MARKET REGULATION HANDBOOK
INSURANCE DATA SECURITY PRE-BREACH AND POST-BREACH CHECKLISTS

Company Name	
Period of Examination	
Examination Field Date	
Prepared By	
Date	

GUIDANCE

NAIC Insurance Data Security Model Law (#668)

Note: The guidance that follows should only be used in states that have enacted the *NAIC Insurance Data Security Model Law (#668)* or legislation which is substantially similar to the model. Moreover, in performing work during an exam in relation to the Model Law, it is important the examiners first obtain an understanding and leverage the work performed by other units in the department including but not limited to financial examination-related work.

OVERVIEW

The purpose and intent of the Insurance Data Security Model Law is to establish standards for data security and standards for the investigation of and notification to the Commissioner or Director of Insurance of a Cybersecurity Event affecting Licensees.

REVIEW GUIDELINES AND INSTRUCTIONS

When reviewing a Licensee's Information Security Program for compliance with the Insurance Data Security Model Law (NAIC Model #668) for the prevention of a Cybersecurity Event as defined in the model law, please refer to the examination checklist attached as Exhibit A hereto.

When reviewing a Licensee's Information Security Program and response to a Cybersecurity Event for compliance with the Insurance Data Security Model Law subsequent to a suspected and/or known Cybersecurity Event as defined in the model law, please refer to both examination checklists attached as Exhibits A and Exhibit B hereto.

When considering whether to underake such a review, refer to Section 9 of NAIC Model #668, which provides certain exceptions to compliance for Licensees with fewer than ten employees; Licensees subject to the Health Insurance Portability and Accountability Act (Pub.L, 104-191, 110 Stat. 1936, enacted August 21, 1996); and certain employees, agents, representatives, or designees of Licensees who are in themselves Licensees.

Exhibit A: **Supplemental Incident Response Plan Readiness (Pre-Breach) Checklist
for Operations/Management Standard #17
Insurance Data Security Model Law #668, Section 4**

INFORMATION SECURITY PROGRAM (Sections 4A and 4B)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
1. Does the Licensee have a written Information Security Program (ISP)?	
2. Does the ISP clearly state the person(s) at the Licensee responsible for the program?	
3. Has the ISP been reviewed and approved by the Licensee's executive management?	
4. Has the ISP been reviewed and approved by the Licensee's Board of Directors? (Section 4E)	
5. Has the ISP been reviewed and approved by the Licensee's IT steering committee?	
6. How often is the ISP reviewed and updated? (Section 4G)	
7. Are any functions of the ISP outsourced to third parties? (*If YES, identify any such providers, review their roles and responsibilities, and the Licensee's oversight of the third parties*.)	
8. Does the ISP contain appropriate administrative, technical and physical safeguards for the protection of Nonpublic Information and the Licensee's Information Systems?	
9. Does the Licensee stay informed regarding emerging threats and vulnerabilities? (Section 4D(4))	
10. Does the Licensee regularly communicate with its employees regarding security issues?	
11. Does the Licensee ensure that employees' hardware is updated on a timely basis to ensure necessary security software updates and patches have been downloaded and installed?	
12. Does the Licensee provide cybersecurity awareness training to its personnel? (Section 4D(5))	
13. How soon after onboarding a new employee does the Licensee provide cybersecurity awareness training? At what intervals is the training renewed?	
14. Does the Licensee utilize reasonable security measures when sharing information? (Section 4D(4))	

Exhibit A: **Supplemental Incident Response Plan Readiness (Pre-Breach) Checklist for Operations/Management Standard #17 Insurance Data Security Model Law #668, Section 4**

RISK ASSESSMENT (Section 4C)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
15. Has the Licensee conducted a Risk Assessment to identify foreseeable internal and external threats to its information security?	
16. When was the last Risk Assessment conducted or updated?	
17. Has the Licensee designed its ISP to address issues identified in its Risk Assessment?	
18. Are Cybersecurity Risks included in the Licensee's Enterprise Risk Management process? (Section 4D(3))	

COMPONENTS OF INFORMATION SECURITY PROGRAM (Section 4D)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
19. Has the Licensee determined that the following security measures are appropriate, and has the Licensee implemented them as part of its ISP? *(If NO for any item, interview the appropriate responsible personnel to discuss the reason(s) such measures were not implemented.)*	
19a. Access controls to limit access to Information Systems to Authorized Individuals?	
19b. Physical controls on access to Nonpublic Information to limit access to Authorized Individuals?	
19c. Protection of Nonpublic Information by encryption or other appropriate means while being transmitted externally or stored on portable computing devices or media?	
19d. Secure development practices for in-house applications and procedures for testing the security of externally developed applications?	
19e. Controls for individuals accessing Nonpublic Information such as Multi-Factor Authentication?	
19f. Regular testing and monitoring of systems to detect actual and attempted attacks or intrusions into Information Systems?	
19g. Audit trails in the ISP to detect and respond to Cybersecurity Events and permit reconstruction of material financial transactions?	
19h. Measures to prevent Nonpublic Information from physical damage, loss or destruction?	
19i. Secure disposal procedures for Nonpublic Information?	

Exhibit A: **Supplemental Incident Response Plan Readiness (Pre-Breach) Checklist for Operations/Management Standard #17 Insurance Data Security Model Law #668, Section 4**

THIRD-PARTY SERVICE PROVIDERS (Section 4F)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
20. Does the Licensee have Third-Party Service Providers with which it shares Nonpublic Information?	
21. Does the Licensee include information security standards as part of its contracts with such providers?	
22. Does the Licensee conduct inspections or reviews of its providers' information security practices?	

INCIDENT RESPONSE PLAN (Section 4H)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
23. Does the ISP contain a written incident response plan and/or detailed process for responding to a Cybersecurity Event?	
24. Does the incident response plan provide clear guidance on when to initiate a Cybersecurity Event investigation?	
25. Does the incident response plan contain a list of clear and well-defined objectives?	
26. Does the incident response plan provide clear roles, responsibilities and levels of decision-making authority?	
27. Does the incident response plan require written assessment of the nature and scope of a Cybersecurity Event?	
28. Does the incident response plan require determination of whether any Nonpublic Information was exposed during a Cybersecurity Event and to what extent?	
29. Does the incident response plan provide clear steps to be taken to restore the security of any information systems compromised in a Cybersecurity Event?	
30. Does the incident response plan sufficiently address steps to take when a Cybersecurity Event occurs at a Third-Party Service Provider where data provided by the Licensee is potentially at risk?	
31. Does the incident response plan provide detailed instructions for external and internal communications, as well as information sharing with regulatory authorities?	
32. Does the incident response plan define various levels of remediation based on the severity of identified weaknesses?	

**Exhibit A: Supplemental Incident Response Plan Readiness (Pre-Breach) Checklist
for Operations/Management Standard #17
Insurance Data Security Model Law #668, Section 4**

DOCUMENTATION AND REPORTING

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
33. Does the ISP describe documentation and reporting procedures for Cybersecurity Events and related incident response activities? (Section 4H)	
34. Does the ISP require a post-event evaluation following a Cybersecurity Event? (Section 4H)	
35. Does the ISP require retention of all records related to Cybersecurity Events for a minimum of five years? (Section 5D)	
36. Has the Licensee prepared and submitted annual certifications to its domiciliary state Commissioner/Director of Insurance? (Section 4I)	

PRIOR EXAMINATION FINDINGS

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
37. Has the Licensee addressed and implemented corrective actions to any material findings from any prior examinations?	

Exhibit B: Supplemental Incident Response Plan Investigation (Post-Breach) and
Notification Cybersecurity Event Checklist
for Operations/Management Standard #17
Insurance Data Security Model Law #668, Section 5 and 6

POST-EVENT INVESTIGATION BY LICENSEE (Section 5)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
1. Did the Licensee conduct a prompt investigation of the Cybersecurity Event? (Section 5A)	
2. Did the Licensee appropriately determine the nature and scope of the Cybersecurity Event? (Section 5B)	

