

Market Conduct Annual Statement 2018 Data Year Filings

Property & Casualty

Data Elements and Validations



© 2019 National Association of Insurance Commissioners

This product, including its associated materials, content, subject matter, visual elements, and text, is the exclusive property of the National Association of Insurance Commissioners (NAIC) and is fully subject to the ownership rights of the NAIC under copyright laws of the United States.

The NAIC grants you a non-exclusive, non-transferable license to use this electronic NAIC product for your own personal, non-commercial use. Neither concurrent use on two or more computers, nor use in a local area network or other network is permitted without separate authorization and the payment of other license fees.

Distributing, transmitting, or posting the electronic document in any electronic or printed form, or presenting or adapting product content for the purposes of public presentation, delivery, or publication is strictly prohibited without written permission of the NAIC.

Market Conduct Annual Statement 2018 Data Year Filings

Property & Casualty Data Elements



Homeowners



Private Passenger

MCAS Resources

Visit the MCAS Web page at:
https://www.naic.org/mcas_main.htm

- Important Dates
- Participation Requirements
- Frequently Asked Questions
- Reporting Blanks
- Data Call and Definitions
- MCAS User Guide
- CSV Data Upload Instructions

Remember

The 2018 filing deadline is
April 30, 2019

Remember

MCAS Threshold:

\$50,000 in direct written premium

Arkansas Threshold:

\$50,000 in direct written premium

Remember

Report on a “*Claimant*” basis

You are to report the number of reserves/lines/features opened for each coverage part per claim.

Reporting on a Claimant Basis

- HO Claim Received by company includes:
 - Liability – 2 lines
 - MedPay – 2 lines
 - Dwelling – 1 line
 - Pers. Prop – 1 line
- Number of Claims Reported in MCAS:
 - Liability – 2
 - MedPay – 2
 - Dwelling – 1
 - Pers. Prop. – 1

Homeowners & Auto Entry Sections:

- Interrogatories
- Claims
- Underwriting

Interrogatories

		Yes	No	
		Response	Explanation	
01	Were there policies in force during the reporting period that provided Collision coverage?	--		
02	Were there policies in force during the reporting period that provided Comprehensive coverage?	--		
03	Were there policies in force during the reporting period that provided Bodily Injury coverage?	--		
04	Were there policies in force during the reporting period that provided Property Damage coverage?	--		
05	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMBI) coverage?	--		
06	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMPD) coverage?	--		
07	Were there policies in force during the reporting period that provided Medical Payments coverage?	--		
08	Were there policies in force during the reporting period that provided Combined Single Limits coverage?	--		
09	Were there policies in force during the reporting period that provided Personal Injury Protection coverage?	--		
10	Was the company actively writing policies in the state at year end?	--		
11	Does the company write in the non-standard market?	--		
12	If Yes, what percentage of your business is non-standard?	--		
13	If Yes, how is non-standard defined?	--		
14/15	Has the company had a significant event/business strategy that would affect data for this reporting period?	--		
16/17	Has all or part of this block of business been sold, closed or moved to another company during the year?	--		
18	How does the company treat subsequent supplemental or additional payments on previously closed claims?	--		
19	Additional state specific Claims comments (optional):	--		
20	Additional state specific Underwriting comments (optional):	--		

Interrogatories

		Yes	No	
		Response	Explanation	
01	Were there policies in force during the reporting period that provided Collision coverage?	--		
02	Were there policies in force during the reporting period that provided Comprehensive coverage?	--		
03	Were there policies in force during the reporting period that provided Bodily Injury coverage?	--		
04	Were there policies in force during the reporting period that provided Property Damage coverage?	--		
05	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMBI) coverage?	--		
06	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMPD) coverage?	--		
07	Were there policies in force during the reporting period that provided Medical Payments coverage?	--		
08	Were there policies in force during the reporting period that provided Combined Single Limits coverage?	--		
09	Were there policies in force during the reporting period that provided Personal Injury Protection coverage?	--		
10	Was the company actively writing policies in the state at year end?	--		
11	Does the company write in the non-standard market?	--		
12	If Yes, what percentage of your business is non-standard?	--		
13	If Yes, how is non-standard defined?	--		
14/15	Has the company had a significant event/business strategy that would affect data for this reporting period?	--		
16/17	Has all or part of this block of business been sold, closed or moved to another company during the year?	--		
18	How does the company treat subsequent supplemental or additional payments on previously closed claims?	--		
19	Additional state specific Claims comments (optional):	--		
20	Additional state specific Underwriting comments (optional):	--		

