

# Market Conduct Annual Statement

## 2017 Data Year Filings

### *Property & Casualty*

### *Data Elements and Validations*



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# Market Conduct Annual Statement 2017 Data Year Filings

## *Property & Casualty Data Elements*



Homeowners



Private Passenger

## MCAS Resources

Visit the 2017 MCAS Web page at:  
[http://www.naic.org/mcas\\_2017.htm](http://www.naic.org/mcas_2017.htm)

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

## Remember

The 2017 filing deadline is

**April 30, 2018**

## Remember

MCAS Threshold:

\$50,000 in direct written premium

Arkansas Threshold:

~~\$7 million in direct written premium~~

\$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

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- 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):	--		

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# 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, 2017 – December 31, 2017**

## 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.



December 2017							
Week	Su	Mo	Tu	We	Th	Fr	Sa
48						1	2
49	3	4	5	6	7	8	9
50	10	11	12	13	14	15	16
51	17	18	19	PAID	21	22	23
52	24	25	26	27	28	29	30
1	31						

**Report as Closed With Payment in 2018**

**Report as Open at end of 2017**

January 2018							
Week	Su	Mo	Tu	We	Th	Fr	Sa
1		1	2	3	4	CLOSED	6
2	7	8	9	10	11	12	13
3	14	15	16	17	18	19	20
4	21	22	23	24	25	26	27
5	28	29	30	31			

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

ORDER OF: \$ \_\_\_\_\_ DOLLARS

MEMO: \*\*\*\*\*

**Closed without payment**

INSURANCE CLAIM FORM

**Closed without payment**

No policy in-force

Person at computer

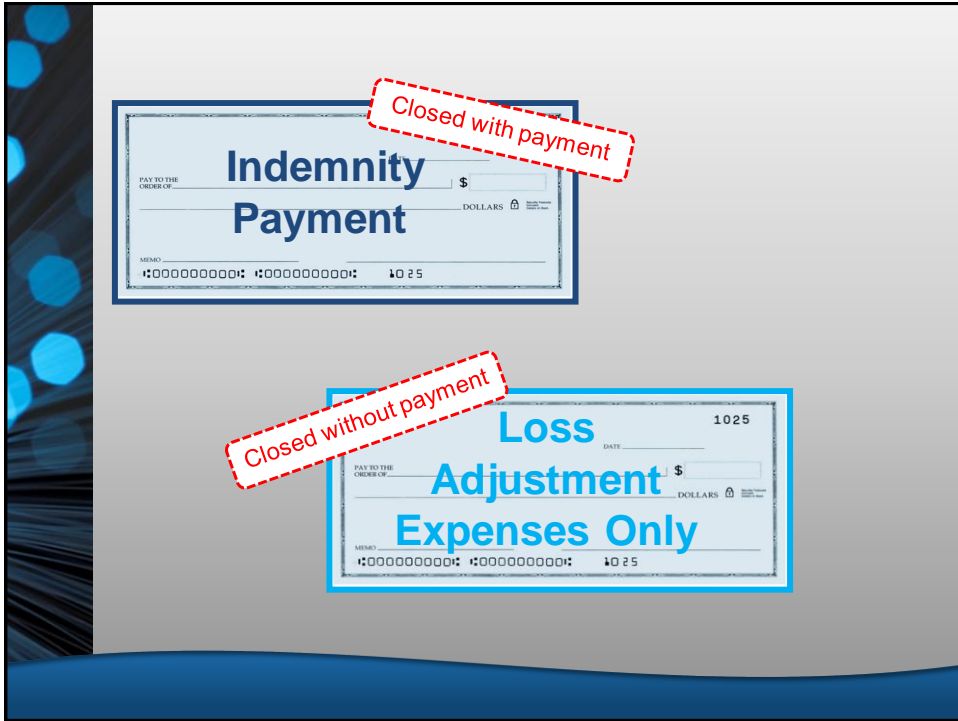
Hands sorting files

28 27 26 25

**During the reporting period**

Hands sorting files

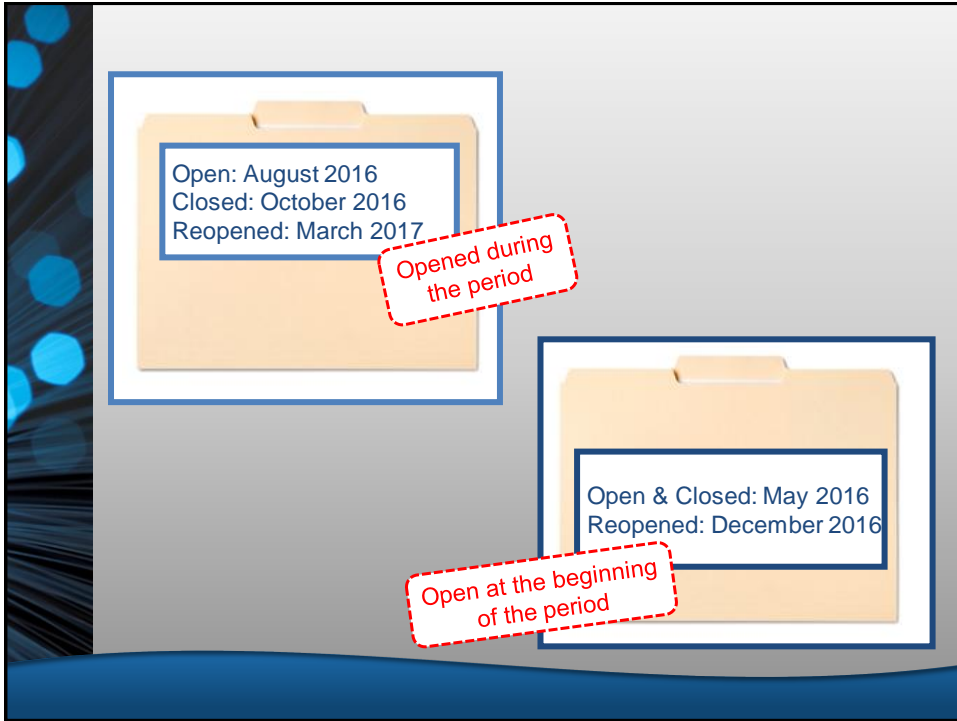
**Claims closed with and without payment should include all claims that were closed DURING the reporting period regardless of the date of loss or when the claim was received**



## 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.



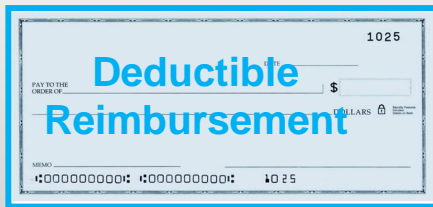


## Reopened Claims

➤ 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

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**Median Value = 61 - 90 days**

# Claims Closed With & Without Payment

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**January 1, 2017 – December 31, 2017**

# Claims Closed With & Without Payment

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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.

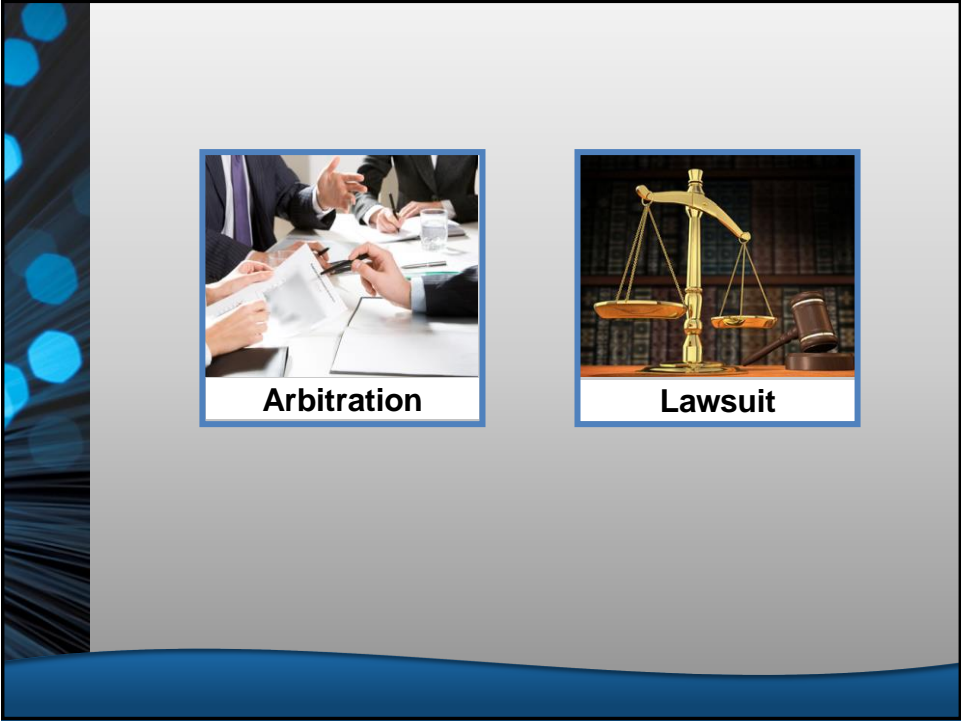
Exclude:

- 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 methods of dispute resolution. On the left, a photograph shows several business professionals in suits gathered around a table, reviewing documents. Below this image is the word "Arbitration". On the right, a photograph shows a golden scale of justice and a wooden gavel on a desk in a courtroom setting. Below this image is the word "Lawsuit".

**Arbitration**

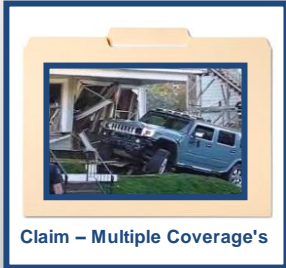
**Lawsuit**



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 the word "Lawsuit" written below it. Below this, a photograph shows five business professionals (three men and two women) standing together. Five blue circles, numbered 1 through 5, are positioned above the group. Arrows point from each circle to a specific individual in the group, indicating a sequence of steps or roles in the lawsuit process.

**Lawsuit**

- 1
- 2
- 3
- 4
- 5

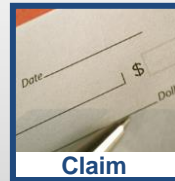


- Collision
- Comprehensive
- Bodily Injury
- Property Damage

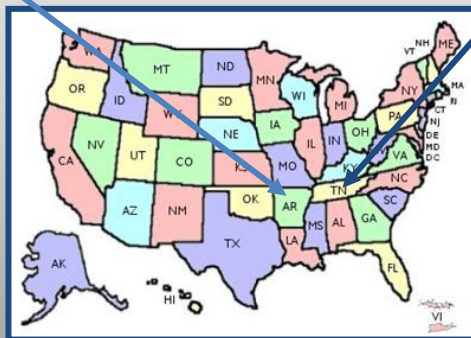
**Report one lawsuit for each applicable claimant/coverage combination**



**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.
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<b>January 1, 2017 – December 31, 2017</b>	

## 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

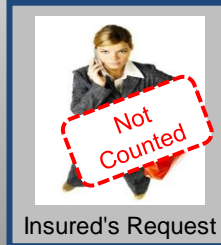
### Private Passenger Auto Underwriting Activity

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

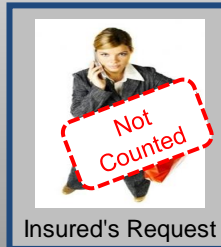


Insured's Request

# 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.
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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, 2014**

Renewed  
**October 1, 2015**

Policy cancelled more than 90 days from  
the effective date

Cancelled  
**October 15, 2015**

# Cancellations - Company Initiated



Determines Year to Report the Cancellation in MCAS



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, 2017

Cancelled within First 59 Days

Cancellation Notice Issued  
December 15, 2017



Cancellation Effective Date  
January 2018

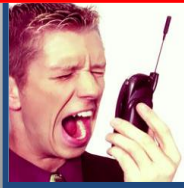
Report Cancellation in 2017 MCAS



# 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.
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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 2017 Data Year Filings**

*Property & Casualty  
Data Elements*

# Market Conduct Annual Statement 2017 Data Year Filings

## Validation and Review

 Market Conduct Annual Statement

**ABC Insurance Company (XXXXX)**

[Home](#) | [Filing Matrix](#) | [Data Upload](#) | [Waivers & Extensions](#) | [Attestation](#) | [Company Ratios](#) | [User Assignment](#) | [Help Desk Form](#)

### FILING MATRIX

	Private Passenger Auto	Homeowners	Long Term Care		Private Passenger Auto	Homeowners	Long Term Care		Private Passenger Auto	Homeowners	Long Term Care
Alabama	---	---	---	Kentucky	---	✓	---	Oklahoma	---	---	---
Alaska	---	---	---	Louisiana	---	✓	---	Oregon	---	---	---
Arizona	---	✓	---	Maine	---	---	---	Pennsylvania	---	✓	---
Arkansas	---	---	---	Maryland	---	---	---	Rhode Island	---	✓	---
California	---	---	---	Massachusetts	---	---	---	South Carolina	---	---	---
Colorado	---	✓	---	Michigan	---	---	---	South Dakota	---	---	---
Connecticut	---	---	---	Minnesota	---	---	---	Tennessee	---	---	---
Delaware	---	✓	---	Mississippi	---	✓	---	Texas	---	---	---
District Of Columbia	---	---	---	Missouri	---	---	---	Utah	---	---	---
Florida	---	🔧	---	Montana	---	---	---	Vermont	---	---	---
Georgia	---	---	---	Nebraska	---	---	---	Virginia	---	✓	---
Hawaii	---	---	---	Nevada	---	🔧	---	Washington	---	---	---
Idaho	---	✓	---	New Hampshire	---	---	---	West Virginia	---	---	---
Illinois	---	---	---	New Jersey	---	✓	---	Wisconsin	---	✓	---
Indiana	---	✓	---	New Mexico	---	---	---	Wyoming	---	---	---
Iowa	---	---	---	North Carolina	---	✓	---				
Kansas	---	---	---	Ohio	---	---	---				

**Legend**  
 🌟 =Required  
 🔧 =In Progress  
 ✓ =Filed  
 ✖ =Error  
 🏠 =Waived  
 📁 =Extended  
 --- =Not Required

## **Validation and Review**

- Listed warnings

## **Validation and Review**

- Listed warnings
- Ratios

## 2017 Market Conduct Annual Statement Ratios

### Property & Casualty (Private Passenger Auto & Homeowner)

Ratio 1. The number of claims closed without payment compared to the total number of claims closed

$$\left( \frac{\text{# of claims closed without payment}}{\text{# of claims closed with payment} + \text{# of claims closed without payment}} \right)$$

Ratio 2. Percentage of claims unprocessed at the end of the period  
# of claims open at the beginning of period + # of claims opened during period  
- # of claims closed with payment - # of claims closed without payment

$$\left( \frac{\text{# of claims open at the beginning of period} + \text{# of claims opened during the period} - \text{# of claims closed with payment} - \text{# of claims closed without payment}}{\text{# of claims open at the beginning of period} + \text{# of claims opened during the period}} \right)$$

Ratio 3. Percentage of claims paid beyond 60 days

$$\left( \frac{\text{total # of claims settled beyond 60 days}}{\text{total # of claims settled for all durations}} \right)$$

Ratio 4. Non-renewals to policies in force

$$\left( \frac{\text{# of non-renewals}}{\text{# of policies in force}} \right)$$

