

HOMEOWNERS MARKET DATA CALL (C) TASK FORCE

Homeowners Market Data Call (C) Task Force Dec. 10, 2025, Minutes

Homeowners Market Data Call (C) Task Force Oct. 28, 2025, Minutes (Attachment One)

Date Call Template (Attachment One-A)

Data Call Definitions (Attachment One-B)

2026 Proposed Charges (Attachment One-C)

Draft Pending Adoption

Draft: 12/16/25

Homeowners Market Data Call (C) Task Force
Hollywood, Florida
December 10, 2025

The Homeowners Market Data Call (C) Task Force met in Hollywood, FL, Dec. 10, 2025. The following Task Force members participated: Michael Yaworsky, Chair (FL); Ann Gillespie, Vice Chair, represented by Adam Flores (IL); Ricardo Lara (CA); Michael Conway (CO); John F. King (GA); Marie Grant represented by Mary Kwei (MD); Angela L. Nelson (MO); Michael Humphreys represented by Michael McKenney (PA); Elizabeth Kelleher Dwyer (RI); Michael Wise (SC); Larry D. Deiter (SD); Cassie Brown (TX); and Scott A. White and Eric Lowe (VA).

1. Adopted its Oct. 28 and Summer National Meeting Minutes

Commissioner Yaworsky said the Task Force met Oct. 28 and took the following action: 1) adopted the data call template and definitions, and 2) discussed next steps for the data call.

The Task Force also met Nov. 20, Oct. 29, and Sept. 23 in regulator-to-regulator session, pursuant to paragraph 3 (specific companies, entities, or individuals) of the NAIC Policy Statement on Open Meetings, to discuss data call matters.

Commissioner Lara made a motion, seconded by Commissioner Conway, to adopt the Task Force's Oct. 28 (Attachment One) and Summer National Meeting (*see NAIC Proceedings – Summer 2025, Homeowners Market Data Call (C) Task Force*) minutes. The motion passed unanimously.

2. Discussed the Drafting Group Proposal on Data Call Threshold

Lowe said the drafting group's charge was to determine at what level a threshold could be established to accommodate the needs of states. He said the drafting group decided on a threshold of \$50,000 in written homeowners insurance premium that would require any company that wrote \$50,000 or more in homeowners insurance premiums in any of the years 2018–2025 in a participating state to report the requested data for all years included in the data call. Going forward, the \$50,000 threshold will apply to the single requested year.

Lowe noted the threshold was consistent with Market Conduct Annual Statement (MCAS) reporting requirements currently in place. He said the drafting group sought a balance between providing states with all the information they need to understand what is happening in their markets and offering consistency to support the committee, states, and insurers. He also noted that any state requesting Fair Access to Insurance Requirements (FAIR) Plan data or data from companies not required to file the NAIC annual statement would need to contact those entities with their participation request and then work with the NAIC to obtain access to the filing system for those entities.

Lowe also said the drafting group provided an exhibit showing, at various attachment points, the amount of each state's total market that would be received depending on the threshold selected. Notably, the data included in the exhibit encompasses all business written in the state reported on the NAIC annual statement, including surplus lines and certain FAIR Plans. The actual percentage of the market received may not reflect the total percentage a state would receive if the surplus lines companies are not subject to report.

Commissioner Lara thanked the drafting group membership for their recommendation and said he supports the proposed threshold. He said the threshold reinforces the value of consistency across data collection efforts, and

Draft Pending Adoption

consistent, reliable data is essential to understand insights into their markets. Timely and accurate data will allow states to respond to market challenges and emerging risks.

Commissioner Yaworsky said this threshold differs from last year's data call, but this proposal will meet the needs of states. The Task Force agreed to the proposed \$50,000 written premium threshold.

3. Received an Update on the Status, Timetable, and Next Steps for the Data Call

Commissioner Yaworsky noted that the Task Force adopted the revised data call template and definitions for the next data call on Oct. 28, and these documents would be considered for adoption by the Property and Casualty Insurance (C) Committee and the full membership on Dec. 11. He said insurers should begin to review the template and understand the data requested, including the data definitions. The template and data definitions are located on the Task Force's web page. He said the data call will provide regulators with tools to understand the markets and result in productive dialogue about what would benefit states from a policy perspective, helping to frame the overall discussion on national insurance trends.

Commissioner Yaworsky said, as for next steps, state attorneys are finalizing the sharing agreement that states have with the NAIC, after which a data call letter will be drafted that includes the state authority under which data is being collected, participating states, market threshold, and instructions, along with due dates for the data call. He said the hope is for states to issue the data call by February, with data likely due in June 2026. He noted that this should provide companies with ample time to prepare their data submissions, ensuring they are both timely and accurate. Companies should use this period to ensure their data is ready for a timely and accurate submission.

Commissioner Yaworsky also noted that when the data call letter is issued, validation checks will be posted on the NAIC website. Similar to last year's data call, a webinar will be scheduled where drafting group leadership will walk through the template, explain how to submit data, and answer questions.

Having no further business, the Homeowners Market Data Call (C) Task Force adjourned.

SharePoint/NAICSupportStaffHub/Committees/CCMTE/2025_Fall/Homeowners Market Data TF/121025 Minutes HMDCTF FNM.docx

Draft: 11/6/25

Homeowners Market Data Call (C) Task Force
Virtual Meeting
October 28, 2025

The Homeowners Market Data Call (C) Task Force met Oct. 28, 2025. The following Task Force members participated: Michael Yaworsky, Chair (FL); Ann Gillespie, Vice Chair (IL); Ricardo Lara and Michael Peterson (CA); Michael Conway (CO); Marie Grant represented by Raymond A. Guzman (MD); Angela L. Nelson represented by Jo A. LeDuc (MO); Michael Humphreys represented by Michael McKenney (PA); Elizabeth Kelleher Dwyer represented by Matthew Gendron (RI); Michael Wise (SC); Cassie Brown represented by Marianne Baker and Nicole Elliott (TX); and Scott A. White represented by Eric Lowe (VA). Also participating was: Sandra Darby (ME).

1. Adopted the Data Call Template and Definitions

Commissioner Yaworsky said the homeowners data call template and definitions were exposed on Aug. 6, with comments accepted through Sept. 15. Comments were received from the American Property Casualty Insurance Association (APCIA), the National Association of Mutual Insurance Companies (NAMIC), Allstate, consumer representatives, the Consumer Federation of America (CFA), the Texas Department of Insurance (TDI), and the California Department of Insurance. He noted that the drafting group reviewed the comments and made revisions.

Darby explained changes made to the template and definitions based on recent comments. Beginning with Written Premium, as suggested by NAMIC and consumer groups, this data element was renamed “Written Premium in Force.” Additionally, the definition was adjusted to clarify that endorsement premium should be included. The language about coverages added and deleted was removed, as deleted coverage would not be reflected in an “in force” data element.

The APCIA had a question about reporting multiple cancellations for the same policy in the “Written Premium” and “Returned Premiums for Cancelled Policies” columns. Here, regulators would expect only to see data for the final cancellation. This has been updated in the definition to clarify. Darby said that for “Returned Premium for Cancelled Policies in Reporting Year,” the APCIA asked about credits resulting from cancellation. If a policy is reinstated with a credit, that credited amount would be reflected in the “Written Premium in Force” column.

Darby said NAMIC requested clarification on the adjusted carrying value (ACV) based on peril language. This has been updated in the definition document to state that if a policy dictates ACV based on the covered property, report it as ACV. An example has also been added. NAMIC and the APCIA had questions about what should be reported under the “Fire and Removal” and “Fire Caused by Lightning Claims and Losses” columns. These columns were renamed to “Fire, Not Including Wildfire.” All claims and losses related to fire, not wildfire, should be reported here. The APCIA asked if expenses should be included in loss reporting. The loss definition states, “Total sum of losses paid during the reporting year. Direct losses paid should include losses paid less salvage & subrogation, not including case loss reserves or unpaid claim amounts. Losses are not developed or adjusted for trend and exclude loss adjustment expenses.” The APCIA asked if a company does not write a wildfire-specific policy or endorsement, would they report zero/null in the wildfire claims column? Any claims with wildfire loss causation should be reported in this column.

Darby said there were multiple comments on the mitigation discounts section. She stressed the importance of regulators having the ability to track the growth and impact of these types of discounts. Examples have been included within the definitions. She clarified that for the maximum percentage of replacement cost written, any amount over 125% should be reported as 126%. The definitions also clarify that the percentage of roof coverage

means the percentage of Coverage A and scheduled roof coverage should be reported in the ACV column for the roof.

Darby said the definitions now clarify that HO-6 policies and earthquake endorsement information should not include earthquake loss assessment policies, as these would be commercial policies on a condo building and not a part of the personal lines information being sought.

Darby noted comments requested adding information on frequency of extended replacement cost endorsements and endorsements for changes in building codes, along with the percentage levels of each such endorsement; collecting information specifically on total losses; breaking down policy-in-force (PIF) counts by catastrophic and non-catastrophic losses; policies for housing developers; and reporting the transition of products to different companies within one enterprise. She said the drafting group will include those suggestions for consideration in a future phase of this data call. She noted that comments were received in response to a request for information on how to report square footage information, and those will be considered in the future.

Commissioner Yaworsky also noted that regulators may request surplus lines and residual market data, as that information is valuable. Discussions on the scope of the data call will be held soon. He also noted that regulators will discuss a potential threshold for the data call while understanding that regulators have expressed an interest in receiving data from most of their market players. He said the Task Force will include information on the scope, threshold, and authority of the data call within the data call notice and will work with interested parties. He said data will likely be collected via market conduct authority, and the raw data will not be public, but the Task Force will consider creating public reports in the future.

Dave Snyder (APCIA) said that the industry would prefer for data to be due in the third or fourth quarter of 2026. He said the industry hopes for a full discussion on whether this data call can help limit other state-specific data calls. Yaworsky said the Task Force and states hope to develop a framework that will be valuable to all states for collecting data. Snyder said it would be helpful if instructions had calculations for data exceptions or warnings so companies could conduct data checks before submitting. He requested flexibility with reporting the ZIP code for either mailing or the location of the risk. Lowe said regulators must have ZIP codes reported by the location of the insured property. He noted that most companies were able to do this last year; however, there were some errors where the reported state did not match the corresponding ZIP code.