Interrogatories

		Yes	No	Explanation
		Response	Response	
01	Were there policies in force during the reporting period that provided Collision coverage?	--	--	
02	Were there policies in force during the reporting period that provided Comprehensive coverage?	--	--	
03	Were there policies in force during the reporting period that provided Bodily Injury coverage?	--	--	
04	Were there policies in force during the reporting period that provided Property Damage coverage?	--	--	
05	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMBI) coverage?	--	--	
06	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMPD) coverage?	--	--	
07	Were there policies in force during the reporting period that provided Medical Payments coverage?	--	--	
08	Were there policies in force during the reporting period that provided Combined Single Limits coverage?	--	--	
09	Were there policies in force during the reporting period that provided Personal Injury Protection coverage?	--	--	
10	Was the company actively writing policies in the state at year end?	--	--	
11	Does the company write in the non-standard market?	--	--	
12	If Yes, what percentage of your business is non-standard?	--	--	
13	If Yes, how is non-standard defined?	--	--	
14/15	Has the company had a significant event/business strategy that would affect data for this reporting period?	--	--	
16/17	Has all or part of this block of business been sold, closed or moved to another company during the year?	--	--	
18	How does the company treat subsequent supplemental or additional payments on previously closed claims?	--	--	
19	Additional state specific Claims comments (optional):	--	--	
20	Additional state specific Underwriting comments (optional):	--	--	

Interrogatories

		Yes	No	Explanation
		Response	Response	
01	Were there policies in force during the reporting period that provided Collision coverage?	--	--	
02	Were there policies in force during the reporting period that provided Comprehensive coverage?	--	--	
03	Were there policies in force during the reporting period that provided Bodily Injury coverage?	--	--	
04	Were there policies in force during the reporting period that provided Property Damage coverage?	--	--	
05	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMBI) coverage?	--	--	
06	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMPD) coverage?	--	--	
07	Were there policies in force during the reporting period that provided Medical Payments coverage?	--	--	
08	Were there policies in force during the reporting period that provided Combined Single Limits coverage?	--	--	
09	Were there policies in force during the reporting period that provided Personal Injury Protection coverage?	--	--	
10	Was the company actively writing policies in the state at year end?	--	--	
11	Does the company write in the non-standard market?	--	--	
12	If Yes, what percentage of your business is non-standard?	--	--	
13	If Yes, how is non-standard defined?	--	--	
14/15	Has the company had a significant event/business strategy that would affect data for this reporting period?	--	--	
16/17	Has all or part of this block of business been sold, closed or moved to another company during the year?	--	--	
18	How does the company treat subsequent supplemental or additional payments on previously closed claims?	--	--	
19	Additional state specific Claims comments (optional):	--	--	
20	Additional state specific Underwriting comments (optional):	--	--	

Homeowner & Auto Claims Data Elements

Homeowners Coverage Parts

- Dwelling
- Personal Property
- Liability
- Medical Payments
- Loss of Use



Auto Coverage Parts

- Collision
- Comprehensive/Other than Collision
- Bodily Injury
- Property Damage
- Uninsured/Underinsured Motorist Bodily Injury (UMBI)
- Uninsured/Underinsured Motorist Property Damage (UMPD)
- Medical Payments
- Combined Single Limits
- Personal Injury Protection



Do not mix claims!!!



Auto Property Damage
Auto Bodily Injury



HO Dwelling
HO Liability

Opened & Closed Claims

21	Number of claims open at the beginning of the period.
22	Number of claims opened during the period.
23	Number of claims closed with payment during the period
24	Number of claims closed without payment during the period
25	Number of claims remaining open at the end of the period
26	Median days to final payment.
27	Number of claims closed with payment within 0-30 days.
28	Number of claims closed with payment within 31-60 days.
29	Number of claims closed with payment within 61-90 days.

January 1, 2018 – December 31, 2018

Auto/Homeowners Data Call & Definitions

Claim - A request or demand for payment of a loss that may be included within the terms of coverage of an insurance policy. Each claimant/insured reporting a loss is counted separately.

Include:

- Both first and third party claims.

Auto/Homeowners Data Call & Definitions

Claim

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 his or her behalf.

Precautionary Reserves



Do Not Count as Opened or Closed Claims

Transportation Expense Claims

Collision Claim



Do Not Count as Separate Claims

Auto Data Call & Definitions

Clarification:

- Rental/transportation/tow expenses which are paid as a result or part of a collision claim should not be counted as separate claims.

Auto/Homeowners Data Call & Definitions

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.



Auto/Homeowners Data Call & Definitions

Final Claim Payment made December 20, 2018

**Claim closed in company's claims system
January 5, 2019**

**Report as Open at
end of 2018**

**Report as Closed With
Payment in 2019**

Total Payment to Insured = \$50,000
Subrogation Recovered = \$50,000
Net Loss = 0



Auto/Homeowners Data Call & Definitions

Claims Closed WITH Payment –

Include:

- ~~Claims that are closed because the amount claimed is below the insured's deductible.~~

Claims Closed WITHOUT Payment –

Include:

- Claims that are closed because the amount claimed is below the insured's deductible.



1025

DATE: _____

Loss Adjustment

PAY TO THE ORDER OF: \$ _____ DOLLARS

MINI: *0000000000* *0000000000*

Closed without payment

INSURANCE CLAIM FORM

Closed without payment

No policy in-force

Person at computer

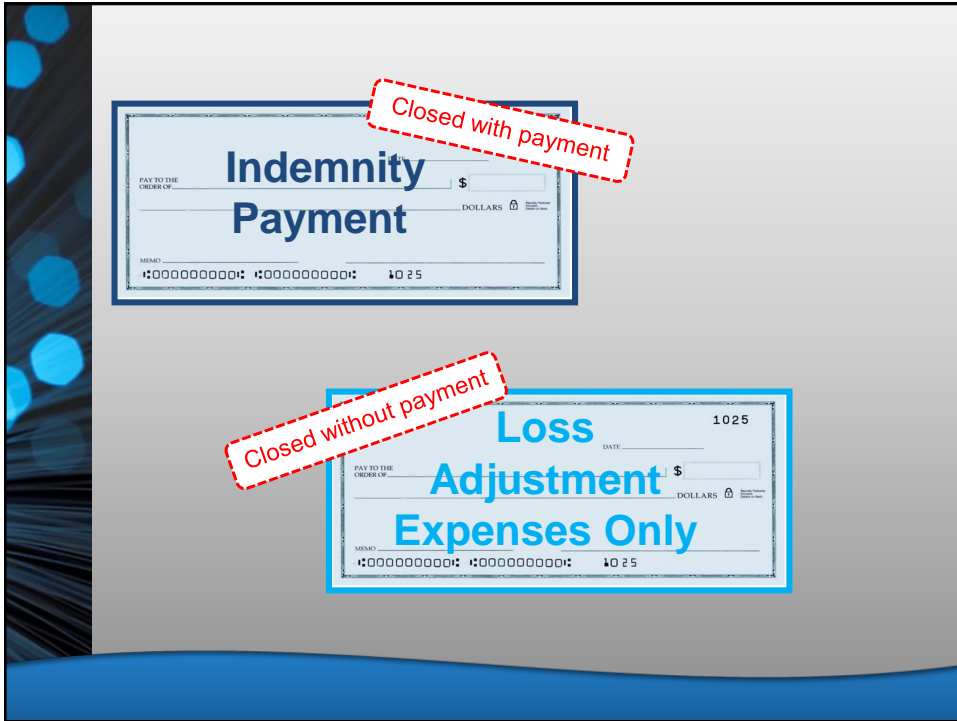
Hands sorting files

28 27 26 25

During the reporting period

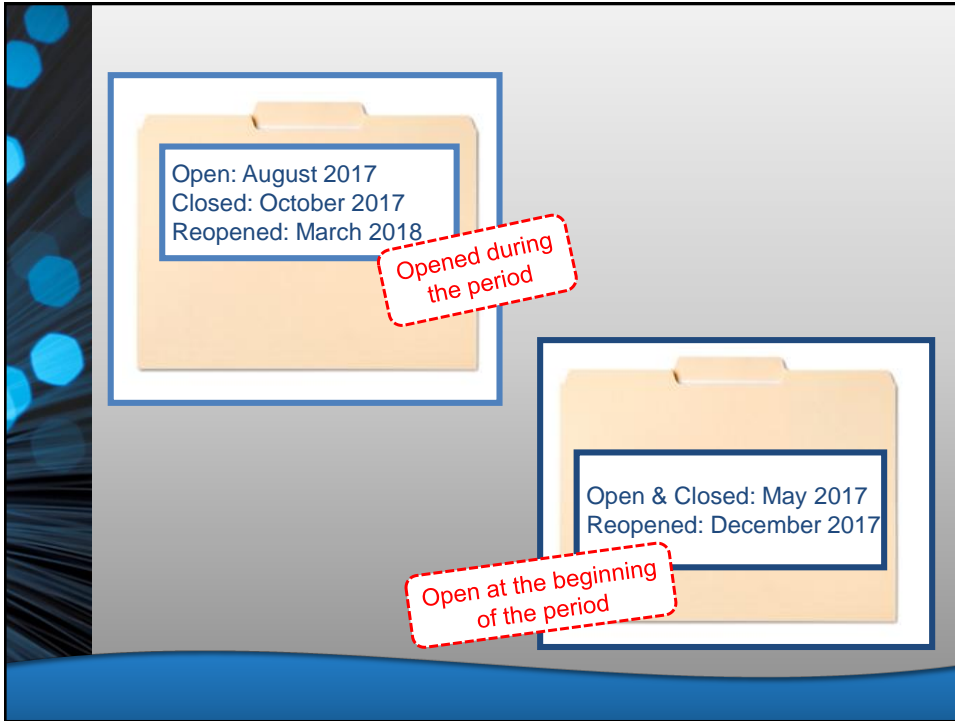
Hands sorting files

Claims closed with and without payment should include all claims that were closed DURING the reporting period regardless of the date of loss or when the claim was received



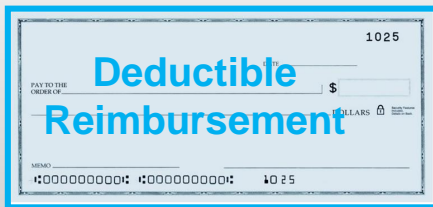
Reopened Claims

If a claim is closed and is later re-opened, the re-opened claim should be counted as a new and distinct claim.