NOTICE TO COMMISSIONER/DIRECTOR OF INSURANCE (Section 6)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
3. Did the Licensee provide timely notice (no later than 72 hours) to the Commissioner or Director of Insurance following the Cybersecurity Event? (Section 6A)	
4. Did the Notification to the Commissioner or Director of Insurance include the following information, to the extent reasonably available? (Section 6B)	
4a. The date of the Cybersecurity Event, or the date upon which it was discovered?	
4b. A description of how the Nonpublic Information was exposed, lost, stolen or breached, including the specific roles and responsibilities of Third-Party Service Providers, if any?	
4c. How the Cybersecurity Event was discovered?	
4d. Whether any lost, stolen or breached Nonpublic Information has been recovered, and if so, how this was done?	
4e. The identity of the source of the Cybersecurity Event?	
4f. Whether the Licensee has filed a police report or has notified any regulatory, government, or law enforcement agencies? *(If YES, did the Licensee provide the date(s) of such notification(s)?)*	
4g. A description of the specific types of Nonpublic Information acquired without authorization?	
4h. The period during which the Information System was compromised by the Cybersecurity Event?	
4i. A best estimate of the number of total Consumers in this state and globally affected by the Cybersecurity Event?	
4j. The results of any internal review of automated controls and internal procedures and whether or not such controls and procedures were followed?	
4k. A description of efforts being undertaken to remediate the circumstances which permitted the Cybersecurity Event to occur?	
4l. A copy of the Licensee's privacy policy and a statement outlining the steps the Licensee will take to investigate the Cybersecurity Event and to notify affected Consumers?	
4m. The name of a contact person familiar with the Cybersecurity Event and authorized to act for the Licensee?	
5. Did the Licensee provide timely updates to the initial notification and Questions 4a-4m above? (Section 6B)	

OTHER NOTIFICATIONS (Section 6)

REVIEW CRITERIA	NOTES *(YES, NO, NOT APPLICABLE, OTHER)*
6. Did the Licensee provide timely and sufficient notice of the Cybersecurity Event to Consumers? (*If YES, did the Licensee provide a copy of the notification to the Commissioner(s)/Directors of all affected states?)* (Section 6C)	
7. Did the reinsurer Licensee provide timely and sufficient notice of the Cybersecurity Event to ceding insurers? (Section 6E)	
8. Did the Licensee provide timely and sufficient notice of the Cybersecurity Event to independent insurance producers and/or producers of record of affected Consumers? (Section 6F)	

THIRD PARTY SERVICE PROVIDERS

REVIEW CRITERIA	*NOTES (YES, NO, NOT APPLICABLE, OTHER)*
9. Did the Cybersecurity Event occur at a Third-Party Service Provider? *(If YES, did the Licensee fulfill its obligations to ensure compliance with this law, either directly or by the Third-Party Service Provider?)* (Sections 5C and 6D)	

POST-EVENT ANALYSIS

REVIEW CRITERIA	*NOTES (YES, NO, NOT APPLICABLE, OTHER)*
10. What changes if any are being considered to the Licensee's ISP as a result of the Cybersecurity Event and the Licensee's response?	

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POLICY IN FORCE STANDARDIZED DATA REQUEST
Property & Casualty Line of Business
Private Passenger Auto

Contents: This file should be downloaded from company system(s) and contain one record for each vehicle insured under a private passenger auto policy issued in [applicable state] which was in force at any time during the examination period.

For any fields where there are multiple entries, please repeat field as necessary.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the issuance and/or termination of private passenger automobile policies in [applicable state] within the scope of the examination:

- Cross-reference with the company's MCAS data to validate MCAS reporting and review the exam data for completeness;
- Cross-reference with the claims data file to validate the completeness of the in force file; and
- Cross-reference to state(s) licensing information to ensure proper producer 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**)
PolStTyp	32	3	A		Policy status type for the record (i.e., new or renewal) **Please provide a list to explain any codes used**
PolTyp	35	25	A		Type of policy, if any (i.e., standard, preferred, nonstandard) **Please provide a list to explain any codes used**
PolForm	60	10	A		Policy form number as filed with the insurance department
PrCode	70	9	A		Company internal producer, CSR, or business entity producer identification code **Please provide a list to explain any codes used**
NPN	79	6	A		National producer number
InsFirst	85	15	A		First name of the first named insured
InsMid	100	15	A		Middle name of the first named insured
InsLast	115	20	A		Last name of the first named insured
InsAddr	135	25	A		Insured street address (mailing)
InsCity	160	20	A		Insured city (mailing)
InsSt	180	2	A		Insured state (mailing)
InsZip	182	9	A		Insured ZIP code (mailing)
GarAddr	191	25	A		Vehicle garaging address
GarCity	216	20	A		Vehicle garaging city
GarSt	236	2	A		Vehicle garaging state