Michael DeLong (CFA) said that the CFA appreciated the expansion of policy forms and would encourage collecting residual market data. He also said that the data should be made public, if not all of it, at least through public reports.

Ken Klein (California Western School of Law) said if the Task Force wants to understand affordability, availability, and adequacy, it needs to collect losses incurred and extended replacement cost (ERC) endorsements. He also said the ZIP code of the property insured is critical. He said California releases aggregate data.

Commissioner Yaworsky said the Task Force will continue to refine the data call in the future. He noted that Florida collects monthly data from all insurers at a ZIP code level, but the Task Force is balancing the interests and needs of the states. Lowe said the regulators did not want to create such a broad data call from the outset.

Erica Weyenheymer (NAMIC) stated that NAMIC would appreciate feedback on the reporting parameters and is interested in collaborating with the Task Force on the data call letter. Yaworsky said the Task Force will address the scope and scale of the data call next.

Erica Eversman (Automotive Education & Policy Institute—AEPI) noted that ZIP code data is critical, as insurers always seek as much granular data as possible to assess risk. Commissioner Yaworsky reiterated that the data call is seeking the property risk at a ZIP code level.

Commissioner Conway made a motion, seconded by Lowe, to adopt the data call template (Attachment One-A) and definitions (Attachment One-B). The motion passed unanimously.

2. Discussed Next Steps for the Data Call

Director Gillespie said the Task Force will continue to discuss the scope of the data call and determine the number of insurers to be included. She said it is likely that a data call letter will be sent in early 2026, with data due later in the year, possibly in May or June. She noted that, with the template finalized, insurers can begin to conduct the necessary programming to retrieve the requested data.

3. Adopted its 2026 Proposed Charges

Yaworsky noted that the Task Force has exposed its 2026 proposed charges with no major changes from 2025.

Director Gillespie made a motion, seconded by Commissioner Conway, to adopt the Task Force's 2026 charges (Attachment One-C). The motion passed unanimously.

Having no further business, the Homeowners Market Data Call (C) Task Force adjourned.

NAICSupportStaffHub/Member Meetings/C CMTE/2025_Fall/Homeowners Market Data TF/HMDCTF 1028 Minutes.docx

COMPANY INFORMATION						COMPOUNDING VARIABLES				
NAIC Company Code	Company Name	Contact Name	Contact Title	Contact Phone Number	Contact Email Address	Reporting Year (2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025)	State Abbreviation	Zip Code	(DE, DP1, DP2, DP3, HO1, HO2, HO3, HO4, HO5, HO6, HO7, HO8, Other)	New or Renewed Policies for Reporting Year (New, Renewed)
						Collecting two additional years.			Additional policy types for 2025.	
2025 version: 112 proposed columns										
2024 version: 82 columns										

PART I: PREMIUM, COVERAGE, AND DEDUCTIBLE INFORMATION FOR POLICIES IN FORCE (PIF)

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

PART II: CLAIMS AND LOSSES

[illegible]

PART III: CANCELLATIONS AND NONRENEWALS

PART IV: MITIGATION DISCOUNTS FOR POLICIES IN FORCE (PIF)

[illegible]

[illegible]

Adopted by the Executive (EX) Committee and Plenary, Dec. __, 2025
Adopted by the Property and Casualty Insurance (C) Committee, Dec. xx 2025
Adopted by the Homeowners Market Data Call (C) Task Force, Oct. 28, 2025

DEFINITIONS FOR STATE REGULATOR

HOMEOWNERS MARKET DATA CALL October 14, 2025

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Dwelling Fire Policies – Policies that provide coverage for dwellings, other detached structures, and contents, caused by specified perils. It may also provide liability coverage and additional living expenses, and is usually written when a residential property does not qualify according to the minimum requirements of a homeowner's policy, or because of a requirement for the insured to select several different kinds of coverage and limits on this protection.

Include:

- Dwelling Fire and Dwelling Liability policies ONLY IF the policies written under these programs are for owner-occupied residential dwellings, not policies written for tenant-occupied dwellings, written under a commercial program and/or on a commercial lines policy form.

Homeowners Policies – Policies that provide comprehensive coverage for personal liability, medical payments, dwelling and other structures property damage, contents/personal property damage, and additional living expenses.

Include:

- Mobile/Manufactured homes intended for use as a dwelling regardless of where [or what line] on the Statutory Annual Statement state page associated premium is reported.
- Policies covering log homes, land homes, and site-built homes.
- Policies written on the HO-1, HO-2, HO-3, HO-4 HO-5, HO-6, HO-7 and HO-8 policy forms.

Exclude:

- Farmowners policies, as coverage is considered to be Commercial Lines for purposes of this data call.
- Umbrella policies.
- Lender-placed or creditor-placed policies.

If policies are written on different forms, match to the following:

- DP-1 (Basic Form) – Covers the dwelling structure and attached structures against specific named perils like fire, lightning, and windstorm.
- DP-2 (Broad Form) – Covers the perils included in DP-1, plus additional named perils such as falling objects, weight of snow, and vandalism.
- DP-3 (Special Form) – Offers "all-risks" coverage for the dwelling and attached structures. Covers all perils except those explicitly excluded in the policy, such as floods or earthquakes.