Reopened Claims

- Closed With Payment
- Or
- Closed Without Payment



Do not report a claim as opened and closed:

- If the claim is reopened to reimburse an insured's deductible
- or to process a subrogation recovery



Always Remember...

You cannot close more claims than you have received

Speed of Claim Settlements

26	Median days to final payment.
27	Number of claims closed with payment within 0-30 days.
28	Number of claims closed with payment within 31-60 days.
29	Number of claims closed with payment within 61-90 days.
30	Number of claims closed with payment within 91-180 days.
31	Number of claims closed with payment within 181-365 days.
32	Number of claims closed with payment beyond 365 days.
33	Number of claims closed without payment within 0-30 days.
34	Number of claims closed without payment within 31-60 days.
35	Number of claims closed without payment within 61-90 days.
36	Number of claims closed without payment within 91-180 days.
37	Number of claims closed without payment within 181-365 days.
38	Number of claims closed without payment beyond 365 days.

Median Days

26	Median days to final payment.
27	Number of claims closed with payment within 0-30 days.
28	Number of claims closed with payment within 31-60 days.
29	Number of claims closed with payment within 61-90 days.

Auto/Homeowners Data Call & Definitions

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 should not be included.

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.

SPEED OF CLAIM SETTLEMENT



The median is the value above which and below which there are an equal number of values.

30 days to settlement

45 days to settlement

60 days to settlement

Number of days to settlement

- The number of days from when the claim was reported



Reported

Aging on supplemental payments

- The time the request for supplemental payment was received to the date of payment of the supplement



Request Received

Subrogation claims

- Should be removed from set of claims used to calculate median

SPEED OF CLAIM SETTLEMENT

The median is the value above which and below which there are an equal number of values.

- 30 days to settlement
- 45 days to settlement
- 60 days to settlement

Not Included in Median Count

100 Closed Claims

10 Claims Closed 0-30 days

20 Claims Closed 31-60 days

30 Claims Closed 61-90 days

Median Value = 61 - 90 days

Claims Closed With & Without Payment

26	Median days to final payment.
27	Number of claims closed with payment within 0-30 days.
28	Number of claims closed with payment within 31-60 days.
29	Number of claims closed with payment within 61-90 days.
30	Number of claims closed with payment within 91-180 days.
31	Number of claims closed with payment within 181-365 days.
32	Number of claims closed with payment beyond 365 days.
33	Number of claims closed without payment within 0-30 days.
34	Number of claims closed without payment within 31-60 days.
35	Number of claims closed without payment within 61-90 days.
36	Number of claims closed without payment within 91-180 days.
37	Number of claims closed without payment within 181-365 days.
38	Number of claims closed without payment beyond 365 days.

Claims Closed With & Without Payment

26	Median days to final payment.
27	Number of claims closed with payment within 0-30 days.
28	Number of claims closed with payment within 31-60 days.
29	Number of claims closed with payment within 61-90 days.
30	Number of claims closed with payment within 91-180 days.
31	Number of claims closed with payment within 181-365 days.
32	Number of claims closed with payment beyond 365 days.
33	Number of claims closed without payment within 0-30 days.
34	Number of claims closed without payment within 31-60 days.
35	Number of claims closed without payment within 61-90 days.
36	Number of claims closed without payment within 91-180 days.
37	Number of claims closed without payment within 181-365 days.
38	Number of claims closed without payment beyond 365 days.

January 1, 2018 – December 31, 2018

Claims Closed With & Without Payment

21	Number of claims open at the beginning of the period.
22	Number of claims opened during the period.
23	Number of claims closed with payment during the period
24	Number of claims closed without payment during the period
25	Number of claims remaining open at the end of the period
26	Median days to final payment.
27	Number of claims closed with payment within 0-30 days.
28	Number of claims closed with payment within 31-60 days.
29	Number of claims closed with payment within 61-90 days.
30	Number of claims closed with payment within 91-180 days.
31	Number of claims closed with payment within 181-365 days.
32	Number of claims closed with payment beyond 365 days.
33	Number of claims closed without payment within 0-30 days.
34	Number of claims closed without payment within 31-60 days.
35	Number of claims closed without payment within 61-90 days.
36	Number of claims closed without payment within 91-180 days.
37	Number of claims closed without payment within 181-365 days.
38	Number of claims closed without payment beyond 365 days.

Number of claims closed with payment during the period

Number of claims closed without payment during the period

Suits

37	Number of claims closed without payment within 181-365 days.
38	Number of claims closed without payment beyond 365 days.
39	Number of suits open at beginning of the period.
40	Number of suits opened during the period.
41	Number of suits closed during the period.
42	Number of suits open at end of period.

Auto/Homeowners Data Call & Definitions

Suit – A court proceeding to recover a right to a claim, including suits for arbitration cases.

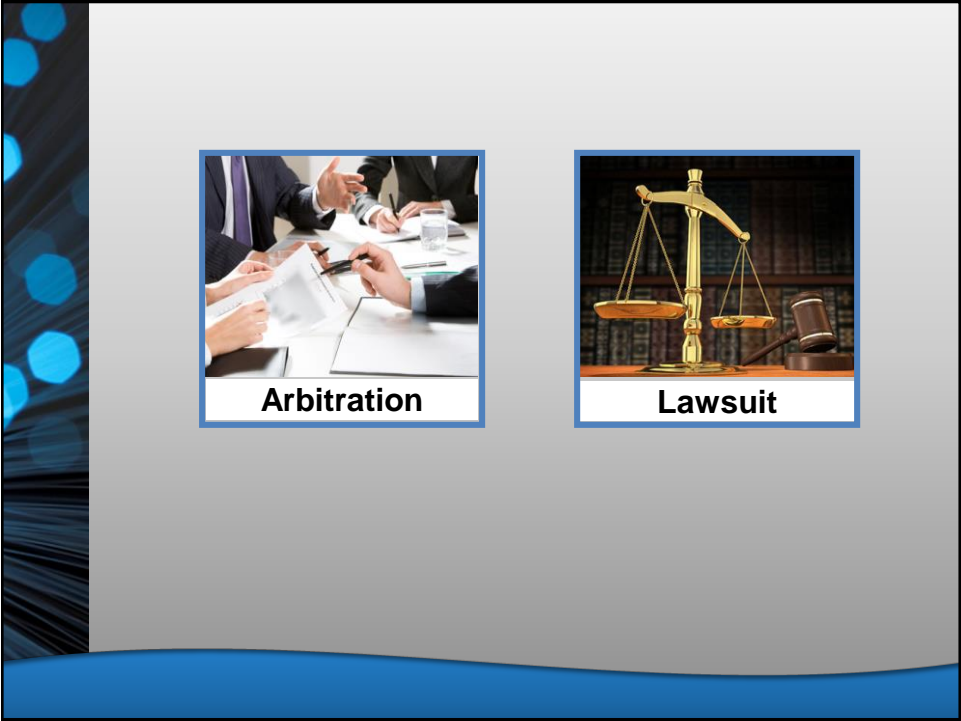
Exclude:

- Subrogation claims where suit is filed by the company against the tortfeasor.
- Non-suit legal activity or litigation filed by an insurer, including, but not limited to: request to compel an independent medical examination, an examination under oath, and declaratory judgment actions filed by an insurer.

Auto/Homeowners Data Call & Definitions

Calculation Clarification:

- Suits should be reported on the same basis as claims. One suit should be reported for each / claimant / coverage combination, regardless of the number of actual suits filed.
- One suit with two claimants would be reported as two suits as any awards/payments made would be made to the claimants individually.
- One suit filed seeking damages for multiple coverages should be reported as one suit for each applicable coverage.
- Suits should be reported in the state in which the claim was reported on this statement.
- Treatment of class action lawsuits: Report the opening and closing of a class action lawsuit once in each state in which a potential class member resides. Include an explanatory note with your submission and state the number of class action lawsuits included in the data and the general cause of the action.



This slide compares two dispute resolution methods. On the left, a photograph shows several people in business attire sitting around a table, reviewing documents, representing the process of arbitration. Below this image is a white box with the word "Arbitration" in bold black text. On the right, a photograph shows a golden scale of justice and a wooden gavel on a desk, representing a lawsuit. Below this image is a white box with the word "Lawsuit" in bold black text. The slide has a grey background with a blue decorative border on the left and bottom.

Arbitration

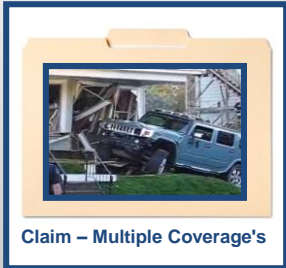
Lawsuit



This slide illustrates the steps of a lawsuit. At the top center is a photograph of a golden scale of justice and a wooden gavel, with a white box below it containing the word "Lawsuit" in bold black text. Below this, a photograph shows five people in business attire standing in a row. Above each person is a blue circle containing a number from 1 to 5. Blue arrows point from each numbered circle down to the corresponding person in the photograph, indicating a sequential process. The slide has a grey background with a blue decorative border on the left and bottom.

Lawsuit

- 1
- 2
- 3
- 4
- 5

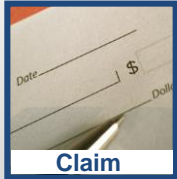


- Collision
- Comprehensive
- Bodily Injury
- Property Damage

Report one lawsuit for each applicable claimant/coverage combination



Lawsuit



Claim



Report Lawsuit to Tennessee

Homeowner & Auto Underwriting Data Elements

Homeowners Underwriting Activity

39	Number of dwellings which have policies in force at the end of the period.
40	Number of policies in force at the end of the period.
41	Number of new policies written during the period.
42	Dollar amount of direct premium written during the period.
43	Number of company-initiated non-renewals during the period.
44	Number of cancellations for non-pay or non-sufficient funds.
45	Number of cancellations at the insured's request
46	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
47	Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to a related company.
48	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
49	Number of complaints received directly from any person or entity other than the DOI.