GarZip	238	9	A		Vehicle garaging ZIP code
PUndDrSx	247	1	A		Primary underwritten driver's sex
PUndDrMs	248	1	A		Primary underwritten driver's marital status
PUndDrEd	249	25	A		Primary underwritten driver's education level **Please provide a list to explain any codes used**
PUndDrOc	274	50	A		Primary underwritten driver's occupation **Please provide a list to explain any codes used**
VehUBI	324	1	A		Does usage based insurance apply to vehicle (Y/N)
PolPrem	325	11	N	2	Total policy premium amount (Sum of all premium for all vehicles, which includes premium, fees, etc.)
UWTier	336	25	A		Underwriting tier (policy or vehicle), if tier rating is utilized **Please provide a list to explain any codes used**
VehYr	361	4	A		Vehicle year
VehMake	365	15	A		Vehicle make **Please provide a list to explain any codes used**
VehModel	380	20	A		Vehicle model **Please provide a list to explain any codes used**
VIN	400	17	A		Vehicle identification number
VehSym	417	5	A		Vehicle symbol **Please provide a list to explain any codes used**
VehPrem	422	11	N	2	Total vehicle premium amount (Sum of all premium for the vehicle, involving all premium, fees, etc.)
BIBas	433	11	N	2	Bodily injury liability term base premium for this limit
BICls	444	6	A		Bodily injury liability driver class factor **Please provide a list to explain any codes used**
BIDev	450	6	A		Bodily injury liability deviation factors (i.e., discounts, credits, etc.) **Please provide a list to explain any codes used**
BILmtPP	456	3	N		Bodily injury limit per person (in thousands)
BILmtPA	459	3	N		Bodily injury limit per accident (in thousands)
BITrm	462	6	A		Bodily injury liability term factor
PDBas	468	11	N	2	Property damage liability term base premium
PDCls	479	6	A		Property damage liability driver class factor **Please provide a list to explain any codes used**
PDDev	485	6	A		Property damage liability deviation factors (i.e., discounts, credits, etc.) **Please provide a list to explain any codes used**
PDLmt	491	3	N		Property damage liability limit per accident (in thousands)
PDTrm	494	6	A		Property damage liability term factor
LiaCsl	500	3	N		Single liability limit (in thousands)
CLBas	503	11	N	2	Collision term base premium
CLCls	514	6	N		Collision driver class factor
CLDed	520	11	N	2	Collision deductible
CLDev	531	6	A		Collision deviation factors (i.e., discounts, credits, etc.) **Please provide a list to explain any codes used**
CLDedFct	537	6	A		Collision deductible factor
CLTrm	543	6	A		Collision term factor
CMBas	549	11	N	2	Comprehensive term base premium for this model year and symbol vehicle