Homeowners Policy Forms:

- HO-1 (Basic Form) – Covers named perils such as fire, lightning, windstorm, and theft.
- HO-2 (Broad Form) – Covers additional named perils than HO-1, including falling objects and water damage from specific causes.
- HO-3 (Special Form) – Covers all perils except those explicitly excluded, such as floods or earthquakes.
- HO-4 (Renter's Form) – Covers unscheduled personal property on a broad named perils basis
- HO-5 (Comprehensive Form) – Provides comprehensive coverage, including open perils for both dwelling and personal property.
- HO-6 (Condo Owner's Form) – Covers the real property interest and the personal property of insureds who own a unit in a condominium or share an ownership interest in a cooperative building. [Earthquake Loss Assessment Condo policies should not be included in this count.](#)
- HO-7 (Mobile home/Manufactured Home Form) – Covers mobile home and manufactured home structures on an open perils basis, personal property is covered on a named perils basis. Policies written on other forms that cover mobilehomes/manufactured homes should be reported as HO-7.
- HO-8 (Modified Coverage) – Provides limited coverage for older or high-risk homes.
- Other – Specially designed coverage forms, including wind only policies.

If data elements are not applicable to certain policies, such as renters or other, please leave those columns blank.

Coverage A – Dwelling: Provides coverage for damage to the dwelling and/or other attached structures caused by an insured peril.

Coverage B – Other Structures: Provides coverage for damage to other detached structures on the residence premises (1) separated from the dwelling by a clear space or (2) connect to the dwelling by a fence, wall, wire, or other form of connection but not otherwise attached caused by an insured peril.

Coverage C – Personal Property: Provides coverage for damage to dwelling contents or other covered personal property caused by an insured peril.

Coverage D – Loss of Use: Provides coverage for additional living expenses incurred by the insured or fair rental value when the insured dwelling becomes uninhabitable as the result of an insured loss or when access to the dwelling is barred by civil authority.

Fixed-Dollar Deductible – A maximum fixed dollar amount the insured must pay toward any claim against the homeowners insurance policy.

Percentage Deductible – A specified maximum percentage of the homeowners policy's total Coverage A amount the insured must pay toward any claim against the policy.

Data Element Definitions

COMPANY INFORMATION

NAIC Company Code – The five-digit code assigned by the NAIC to all U.S. domiciled companies which filed a Financial Annual Statement with the NAIC.

Company Name

Contact Name

Contact Title

Contact Phone Number

Contact Email Address

COMPOUNDING VARIABLES

Reporting Year – 4-digit year during which policy was written (2025, 2024, 2023, 2022, 2021, 2020, 2019, 2018).

State Abbreviation – Two-character state abbreviation for location of insured property

Zip Code – 5-digit numerical zip code for location of insured property. Zip Code should match to the reported state.

Policy Form – Dwelling or Homeowners policy forms (DP-1, DP-2, DP-3, HO-1, HO-2, HO-3, HO-4 HO-5, HO-6, HO-7 HO-8 or the equivalent form in states without standard policy forms. See individual policy form definitions above. Specially designed policies, including wind only policies should be reported as “Other”)

New or Renewed Policies for Reporting Year – Report “New” if policy was written for the first time in reporting year for your company. Report “Renewed” if the policy is a renewal in the reporting year.

PART I: PREMIUM, COVERAGE, AND DEDUCTIBLE INFORMATION FOR POLICIES IN FORCE (PIF)

Written Premium In-Force– Sum of direct written premium for all policies in force as of Dec. 31 of reporting year. Include premium for endorsements.

Count of Policies in Force – Count of all policies in which coverage is in effect as of Dec. 31 of the reporting year.

Coverage A Aggregate Limits – Aggregate sum of Coverage A Limits for all policies in force as of Dec. 31 of reporting year.

Coverage B Aggregate Limits – Aggregate sum of Coverage B Limits for all policies in force as of Dec. 31 of reporting year. Coverage C Aggregate Limits – Aggregate sum of Coverage C Limits for all policies in force as of Dec. 31 of reporting year. Coverage D Aggregate Limits – Aggregate sum of Coverage D Limits for all policies in force as of Dec. 31 of reporting year. Count of PIF Not Providing Wind Coverage –Count of policies in force as of Dec. 31 that do not provide coverage for claims relating to wind events.

Count of PIF Not Providing Wildfire Coverage– Count of all policies in force as of Dec. 31 that do not provide coverage for claims relating to wildfire events.

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Count of PIF Not Providing Earthquake Coverage— Count of policies in force as of Dec. 31 that do not provide coverage for claims relating to earthquake events.

Count of PIF s Not Providing Cosmetic Damage on Roof— Count of policies in force as of Dec. 31 that do not provide coverage for damage to roof structures that affects only the appearance and not the function of the roof.

Count of PIF Not Providing Cosmetic Damage on Siding— Count of policies in force as of Dec. 31 that do not provide coverage for damage to siding that affects only the appearance and not the function of the siding.

Count of PIF or Endorsements with Earthquake Coverage – Total number of policies in force or endorsements as of Dec. 31 that provide coverage for claims relating to an earthquake event. Only include policies or endorsements where the earthquake premium is explicitly rated and priced.
[Earthquake Loss Assessment Condo policies should not be included in this count.](#)

Aggregate Premium for Earthquake Coverage – Total sum of written premium for the earthquake coverage portion of a policy or endorsement.

