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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 Vermonters 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
 - o Sub-TOI 4.0002 Mobile Homeowners
 - o Sub-TOI 4.0003 Owner Occupied Homeowners
 - o Sub-TOI 4.0004 Tenants Homeowners
 - Sub-TOI 4.0005 Other Homeowners
 - o Sub-TOI 30.0 Homeowners/Auto Combinations
 - o Sub-TOI 30.1 Dwelling Fire
 - o Other

- Commercial Property
- Personal Auto
- Commercial Auto
- Business Interruption
- Farm Owners
 - Sub-TOI 3.0 Personal Farm Owners
 - \circ 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

<u>Tab #2</u> - 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.

<u>Tabs #3- #13</u> –

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 <u>email</u> 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 <u>the "File Submission Guide"</u> available for download at this <u>online portal managed by the NAIC</u>.

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.

DFR will provide updated frequently asked questions as needed.

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

Kevin Gaffney, Commissioner

10/18/2023

Date



Intro Tab

F	LOOD AND RAIN	EVENTS			
	2023			CONFIDENTIALITY	NOTICE
Claims As Of Date:	VERMONT 10/31/2023	IMPORTANT: All yellow cells are required!	shall be deemed to be confid NAIC requires the NAIC to p maintained in accordance wit	dential and exempt from public disclosure i protect and maintain the Confidential inform	LOOD data call (the "Confidential information"), all of which in accordance with state law. The State's contract with th mation. All Confidential information shall be protected ar rity measures similar to those measures used by the NAI
NAIC Group Code:	Group Name:				
NAIC Group Code is	a required field. Your file	will fail without it. If you are not part of a group and the	refore have no group code/name	e, please include your compan	ly code and name above.
NAIC Company	y Codes:	Company Names:			
			Group/Company Co		
			Name (FORMAT = Fi		
			E-Mail Address (FOR		
			Phone Number (FOR	MAT = xxx-xxx-xxxx):	
			Data Call Reporting	Schedule:	
			Data Call Report Number	Cumulative Claims Data Reported As Of	Report Due Date
			1st Report	October 31, 2023	November 17, 20
			_		
			-		
			Company Notes:		
			Company Notes.		
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Policies In Force

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l	5 Digit ZIP Code	County	Town	Residential Property	Commercial Property	Personal Auto	Commercial Auto	Business Interruption	Farmowner	Private Flood	Federal Flood	Excess Flood	Inland Marine	Crop

Residential Property

							Please Include Cur	nulative Claims and	Losses as of date of reported date		1	
Claim/Loss Location									Total Dollar Amount	Total Dollar Amount		
5 Digit ZIP Code						Number of Claims	Number of Claims	Average Number	Paid Loss (tip: paid loss should	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with					Number of Claims	Closed With	Closed Without	of Days to Close	never be higher than case	should equal paid loss plus reserves for	Number of Total	Number of
unknown location)	County	Town	Date of Loss (MM/DD/YYY)	Policy Type	Reported	Payment	Payment	Claims	incurred.)	outstanding claims.)	Loss Claims	Open Claims

Commercial Property

							Please Include C	umulative Claims and Lo	sses as of date of reported dat	e		
Claim	/Loss Location								Total Dollar Amount	Total Dollar Amount		
5 D	igit ZIP Code					Number of Claims	Number of Claims		Paid Loss (tip: paid loss	Case Incurred Loss (tip: case incurred should		
(Use 999	99 for claims with			Date of Loss	Number of Claims	Closed With	Closed Without	Average Number of	should never be higher than	equal paid loss plus reserves for outstanding	Number of Total	Number of Open
unkn	iown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Days to Close Claims	case incurred.)	claims.)	Loss Claims	Claims

Personal Auto

						Please Includ	e Cumulative Claims an	d Losses as of date of reported date			
Claim/Loss Location									Total Dollar Amount		
5 Digit ZIP Code					Number of	Number of Claims		Total Dollar Amount	Case Incurred Loss (tip: case incurred	Number of	
(Use 99999 for claims with			Date of Loss	Number of	Claims Closed	Closed Without	Average Number of	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Total Loss	Number of Open
unknown location)	County	Town	(MM/DD/YYY)	Claims Reported	With Payment	Payment	Days to Close Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims

Commercial Auto

					Please include <u>Cumulative Claims and Losses</u> as of date of reported date Number Total Dollar Amount Total Dollar Amount Number of Claims Average Number Total Dollar Amount Case Incurred Loss (tip: case incurred						
Claim/Loss Location									Total Dollar Amount	1	
5 Digit ZIP Code					Number of	Number of Claims	Average Number	Total Dollar Amount	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with			Date of Loss	Number of Claims	Claims Closed	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total	Number of Open
unknown location)	County	Town	(MM/DD/YYY)	Reported	With Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Loss Claims	Claims

Business Interruption

						Please Include	Cumulative Claims a	and Losses as of date of reported date			
Claim/Loss Location									Total Dollar Amount		
5 Digit ZIP Code					Number of Claims	Number of Claims	Average Number	Total Dollar Amount	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with			Date of Loss	Number of Claims	Closed With	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total	Number of
unknown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Loss Claims	Open Claims

Farm Owners

							Please Include Cur	nulative Claims and	Losses as of date of reported date			
Claim/Loss Location									Total Dollar Amount	Total Dollar Amount		1
5 Digit ZIP Code						Number of Claims	Number of Claims	Average Number	Paid Loss (tip: paid loss should	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with				Policy Type (tip:	Number of Claims	Closed With	Closed Without	of Days to Close	never be higher than case	should equal paid loss plus reserves for	Number of Total	Number of
unknown location)	County	Town	Date of Loss (MM/DD/YYY)	cumulative by ZIP Code)	Reported	Payment	Payment	Claims	incurred.)	outstanding claims.)	Loss Claims	Open Claims

Private Flood

							Please Include C	umulative Claims an	d Losses as of date of reported date			
Claim/Los										Total Dollar Amount		
5 Digit 2 (Use 99999 fo	IP Code or claims with			Date of Loss	Number of Claims		Number of Claims Closed Without			Case Incurred Loss (tip: case incurred should equal paid loss plus reserves for	Number of Total Loss	Number of Open
unknown	location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims

Federal Flood

	Federal Flood												
						Please Include C	umulative Claims an	d Losses as of date of reported date					
Claim/Loss Location 5 Digit ZIP Code					Number of Claims	Total Dollar Amount Case Incurred Loss (tip: case incurred							
(Use 99999 for claims with			Date of Loss	Number of Claims	Closed With	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total Loss	Number of Open		
unknown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims		

Excess Flood

	Excess Flood											
						Please Include Cu	umulative Claims an	d Losses as of date of reported date				
Claim/Loss Location 5 Digit ZIP Code					Number of Claims	Total Dollar Amount Case Incurred Loss (tip: case incurred						
(Use 99999 for claims with				Number of Claims	Closed With	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total Loss	Number of Open	
unknown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims	

Inland Marine

						Please Include Cu	umulative Claims an	d Losses as of date of reported date			
Claim/Loss Location					Number of Claims Number of Claims Average Number Total Dollar Amount Case Incurred Loss (tip: case Incurred						
5 Digit ZIP Code					Number of Claims	Number of Claims	Average Number	Total Dollar Amount	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with			Date of Loss	Number of Claims	Closed With	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total Loss	Number of Open
unknown location)	County	Town	(MM/DD/YYY)	Y) Reported Payment Payment Claims be higher than case incurred.) outstanding claims.)					Claims	Claims	

Crop

Сгор											
				Please Include Cumulative Claims and Losses as of date of reported date							
Claim/Loss Location									Total Dollar Amount		
5 Digit ZIP Code					Number of Claims	Number of Claims	Average Number	Total Dollar Amount	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with			Date of Loss	Number of Claims	Closed With	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total Loss	Number of Open
unknown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims