

CLAIMS STANDARDIZED DATA REQUEST
Property & Casualty Line of Business
Farmowners

Contents: This file should be downloaded from company system(s) and contain one record for each claim transaction (i.e. paid/denied/pending/closed w/o payment) that the company processed within the scope of the examination. Include all claims open during the examination period. Do not include expense payments to vendors.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the handling of Farmowners claims within the scope of the examination.

- Cross-reference to annual statement claims data (amount) to ensure completeness of exam data submitted;
- Cross-reference with the company's in force data file to ensure completeness of exam data submitted; and
- Cross-reference to state (s) licensing information to ensure proper adjuster licensure.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
PolPre	6	3	A		Policy prefix (Blank if NONE)
PolNo	9	20	A		Policy number
PolSuf	29	3	A		Policy suffix (Blank if NONE)
ClmNo	32	15	A		Claim number
ClmPre	47	3	A		Claim number prefix (Blank if NONE)
ClmSuf	50	3	A		Claim number suffix (Blank if NONE)
Cov	53	5	A		Coverage under which claim was submitted (Coverage A, B, C, etc.)
CovClCod	58	3	A		Description of item for which claim was submitted (e.g. barns, silos, tractors, livestock) Please provide a list to explain any codes used
CATCode	61	6	A		Catastrophe (CAT) loss code, if applicable (Blank if NONE)
COL	67	20	A		Cause of loss (water, hail, medical, theft, fire, etc.)
DedDesc	87	20	A		Description of deductible applied (e.g. standard, wind/hail/earthquake)
Ded Type	107	15	A		Describe if the deductible is reflected as dollars or as a percentage
DedAmt	122	11	N	2	Deductible amount (Dollar amount or percentage amount)
Endorse	133	20	A		List endorsements applicable to this claim transaction (if any) Please provide a list to explain any codes used
InsFirst	153	15	A		First name of insured
InsMid	168	15	A		Middle name of insured
InsLast	183	20	A		Last name of insured
InsAddr	203	100	A		Insured street address (residence premises)
InsCity	303	20	A		Insured city (residence premises)

Field Name	Start	Length	Type	Decimals	Description
InsSt	323	2	A		Insured resident state (residence premises)
InsZip	325	5	A		Insured ZIP code (residence premises)
CmtFirst	330	15	A		First name of claimant
CmtMid	345	15	A		Middle name of claimant
CmtLast	360	20	A		Last name of claimant (Entity filing proof of loss, e.g. business, etc.)
CmtAddr	380	100	A		Claimant street address
CmtCity	480	20	A		Claimant city
CmtSt	500	2	A		Claimant state
CmtZip	502	5	A		Claimant ZIP code
ClmStat	507	1	A		Claim status P = Paid, D = Denied, N = Pending, H = Partial Payment, C = Closed Without Payment, R = Rescinded
Litig	508	1	A		Y/N - Is claim currently in litigation?
AdjCode	509	9	A		Internal adjuster identification code Please provide a list to explain any codes used
NPN	518	6	A		National (adjuster) number
LossDt	524	10	D		Date loss occurred [MM/DD/YYYY]
RcvdDt	534	10	D		First notice of loss [MM/DD/YYYY]
ClmAckDt	544	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
DtClmFrm	554	10	D		Date claim forms sent to claimant [MM/DD/YYYY]
AppDt	564	10	D		Date of company appraisal [MM/DD/YYYY]
NtcInvDt	574	10	D		Date of written notice to insured/claimant regarding incomplete investigation [MM/DD/YYYY]
DepTkn	584	1	A		Was depreciation taken? (Y/N)
DepAmt	585	11	N	2	Amount of depreciation taken
DepPdAmt	596	11	N	2	Amount of recoverable depreciation paid
DepPdDt	607	10	D		Date recoverable depreciation paid [MM/DD/YYYY]
PdClmAmt	617	11	N	2	Total amount of claim paid
ClmPay	628	50	A		Claim payee
ClmPdDt	678	10	D		Claim paid date [MM/DD/YYYY]
IntPdAmt	688	11	N	2	Amount of interest paid, if applicable
IntPdDt	699	10	D		Date interest paid [MM/DD/YYYY]
ClmDnyDt	709	10	D		Date claim was denied [MM/DD/YYYY]
ClmDenRsn	719	100	A		Reason for claim denial Please provide a list to explain any codes used
Subro	819	1	A		Indicate whether claim was subrogated (Y/N)
SubRecdDt	820	10	D		Date company received subrogation refund [MM/DD/YYYY]
SubAmt	830	11	N	2	Subrogation received amount
AmtDedRm	841	11	N	2	Amount of deductible reimbursed to insured
SubRefDt	852	10	D		Date deductible refunded to insured [MM/DD/YYYY]

Field Name	Start	Length	Type	Decimals	Description
EndRec	862	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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