Private Passenger Auto Underwriting Activity

43	Number of autos which have policies in force at the end of the period.
44	Number of policies in force at the end of the period.
45	Number of new policies written during the period.
46	Dollar amount of direct written premium during the period.
47	Number of company-initiated non-renewals during the period.
48	Number of cancellations for non-pay or non-sufficient funds.
49	Number of cancellations at the insured's request
50	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
51	Number of company-initiated cancellations that occur 60-90 days after effective date, excluding rewrites to a related company.
52	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
53	Number of complaints received directly from any person or entity other than the DOI.

Homeowners Underwriting Activity

39	Number of dwellings which have policies in force at the end of the period.
40	Number of policies in force at the end of the period.
41	Number of new policies written during the period.
42	Dollar amount of direct premium written during the period.
43	Number of company-initiated non-renewals during the period.
44	Number of cancellations for non-pay or non-sufficient funds.
45	Number of cancellations at the insured's request
46	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
47	Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to a related company.
48	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
49	Number of complaints received directly from any person or entity other than the DOI.

Private Passenger Auto Underwriting Activity

43	Number of autos which have policies in force at the end of the period.
44	Number of policies in force at the end of the period.
45	Number of new policies written during the period.
46	Dollar amount of direct written premium during the period.
47	Number of company-initiated non-renewals during the period.
48	Number of cancellations for non-pay or non-sufficient funds.
49	Number of cancellations at the insured's request
50	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
51	Number of company-initiated cancellations that occur 60-90 days after effective date, excluding rewrites to a related company.
52	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
53	Number of complaints received directly from any person or entity other than the DOI.



Homeowners Underwriting Activity	
39	Number of dwellings which have policies in force at the end of the period.
40	Number of policies in force at the end of the period.
41	Number of new policies written during the period.
42	Dollar amount of direct premium written during the period.
43	Number of company-initiated non-renewals during the period.
44	Number of cancellations for non-pay or non-sufficient funds.
45	Number of cancellations at the insured's request
46	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
47	Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to a related company.
48	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
49	Number of complaints received directly from any person or entity other than the DOI.
Private Passenger Auto Underwriting Activity	
43	Number of autos which have policies in force at the end of the period.
44	Number of policies in force at the end of the period.
45	Number of new policies written during the period.
46	Dollar amount of direct written premium during the period.
47	Number of company-initiated non-renewals during the period.
48	Number of cancellations for non-pay or non-sufficient funds.
49	Number of cancellations at the insured's request
50	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
51	Number of company-initiated cancellations that occur 60-90 days after effective date, excluding rewrites to a related company.
52	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
53	Number of complaints received directly from any person or entity other than the DOI.

Homeowners Underwriting Activity	
39	Number of dwellings which have policies in force at the end of the period.
40	Number of policies in force at the end of the period.
41	Number of new policies written during the period.
42	Dollar amount of direct premium written during the period.
43	Number of company-initiated non-renewals during the period.
44	Number of cancellations for non-pay or non-sufficient funds.
45	Number of cancellations at the insured's request
46	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
47	Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to a related company.
48	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
49	Number of complaints received directly from any person or entity other than the DOI.
Private Passenger Auto Underwriting Activity	
43	Number of autos which have policies in force at the end of the period.
44	Number of policies in force at the end of the period.
45	Number of new policies written during the period.
46	Dollar amount of direct written premium during the period.
47	Number of company-initiated non-renewals during the period.
48	Number of cancellations for non-pay or non-sufficient funds.
49	Number of cancellations at the insured's request
50	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
January 1, 2018 – December 31, 2018	

Auto/Homeowners Data Call & Definitions

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

Exclude:

- Renewals or 're-written' policies unless there was a lapse in coverage.



Homeowners



Private Passenger



Homeowners

Include:

- **Mobile/manufactured homes intended for use as a dwelling.**
- **Renters insurance, policies covering log homes, land homes, and site built homes are included.**
- **Inland Marine or Personal Articles endorsements.**

Exclude:

- **Farmowners is not included as it is considered to be Commercial Lines for purposes of this project.**
- **Umbrella policies.**



Private Passenger Auto

Those policies issued on automobiles owned or leased by an individual or by husband and wife resident in the same household that are reported on lines 19.1, 19.2, and 21.1 of the state page of the financial annual statement.



Private Passenger Auto



Commercial Business



Business Auto-Privately
Titled & Insured



Assigned Risk Pool



Non-owned Coverage



Motorcycles



RV's and Motorhomes

Not Included

Antiques

Collectibles

ATV's

Fleet Policies

Snowmobiles

Inland Marine

Dune Buggies

Trailers

Non-Renewed and Cancelled Policies

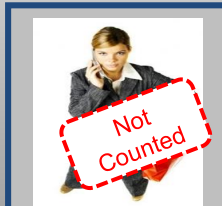
Private Passenger Auto Underwriting Activity

43	Number of autos which have policies in force at the end of the period.
44	Number of policies in force at the end of the period.
45	Number of new policies written during the period.
46	Dollar amount of direct written premium during the period.
47	Number of company-initiated non-renewals during the period.
48	Number of cancellations for non-pay or non-sufficient funds.
49	Number of cancellations at the insured's request
50	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
51	Number of company-initiated cancellations that occur 60-90 days after effective date, excluding rewrites to a related company.
52	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
53	Number of complaints received directly from any person or entity other than the DOI.

