Policy Type | Number of Claims Reported | Number of Claims Closed With Payment | Number of Claims Closed Without Payment | Average Number of Days to Close Claims | Total Dollar Amount Paid Loss | Case Incurred Loss | Total Dollar Amount
|---------------------|------------------|-------------|---------------------------|--------------------------------------|----------------------------------------|----------------------------------|----------------------|-------------------|-------------------|

**Average Number of Days to Close Claims**: [insert average]

**Total Dollar Amount Paid Loss**: [insert total]

**Case Incurred Loss**: [insert amount]

**Total Dollar Amount**

- Paid Loss
- Case Incurred

**Number of Total Loss Claims**: [insert number]

**Number of Open Claims**: [insert number]

### Commercial Property

| Claim/Loss Location | 5 Digit ZIP Code | Policy Type | Number of Claims Reported | Number of Claims Closed With Payment | Number of Claims Closed Without Payment | Average Number of Days to Close Claims | Total Dollar Amount Paid Loss | Case Incurred Loss | Total Dollar Amount
|---------------------|------------------|-------------|---------------------------|--------------------------------------|----------------------------------------|----------------------------------|----------------------|-------------------|-------------------|

**Average Number of Days to Close Claims**: [insert average]

**Total Dollar Amount Paid Loss**: [insert total]

**Case Incurred Loss**: [insert amount]

**Total Dollar Amount**

- Paid Loss
- Case Incurred

**Number of Total Loss Claims**: [insert number]

**Number of Open Claims**: [insert number]

### Personal Auto

| Claim/Loss Location | 5 Digit ZIP Code | Policy Type | Number of Claims Reported | Number of Claims Closed With Payment | Number of Claims Closed Without Payment | Average Number of Days to Close Claims | Total Dollar Amount Paid Loss | Case Incurred Loss | Total Dollar Amount
|---------------------|------------------|-------------|---------------------------|--------------------------------------|----------------------------------------|----------------------------------|----------------------|-------------------|-------------------|

**Average Number of Days to Close Claims**: [insert average]

**Total Dollar Amount Paid Loss**: [insert total]

**Case Incurred Loss**: [insert amount]

**Total Dollar Amount**

- Paid Loss
- Case Incurred

**Number of Total Loss Claims**: [insert number]

**Number of Open Claims**: [insert number]

### Commercial Auto

| Claim/Loss Location | 5 Digit ZIP Code | Policy Type | Number of Claims Reported | Number of Claims Closed With Payment | Number of Claims Closed Without Payment | Average Number of Days to Close Claims | Total Dollar Amount Paid Loss | Case Incurred Loss | Total Dollar Amount
|---------------------|------------------|-------------|---------------------------|--------------------------------------|----------------------------------------|----------------------------------|----------------------|-------------------|-------------------|

**Average Number of Days to Close Claims**: [insert average]

**Total Dollar Amount Paid Loss**: [insert total]

**Case Incurred Loss**: [insert amount]

**Total Dollar Amount**

- Paid Loss
- Case Incurred

**Number of Total Loss Claims**: [insert number]

**Number of Open Claims**: [insert number]

### Business Interruption

| Claim/Loss Location | 5 Digit ZIP Code | Policy Type | Number of Claims Reported | Number of Claims Closed With Payment | Number of Claims Closed Without Payment | Average Number of Days to Close Claims | Total Dollar Amount Paid Loss | Case Incurred Loss | Total Dollar Amount
|---------------------|------------------|-------------|---------------------------|--------------------------------------|----------------------------------------|----------------------------------|----------------------|-------------------|-------------------|

**Average Number of Days to Close Claims**: [insert average]

**Total Dollar Amount Paid Loss**: [insert total]

**Case Incurred Loss**: [insert amount]

**Total Dollar Amount**

- Paid Loss
- Case Incurred

**Number of Total Loss Claims**: [insert number]

**Number of Open Claims**: [insert number]
### Private Flood

<table>
<thead>
<tr>
<th>Claim/Loss Location</th>
<th>5 Digit ZIP Code</th>
<th>County</th>
<th>Town</th>
<th>Date of Loss (MM/DD/YYYY)</th>
<th>Number of Claims Reported</th>
<th>Number of Claims Closed With Payment</th>
<th>Number of Claims Closed Without Payment</th>
<th>Average Number of Days to Close Claims</th>
<th>Total Dollar Amount Paid Loss</th>
<th>Total Dollar Amount Case Incurred Loss</th>
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<th>Number of Open Claims</th>
</tr>
</thead>
</table>

Please Include Cumulative Claims and Losses as of date of reported date

### Federal Flood

<table>
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<tr>
<th>Claim/Loss Location</th>
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<th>Date of Loss (MM/DD/YYYY)</th>
<th>Number of Claims Reported</th>
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<th>Average Number of Days to Close Claims</th>
<th>Total Dollar Amount Paid Loss</th>
<th>Total Dollar Amount Case Incurred Loss</th>
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Please Include Cumulative Claims and Losses as of date of reported date

### Excess Flood

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<th>Town</th>
<th>Date of Loss (MM/DD/YYYY)</th>
<th>Number of Claims Reported</th>
<th>Number of Claims Closed With Payment</th>
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<th>Average Number of Days to Close Claims</th>
<th>Total Dollar Amount Paid Loss</th>
<th>Total Dollar Amount Case Incurred Loss</th>
<th>Number of Total Loss Claims</th>
<th>Number of Open Claims</th>
</tr>
</thead>
</table>

Please Include Cumulative Claims and Losses as of date of reported date

### Inland Marine

<table>
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<th>Claim/Loss Location</th>
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<th>Town</th>
<th>Date of Loss (MM/DD/YYYY)</th>
<th>Number of Claims Reported</th>
<th>Number of Claims Closed With Payment</th>
<th>Number of Claims Closed Without Payment</th>
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Please Include Cumulative Claims and Losses as of date of reported date

### Crop

<table>
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<tr>
<th>Claim/Loss Location</th>
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<th>Town</th>
<th>Date of Loss (MM/DD/YYYY)</th>
<th>Number of Claims Reported</th>
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