Count of PIF with Wind Endorsement – Total numbers of policies in force as of Dec. 31 that include an endorsement for coverage for claims relating to a wind event.

Aggregate Premium for Wind Endorsement – Total sum of premium charged for endorsements that provide coverage for claims relating to a wind event.

Count of PIF with Standalone Wind Coverage – Total number of policies in force as of Dec. 31 that provide coverage for claims relating to a wind event, written separate from a homeowners policy.

Aggregate Premium for Standalone Wind Coverage – Total sum of premium charged for a policy providing coverage for claims relating to a wind event, written separate from a homeowners policy.

Note: For Hawaii only, where the data call asks for **Wind** data in “Count of Policies Not Providing Wind Coverage” Column, and Columns asking for “Policies with Wind Endorsement,” “Premium for Wind Endorsement,” “Count of Policies with Standalone Wind Coverage,” and “Premium for Standalone Wind Coverage,” it means **Hurricane**.

If a policy dictates ACV based on the [covered property](#), please report as ACV. *There are instances in which a policy is issued with replacement cost coverage, but apply ACV coverage to property when the loss is attributed to a specified peril. For example, roof damage due to a wind/hail loss would fall under ACV coverage, while roof damage due to all other losses would be replacement cost coverage. In these instances, the policy should be reported in the applicable ACV column.*

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Count of PIF with RC Coverage on Dwelling— Count of policies in force as of Dec. 31 that provide replacement cost coverage on dwelling structures.

Count of PIF with ACV Coverage on Dwelling– Count of policies in force as of Dec. 31 that provide actual cash value coverage on dwelling structures. This includes policies with roof service policy schedules (RPS).

“Count of PIF with RC Coverage on Dwelling” + “Count of PIF with ACV Coverage on Dwelling” = “Count of PIF.”

Count of PIF with RC Coverage on Roof– Count of policies in force as of Dec. 31 that provide replacement cost coverage on roof structures.

Count of PIF with ACV Coverage on Roof– Count of policies in force as of Dec. 31 that provide actual cash value coverage on roof structures. This includes policies with roof service policy schedules (RPS).

“PIF with RC Coverage on Roof” + “PIF with ACV Coverage on Roof” = “Count of PIF.”

Count of PIF with RC Coverage on Siding– Count of policies in force as of Dec. 31 that provide replacement cost coverage on siding materials.

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Count of PIF with ACV Coverage on Siding– Count of policies in force as of Dec. 31 that provide actual cash value coverage on siding materials.

“Count of Policies with RC Coverage on Siding” + “Count of Policies with ACV Coverage on Siding” = “Count of Policies in Force.”

Count of PIF Year with 100% RC– Count of policies in force as of Dec. 31 where coverage is up to and equal to 100% of replacement cost for Coverage A.

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Count of PIF Year with Extended Replacement Cost greater than 100% but less than or equal to 125%– Count of policies in force as of Dec. 31 where coverage is greater than 100% but less than or equal to 125% of replacement cost for Coverage A.

Count of PIF with Extended Replacement Cost Greater than 125%– Count of policies in force as of Dec. 31 where coverage is greater than 125% of replacement cost for Coverage A. Guaranteed Replacement Cost policies should be reported here.

Maximum % RC Written – The maximum percentage of extended replacement cost for Coverage A written on the reported Policy Form. Guaranteed Replacement Cost policies and any amount over 125% should be reported as 126%. Input as a whole number (10, 25, etc.)

Deleted: coverage

Aggregate All Perils Policy Deductible - Total sum of deductibles in policies providing “all-perils” coverage or “all other perils” coverage. If the policy has a percentage deductible, convert to dollar amount based on policy coverage limits. In the case of “named perils” policies, report the total policy deductible for all covered perils.

Aggregate Tropical Cyclone/Hurricane/Named Storm Deductible – Total sum of deductibles relating to tropical cyclone, hurricane, or named storm events. If the policy has a percentage deductible, convert to dollar amount based on policy coverage limits.

Aggregate Wind/Hail Deductible - Total sum of deductibles relating to wind or hail events. If the policy has a percentage deductible, convert to dollar amount based on policy coverage limits.

For All Peril or All Other Perils Policies

- Policies should only be reported ONCE for the below

Count of PIF with \$500 or Lower Deductible – Total number of policies where all deductible amounts equal \$500 or less.

Count of PIF with Deductible between \$500 and \$2,000 – Total number of policies where all deductible amounts are greater than \$500 and less than \$2,000.

Count of PIF with \$2,000 or Greater Deductible – Total number of policies where all deductible amounts equal \$2,000 or greater.

Count of PIF with 2% or less Deductible – Total number of policies where the (non-wind/hail) deductible is stated as 2% or less than the Coverage A amount.

Count of PIF with Deductible between 2% and 5% - Total number of policies where the deductible is stated as a percentage between 2% and 5% of the Coverage A amount.

Count of PIF with 5% or Greater Deductible – Total number of policies where the deductible is stated as 5% or more of the Coverage A amount.

[*Add example]

For Policies Covering Specific Perils

For Hurricane/Named Storm Deductibles

- Policies should only be reported ONCE for the below

Count of PIF with \$500 or Lower Deductible – Total number of policies where the deductible for claims relating to a hurricane or named storm event is stated as \$500 or less.

Count of PIF with Deductible between \$500 and \$2,000 – Total number of policies where the deductible for claims relating to a hurricane or named storm event is stated greater than \$500 and less than \$2,000.

Count of PIF with \$2,000 or Greater Deductible – Total number of policies where the deductible for claims relating to a hurricane or named storm event is equal or greater than \$2,000.

Count of PIF with 2% or less Deductible - Total number of policies where the deductible for claims relating to a hurricane or named storm event is stated as 2% or less than the Coverage A amount.

Count of PIF with Deductible between 2% and 5% - Total number of policies where the deductible for claims relating to a hurricane or named storm event is stated as a percentage between 2% and 5% of the Coverage A amount.

Count of PIF with 5% or Greater Deductible – Total number of policies where the deductible for claims relating to a hurricane or named storm event is stated as 5% or more of the Coverage A amount.

For Wind-Hail Deductibles

- Policies should only be reported ONCE for the below

Count of PIF with \$500 or Lower Deductible – Total number of policies where the deductible for claims relating to a wind or hail event is stated as \$500 or less.

Count of PIF with Deductible between \$500 and \$2,000 – Total number of policies where the deductible for claims relating to a wind or hail event is stated as greater than \$500 and less than \$2,000.

Count of PIF with \$2,000 or Greater Deductible – Total number of policies where the deductible for claims relating to a wind or hail event is equal or greater than \$2,000.

Count of PIF with 2% or less Deductible - Total number of policies where the deductible for claims relating to a wind or hail event is stated as 2% or less than the Coverage A amount.

Count of PIF with Deductible between 2% and 5% - Total number of policies where the deductible for claims relating to a wind or hail event is stated as a percentage between 2% and 5% of the Coverage A amount.

Count of PIF with 5% or Greater Deductible – Total number of policies where the deductible for claims relating to a wind or hail event is stated as 5% or more of the Coverage A amount.

For Earthquake Deductibles

Count of Policies with any Fixed \$ Deductible – Total number of policies where the deductible is a fixed dollar amount, rather than a percentage.

- Policies should only be reported ONCE for the below

Count of PIF with less than 5% Deductible - Total number of policies where the deductible for claims relating to an earthquake event is stated as less than 5% the Coverage A amount.

Count of PIF with Deductible 5% or greater and less than 10% - Total number of policies where the deductible for claims relating to an earthquake event is stated as a percentage equal to or greater than 5% and less than 10% of the Coverage A amount.

Count of PIF with Deductible 10% or greater and less than 15% - Total number of policies where the deductible for claims relating to an earthquake event is stated as a percentage equal to or greater than 10% and less than 15% of the Coverage A amount.

Count of PIF with Deductible 15% or greater and less than 20% - Total number of policies where the deductible for claims relating to an earthquake event is stated as a percentage equal to or greater than 15% and less than 20% of the Coverage A amount.

Count of PIF with Deductible 20% or greater and less than 25% - Total number of policies where the deductible for claims relating to an earthquake event is stated as a percentage equal to or greater than 20% and less than 25% of the Coverage A amount.

Count of PIF with 25% or Greater Deductible – Total number of policies where the deductible for claims relating to an earthquake event is stated as equal to 25% or greater of the Coverage A amount.

DEDUCTIBLE INFORMATION

Minimum Deductible for Fixed Deductible – Minimum fixed-dollar deductible selected by the policyholder, for the reported Policy Form.

Maximum Deductible for Fixed Deductible – Maximum fixed-dollar deductible selected by the policyholder, for the reported Policy Form. Do not aggregate deductibles for all policies within the record. Select only the highest deductible within the record.

Minimum Deductible for Percentage Deductible – Minimum percentage deductible selected by the policyholder, for the reported Policy Form.

Maximum Deductible for Percentage Deductible – Maximum percentage deductible selected by the policyholder, for the reported Policy Form. Do not aggregate deductibles for all policies within the record. Select only the highest deductible within the record.

PART II: CLAIMS AND LOSSES

For paid claims, include claims closed with payment where the claim was closed during the reporting year regardless of the date of loss or when the claim was reported. Does not include claims where the loss amount is zero (claims closed without payment). In the case of partial payments, only one paid claim is included --successive payments are included as paid losses but without adding to the paid claim count.

For losses paid, include the total sum of losses paid during the reporting year. Direct losses paid should include losses paid less salvage & subrogation, not including case loss reserves or unpaid claim amounts. Losses are not developed or adjusted for trend and exclude loss adjustment expenses.

Count of Paid Claims in Reporting Year – Total number of claims closed with payment where the claim was closed during the reporting year regardless of the date of loss or when the claim was reported. Does not include claims where the loss amount is zero (claims closed without payment). In the case of partial payments, only one paid claim is included --successive payments are included as paid losses but without adding to the paid claim count.

Losses Paid in Reporting Year – Total sum of losses paid during the reporting year. Direct losses paid should include losses paid less salvage & subrogation, not including case loss reserves or unpaid claim amounts. Losses are not developed or adjusted for trend and exclude loss adjustment expenses.