Non-Renewals



Company Initiated



Insured's Request

Non-Renewals



Company Initiated



Insured's Request

Cancellations

Private Passenger Auto Underwriting Activity

43	Number of autos which have policies in force at the end of the period.
44	Number of policies in force at the end of the period.
45	Number of new policies written during the period.
46	Dollar amount of direct written premium during the period.
47	Number of company-initiated non-renewals during the period.
48	Number of cancellations for non-pay or non-sufficient funds.
49	Number of cancellations at the insured's request
50	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
51	Number of company-initiated cancellations that occur 60-90 days after effective date, excluding rewrites to a related company.
52	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
53	Number of complaints received directly from any person or entity other than the DOI.

Cancellations- Non-Payment, Non-Sufficient Funds, Insured's Request



Non-Pay/
Non-Sufficient Funds



Insured's Request

Cancellations



3 Cancellations
January - non-pay
April - non-pay
November - non-pay

Cancellations- Non-Payment, Non-Sufficient Funds, Insured's Request



Non-Pay/
Non-Sufficient Funds



Insured's Request



Company Initiated

Cancellations - Company Initiated



Company Initiated



Cancellations - Company Initiated



Company Initiated



**Do not
report in
MCAS**



Cancellations - Company Initiated



Company Initiated



Do not
report in
MCAS

Cancelled:
< 60 days
60 – 90 Days
> 90 days



Originally Effective
October 1, 2017

Renewed
October 1, 2018

Policy cancelled more than 90 days from the
effective date

Cancelled
October 15, 2018

Cancellations - Company Initiated



Effective Date of Cancellation

Determines Year to Report the Cancellation in MCAS



Notice Issuance Date

Determines which category of cancellations it should be reported in (first 59 days, 60-90 days or > 90 days)

Cancellations - Company Initiated

Originally Effective
October 20, 2018

Cancelled within First 59 Days

Cancellation Notice Issued
December 15, 2018



Cancellation Effective Date
January 2019

Report Cancellation in 2018 MCAS

Complaints

Private Passenger Auto Underwriting Activity

43	Number of autos which have policies in force at the end of the period.
44	Number of policies in force at the end of the period.
45	Number of new policies written during the period.
46	Dollar amount of direct written premium during the period.
47	Number of company-initiated non-renewals during the period.
48	Number of cancellations for non-pay or non-sufficient funds.
49	Number of cancellations at the insured's request
50	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
51	Number of company-initiated cancellations that occur 60-90 days after effective date, excluding rewrites to a related company.
52	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
53	Number of complaints received directly from any person or entity other than the DOI.



Auto/Homeowners Data Call & Definitions

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.

Auto/Homeowners Data Call & Definitions

Complaints Include:

- From social media sites if specific enough to meet the definition of complaint
- Any complaint regardless of the subject of the complaint (claims, underwriting, marketing, etc.)
- Complaints received from third parties

Concludes

Market Conduct Annual Statement

2018 Data Year Filings

Property & Casualty

Data Elements



Market Conduct Annual Statement 2019 Data Year Filings

Validation and Review



MCAS Validations

MCAS Validations are data checks programmed within the MCAS data submission application.

- Errors - Some validations are considered to be Errors and must be corrected before submission of data is allowed.
- Warnings – Other validations are considered to be Warnings. Filings containing Warnings can be successfully submitted.

MCAS Validation Warnings

- MCAS Validations assist insurers in the review of their data within the MCAS application to ensure their data is accurate and entered as intended.
- MCAS Validations assist state insurance regulators and NAIC staff in reviewing submitted MCAS data.

MCAS Validation Warnings

It is understood that some validation warning failures may be generated on accurate data that is the result of valid circumstances.

Filing Matrix for [Company] - 2018

Expand All

Alaska					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Homeowners	Filed	4	0		

Total Warnings: 4

California					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Lender-Placed insurance	Filed	0	0		

Maryland					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Lender-Placed insurance	Filed	0	0		

Filing Matrix for [Company] - 2018

Expand All

Alaska					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Homeowners	Filed	4	0		

Total Warnings: 4

California					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Lender-Placed insurance	Filed	0	0		

Maryland					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Lender-Placed insurance	Filed	0	0		