Ratio 5. Cancellations over 60 days to policies in force

$$\left( \frac{\text{# of cancellations 60 days or more after effective date}}{\text{# of policies in force}} \right)$$

Ratio 6. Cancellations under 60 days to new policies issued

$$\left( \frac{\text{# of cancellations that occur in the first 59 days after effective date}}{\text{# of new policies issued}} \right)$$

Ratio 7. Suits opened during the period to claims closed without payment

$$\left( \frac{\text{# of suits open during the period}}{\text{# of claims closed without payment}} \right)$$

## Validation and Review

- Listed warnings
- Ratios
- Data comparisons

# Validation and Review

- Listed warnings
- Ratios
- Data comparisons
- General review

**MCAS** Market Conduct Annual Statement

2017 | 2016 | 2015 | 2014 | Participating Jurisdictions Contacts and Scorecards

[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)
- Life (PDF)
- Long-Term Care (PDF)
- Private Passenger Auto (PDF)

[Data Call and Definitions \(Instructions\)](#)

- Health (PDF)
- Homeowners (PDF)
- Life & Annuity (PDF)
- Hybrid LTC (PDF)
- Standalone LTC (PDF)
- Private Passenger Auto (PDF)

[Summary of 2017 Changes \(PDF\)](#)

[2017 MCAS User Guide \(PDF\)](#)

[CSV Instructions and Resources](#)

- CSV Data Upload Instructions (PDF)
- CSV Assistant Instructions (PDF)

### Key 2017 MCAS Dates

December 15, 2017	Call letters to companies
January 24, 2018	Last day to submit 2016 corrections (See FAQ Document)
February – March, 2018	MCAS training webinars (Webinar information coming later this year)
March 15, 2018	2017 filings may be submitted via the online MCAS filing tool
April 30, 2018	MCAS submissions due for all lines of business except Health
July 1, 2018	MCAS industry scorecards posted to MCAS Web page for all lines of business except Health
September 30, 2018	MCAS submissions due for Health only
December 1, 2018	MCAS industry scorecards posted to MCAS Web page for Health only

### New for 2017 Data Year

- The Health MCAS was adopted on August 29, 2016 at the NAIC Executive/Plenary session during the NAIC Summer National Meeting. Health MCAS data will be collected for the first time beginning with the 2017 data year. The reporting deadline for the first filing year will be September 30, 2018.
- The reporting threshold for Arkansas has changed. The Arkansas threshold was previously \$7 million in premium for all MCAS lines of business. Beginning with the 2017 data year, the Arkansas threshold is \$50,000 for all MCAS lines of business. Please note that LTC for all other participating jurisdictions requires reporting for any business written.

### 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

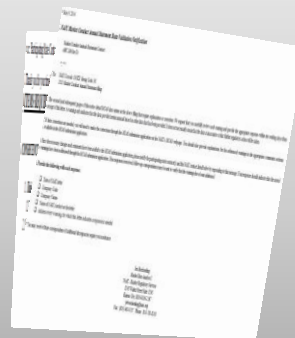
#### Resources

- 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

# State Regulators have Oversight



# Data Validation Notifications



# The ABC Group

Company A

Company B

Company C

## Private Passenger Auto Interrogatories

		Yes	No	
		Response	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?		--	Comments
19	Additional state specific Claims comments (optional):	--		
20	Additional state specific Underwriting comments (optional):	--		



**MCAS** Market Conduct Annual Statement

**ABC Insurance Company (XXXXX)**

Home   Filing Matrix   Data Upload   Waivers & Extensions   **Attestation**   Company Ratios   User Assignment   Help Desk Form

### ATTESTATION

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 omission.
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:

First Name   MI   Last Name   Suffix   Company Title

I attest:

First Name   MI   Last Name   Suffix   Company Title

NOTE regarding signature requirements: 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 Company Comments for 2014 Filing Year

***Concludes***  
**2017 Data Year Filings**