Count of Paid Claims for Fire, Not Including Wildfire, in Reporting Year – Total number of claims closed with payment for fire where the claim was closed during the reporting year regardless of the date of loss of when the claim was reported. Do not include claims for wildfire.

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Losses Paid for Fire, Not Including Wildfire, in Reporting Year - Total sum of losses paid during the reporting year for fire losses. Do not include losses for wildfire.

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Count of Paid Claims for Wind and Hail in Reporting Year – Total number of claims closed with payment for wind and hail where the claim was closed during the reporting year regardless of the date of loss of when the claim was reported.

Losses Paid for Wind and Hail in Reporting Year - Total sum of losses paid during the reporting year for wind and hail damage.

Count of Paid Claims for Water Damage and Freezing in Reporting Year – Total number of claims closed with payment for water damage and freezing where the claim was closed during the reporting year regardless of the date of loss of when the claim was reported.

Losses Paid for Water Damage and Freezing in Reporting Year - Total sum of losses paid during the reporting year for water damage and freezing.

Count of Paid Claims for Wildfire in Reporting Year – Total number of claims closed with payment for wildfire where the claim was closed during the reporting year regardless of the date of loss of when the claim was reported.

Losses Paid for Wildfire in Reporting Year - Total sum of losses paid during the reporting year for wildfire damage.

Count of Paid Claims for All Other Perils in Reporting Year – Total number of claims closed with payment for damage caused by all other perils where the claim was closed during the reporting year regardless of the date of loss of when the claim was reported.

Losses Paid for All Other Perils in Reporting Year - Total sum of losses paid during the reporting year for damage cause by all other perils.

PART III: CANCELLATIONS AND NONRENEWALS

Count of Nonpayment Cancellations in Reporting Year – Total number of cancellations due to nonpayment by the insured where the cancellation effective date is during the reporting year.

Count of Company Initiated Cancellations for Other than Non-payment of Premium – Total number of policy cancellations that were initiated by the reporting company for reasons other than non-payment of premium during the reporting year. (These would be separate from non-renewals, as cancellations occur at anytime during the policy period. Non-renewals allow for the policy to remain in-force through the end of the policy period, and then is not renewed for the next policy year.) Do not include policies rescinded or voided where there is no liability. Do not include “cancel rewrites” where an insurer merely rewrites an existing policy, such as to align policy due dates.

Number of Company-initiated Cancellations that Occur in the First 59 days After Effective Date of Policy - Company-initiated cancellations for new business where the notice of cancellation was issued within the first 59 days after the original effective date of the policy.

- The calculation of the number of days is from the original inception date of the policy, not the renewal date.
- This time frame should be used regardless of individual state requirements related to the 'underwriting' period for new business.
- The notice of cancellation is the date the cancellation notice was mailed to the insured.

Number of Company-initiated Cancellations that Occur 60 to 90 days After Effective Date of Policy - Company-initiated cancellations where the notice of cancellation was issued 60 to 90 days after the original effective date of the policy.

- The calculation of the number of days is from the original inception date of the policy, not the renewal date.
- This time frame should be used regardless of individual state requirements related to the 'underwriting' period for new business.
- The notice of cancellation is the date the cancellation notice was mailed to the insured.

Number of Company-initiated Cancellations That Occur Greater than 90 days After Effective Date of Policy - Cancellations greater than 90 days – Company-initiated cancellations where the notice of cancellation was issued more than 90 days after the original effective date of the policy.

- The calculation of the number of days is from the original inception date of the policy, not the renewal date.
- This time frame should be used regardless of individual state requirements related to the 'underwriting' period for new business.
- The notice of cancellation is the date the cancellation notice was mailed to the insured.

Written Premium for Cancelled Policies in Reporting Year – Total premium written for policies that were written during reporting year but cancelled before year end. Premium reported would not be included in 'Written Premium' reported in Part I. [For multiple cancellations, the final cancellation should be reported.](#)

Returned Premium for Policies Cancelled in Reporting Year – Total amount of premium returned to insureds after policy cancellation. Report return premium in the year the policy was cancelled even if the policy was written and reported in a previous year.

Count of Nonrenewals in Reporting Year– Total number of existing policies that the insurer elected not to renew the coverage for circumstances allowed under the “non-renewal” clause of the policy during the reporting year.

PART IV: MITIGATION DISCOUNTS FOR POLICIES IN FORCE

Count of PIF with State Required Mitigation Discount – Total number of policies that include discounts for efforts to mitigate potential loss from natural hazards in accordance with state established guidelines. [State required means a program established through legislation or regulations where premium discounts are required if the covered property meets certain requirements.](#)

Count of PIF with State Required Fortified Standard Discount – Total number of policies in ‘Count of Policies with State Required Mitigation Discounts’ with discounts for mitigation efforts related to a “Fortified Standard” program. [\(Ex. Strengthen Alabama Homes, Strengthen Oklahoma Homes, etc.\)](#)

Average Percentage of State Required Fortified Standard Discount– Average percentage of discounts given for efforts to mitigate potential loss from natural hazards in accordance with state established guidelines, based on the policies reported in ‘Count of Policies with State Required Fortified Standard Discount’.