Private Passenger Auto Interrogatories

		Yes No Response	Explanation
01	Were there policies in force during the reporting period that provided Collision coverage?	--	
02	Were there policies in force during the reporting period that provided Comprehensive coverage?	--	
03	Were there policies in force during the reporting period that provided Bodily Injury coverage?	--	
04	Were there policies in force during the reporting period that provided Property Damage coverage?	--	
05	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMBI) coverage?	--	
06	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMPD) coverage?	--	
07	Were there policies in force during the reporting period that provided Medical Payments coverage?	--	
08	Were there policies in force during the reporting period that provided Combined Single Limits coverage?	--	
09	Were there policies in force during the reporting period that provided Personal Injury Protection coverage?	--	
10	Was the company actively writing policies in the state at year end?	--	
11	Does the company write in the non-standard market?	--	
12	If Yes, what percentage of your business is non-standard?	--	
13	If Yes, how is non-standard defined?	--	
14/15	Has the company had a significant event/business strategy that would affect data for this reporting period?	--	
16/17	Has all or part of this block of business been sold, closed or moved to another company during the year?	--	Comments
18	How does the company treat subsequent supplemental or additional payments on previously closed claims?	--	
19	Additional state specific Claims comments (optional):	--	
20	Additional state specific Underwriting comments (optional):	--	

By checking the "I attest" box below, I understand, agree and certify on behalf of the named company that:

1. I am 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. I am 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 my 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. I am 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. I 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.

I Attest

I Attest

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.

Overall comments for the filing year 2018

[Log In](#)

Don't have an MCAS login?
[Click Here to get it.](#)

[Help](#) | [FAQ \(PDF\)](#) | [Contact](#)

GENERAL FILING INFORMATION

[Participation Requirements \(PDF\)](#)

RESOURCES

Data Collection Worksheets (Blanks)

- Annuity (PDF)
- Health (PDF)
- Homeowners (PDF)
- Lender-Placed Home and Auto (PDF)
- Life (PDF)
- Long-Term Care (PDF)
- Private Passenger Auto (PDF)

Data Call and Definitions (Instructions)

- Health (PDF)
- Homeowners (PDF)
- Lender-Placed Home and Auto (PDF)
- Life & Annuity (PDF)
- Long-Term Care - Hybrid (PDF)
- Long-Term Care - Stand-Alone (PDF)
- Private Passenger Auto (PDF)

[Summary of 2018 Changes \(PDF\)](#)

[2018 MCAS User Guide \(PDF\)](#)

- **CSV Instructions and Resources**
- CSV Data Upload Instructions (PDF)
- CSV Assistant Instruction (PDF)

CSV Assistant Files

- Annuity
- Health

Key 2018 MCAS Dates

December 14, 2018	Call letters to companies
Mid-January 2019	Last day to submit 2017 corrections (See FAQ Document)
February - March, 2019	MCAS training webinars (Webinar information coming later)
April 30, 2019	MCAS submissions due for all lines of business except Health and Lender-Placed
June 30, 2019	MCAS submissions due for Lender-Placed and Health
July 1, 2019	MCAS industry scorecards posted to MCAS Web page for all lines of business except Health and Lender-Placed
August 1, 2019	MCAS industry scorecards posted to MCAS Web page for Health Only
September 1, 2019	MCAS industry scorecards posted to MCAS Web page for Lender-Placed Only

New for 2018 Data Year

- The lender-placed auto and homeowners MCAS was adopted on August 9, 2017 at the NAIC Executive/Plenary session during the NAIC Summer National Meeting. Lender-placed auto and homeowners MCAS data will be collected for the first time beginning with the 2018 data year. The reporting deadline for the first filing year will be June 30, 2019.

What Do Documents Found on this Web Page Tell Me?

General Filing Information

- Participation Requirements - Detailed information to assist in determining if your company is required to submit MCAS data

Resources

- Data Collection Worksheets (Blanks) - Table layout representation of the required data elements
- Data Call and Definitions (Instructions) - Listing of MCAS data elements and definitions to follow when preparing data for submission
- MCAS User Guide - Information about how to use the MCAS application and a listing of data validations used within the application
- CSV Data Upload Instructions - Layout guidelines for preparing a CSV file for uploading to the MCAS application (The use of a CSV file is not required).
- CSV Assistant Instructions - Guidance for using the CSV Assistance Files
- CSV Assistant Files - Templates to assist in the creation of CSV data files
- Scorecard Ratio Formulas - Listing of standard scorecard ratios calculated for each MCAS lines of business

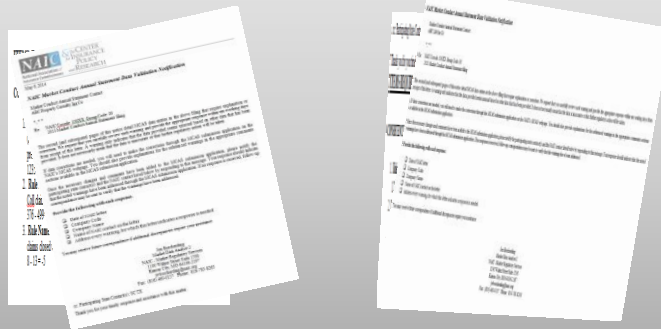
Additional Information

- FAQ (Frequently Asked Questions) - Contains both technical and definitional information not located in the other Help documents (Located just under the MCAS "Log In" icon) You will find answers to questions regarding...

State Regulators have Oversight



Data Validation Notifications



The ABC Group

Company A

Company B

Company C



Questions

Comments

Concerns



**Concludes
Market Conduct Annual Statement
2018 Data Year Filings**

Validation and Review