Count of PIF with State Required Wind Discount – Total number of policies in ‘Count of Policies with State Required Discounts’ with discounts for mitigation efforts related to wind. [\(Ex. South Carolina Safe Home Program\)](#)

Average Percentage of State Required Wind Discount – Average percentage of discounts given for efforts to mitigate potential loss from natural hazards in accordance with state established guidelines, based on the policies reported in ‘Count of Policies with State Required Wind Discount’.

Count of PIF with State Required Fire/Wildfire Discount – Total number of policies in ‘Count of Policies with State Required Discounts’ with discounts for mitigation efforts related to fire/wildfire. [\(Ex. California Safer from Wildfires program\)](#)

Average Percentage of State Required Fire/Wildfire Discount – Average percentage of discounts given for efforts to mitigate potential loss from natural hazards in accordance with state established guidelines, based on the policies reported in ‘Count of Policies with State Required Fire/Wildfire Discount’.

Count of PIF with State Required Impact/Hail Discount– Total number of policies in ‘Count of Policies with State Required Discounts’ with discounts for mitigation efforts related to impact/hail.

Average Percentage of State Required Impact/Hail Discount – Average percentage of discounts given for efforts to mitigate potential loss from natural hazards in accordance with state established guidelines, based on the policies reported in ‘Count of Policies with State Required Impact/Hail Discount’.

Count of PIF with State Required Water Discount– Total number of policies in ‘Count of Policies with State Required Discounts’ with discounts for mitigation efforts related to water damage.

Average Percentage of State Required Water Discount – Average percentage of discounts given for efforts to mitigate potential loss in accordance with state established guidelines, based on the policies reported in 'Count of Policies with State Required Water Discount'.

Count of PIF with Non-State Required Mitigation Discounts – Total number of policies that include voluntary, non-state required, discounts for efforts by the insured to mitigate potential loss to the dwelling structure (e.g. Roof strapping, installing impact resistant roofing material, installing storm shutters etc.). This should not include common discounts such as smoke alarms, security systems, etc. Non-state required means laws or regulations do not exist to require the insurer to offer premium discounts.

Count of PIF with Non-State Required Fortified Standard Discount – Total number of policies in 'Count of Policies with Non-State Required Discounts' with discounts for mitigation efforts related to a "Fortified Standard" program. These discounts are not required by law or regulation but do require fulfilling the requirements of the "Fortified Standard."

Average Percentage of Non-State Required Fortified Standard Discount– Average percentage of discounts given for efforts to mitigate potential loss based on the policies reported in 'Count of Policies with Non-State Required Fortified Standard Discount'.

Count of PIF with Non-State Required Wind Discount – Total number of policies in 'Count of Policies with Non-State Required Discounts' with discounts for mitigation efforts related to wind. Examples include Roof strapping, installing impact resistant roofing material, installing storm shutters.

Average Percentage of Non-State Required Wind Discount – Average percentage of discounts given for efforts to mitigate potential loss based on the policies reported in 'Count of Policies with Non-State Required Wind Discount'.

Count of PIF with Non-State Required Fire/Wildfire Discount – Total number of policies in 'Count of Policies with Non-State Required Discounts' with discounts for mitigation efforts related to fire/wildfire. Examples include fire rated roofs, noncombustible zones implemented around a property, ember resistant vents.

Average Percentage of Non-State Required Fire/Wildfire Discount – Average percentage of discounts given for efforts to mitigate potential loss based on the policies reported in 'Count of Policies with Non-State Required Fire/Wildfire Discount'.

Count of PIF with Non-State Required Impact/Hail Discount – Total number of policies in 'Count of Policies with State Required Discounts' with discounts for mitigation efforts related to impact/hail. Examples include installing impact resistant shingles and siding.

Average Percentage of Non-State Required Impact/Hail Discount – Average percentage of discounts given for efforts to mitigate potential loss based on the policies reported in 'Count of Policies with Non-State Required Impact/Hail Discount'.

Count of PIF with Non-State Required Water Discount – Total number of policies in 'Count of Policies with State Required Discounts' with discounts for mitigation efforts related to water damage. Examples include water shut off and leak detection systems.

Average Percentage of Non-State Required Water Discount – Average percentage of discounts given for efforts to mitigate potential loss based on the policies reported in ‘Count of Policies with Non-State Required Water Discount’.

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Adopted by the Executive (EX) Committee and Plenary, Dec. XX, 2025

Adopted by Property and Casualty Insurance (C) Committee, Dec. XX, 2025

Adopted by Homeowners Market Data Call (C) Task Force, Oct. 28, 2025

2026 Charges

HOMEOWNERS MARKET DATA CALL (C) TASK FORCE

Homeowners Market Data Call (C) Task Force will:

- A. Oversee development and delivery of periodic communication to the NAIC membership on issues related to the Homeowners Market Data Call.
- B. Develop a framework for the Homeowners Market Data Call, including data collection authority, confidentiality protections, and data sharing between states and the NAIC.
- C. Consider recommendations from the regulator-only drafting group and interested party input and approve any changes to the current scope and content of the data call for 2026
- D. Oversee continued development of regulator tools and training related to the data call.
- E. Develop a national analysis report, for regulators only, with support from CIPR. Consider the nature and extent of such national analysis report that may be suitable for public release.

NAIC Support Staff: Aaron Brandenburg