Code	Num	Len	Type	Dec	Description
CMCls	560	6	A		Comprehensive class factor
CMDed	566	11	A	2	Comprehensive deductible
CMDev	577	6	A		Comprehensive deviation factor (i.e., discounts, credits, etc.) **Please provide a list to explain any codes used**
CMFact	583	6	A		Comprehensive deductible factor
CMTrm	589	6	A		Comprehensive term factor
MPBas	595	11	N	2	Medical payments term base premium for this limit
MPCls	606	6	A		Medical payments class factor
MPDev	612	6	A		Medical payments deviation factors (i.e., discounts, credits, etc.) **Please provide a list to explain any codes used**
MPLmt	618	11	N	2	Medical payments limit
MPTrm	629	6	A		Medical payments term factor
ERSTrm	635	11	N	2	Emergency road service term base premium
ERSOpt	646	11	N	2	Emergency road service optional benefit **If codes are used, provide a list of codes along with their meanings**
RentTrm	657	11	N	2	Rental reimbursement term base premium
RentDay	668	11	N	2	Rental reimbursement daily limit
RentAgg	679	11	N	2	Rental reimbursement aggregate
UMPDBas	690	11	N	2	Uninsured motorist property damage term base premium
UMPDDev	701	6	A		Uninsured motorist property damage deviation factors **If codes are used, provide a list of codes along with their meanings**
UMPDLmt	707	3	N		Uninsured motorist property damage limit (in thousands)
UMPDDed	710	11	N	2	Uninsured motorist property damage deductible
UMPDFact	721	6	A		Uninsured motorist property damage deductible factor
UMBIBas	727	11	N	2	Uninsured motorist bodily injury term base premium
UMBIDev	738	6	A		Uninsured motorist bodily injury deviation factors **If codes are used, provide a list of codes along with their meanings**
UMBIPP	744	11	N	2	Uninsured motorist bodily injury limit per person (in thousands)
UMBIPA	755	3	N		Uninsured motorist bodily injury limit per accident (in thousands)
UMCsl	758	3	N		Uninsured motorist combined single limit (in thousands)
UIMBas	761	11	N	2	Underinsured motorist term base premium
UIMDev	772	6	A		Underinsured motorist deviation factors **If codes are used, provide a list of codes along with their meanings**
UIMPP	778	3	N		Underinsured motorist limit per person (in thousands)
UIMPA	781	3	N		Underinsured motorist limit per accident (in thousands)
UIMTrm	784	6	A		Underinsured motorist term factor
RateTerr	790	5	A		Code specifying rating territory **Provide a list of codes along with their meanings**

MVRDt	795	10	D		Date of most recent motor vehicle record (MVR) [MM/DD/YYYY]
DrDOB	805	10	D		Driver date of birth [MM/DD/YYYY]
VehSur	815	11	N	2	Vehicle surcharge amount (2 decimal places. Do not use commas or dollar signs.) **If codes are used, provide a list of codes along with their meanings**
VehDis	826	5	A		Vehicle discounts **If codes are used, provide a list of codes along with their meanings**
DrSur	831	11	N	2	Driver surcharge amount (2 decimal places. Do not use commas or dollar signs.) **If codes are used, provide a list of codes along with their meanings**
DriDis	842	5	A		Driver discounts **If codes are used, provide a list of codes along with their meanings**
AppRecDt	847	10	D		Date application received [MM/DD/YYYY]
AppProDt	857	10	D		Date application processed [MM/DD/YYYY]
InceptDt	867	10	D		Inception date of the policy [MM/DD/YYYY]
EffDt	877	10	D		Policy effective date [MM/DD/YYYY]
ExpDt	887	10	D		Policy expiration date (MM/DD/YYYY)
PdDt	897	10	D		Date policy was paid to before cancellation [MM/DD/YYYY]
CanReqDt	907	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]
CanTerRs	917	64	A		Reason for cancellation/termination of coverage (i.e., lapse, insured request, company cancellation) **If codes are used, provide a list of codes along with their meanings**
CanTer	981	1	A		Who cancelled the coverage **C=Consumer and I=Insurer**
CanTerDt	982	10	D		Date policy cancelled/terminated [MM/DD/YYYY]
CanTerNt	992	10	D		Date the cancellation/termination notice was mailed [MM/DD/YYYY]
PremRef	1002	11	N	2	Amount of premium refunded to the insured
RfndDt	1013	10	D		Date premium refund mailed [MM/DD/YYYY]
RefMthd	1023	25	A		Refund method (i.e., 90%, pro rata, etc.) **If codes are used, provide a list of codes along with their meanings**
SurAmt	1048	11	N	2	Surcharge amount (2 decimal places. Do not use commas or dollar signs.)
TrafVio	1059	3	A		Number of rated traffic violations
MVAccd	1062	3	A		Number of rated vehicle accidents
EndRec	1065	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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CLAIMS STANDARDIZED DATA REQUEST
Property & Casualty Line of Business
Private Passenger Auto

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 Property & Casualty 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 MCAS data to validate MCAS reporting and review the exam data for completeness; 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
CovStat	58	10	A		Coverage status (e.g. paid, denied, pending, etc.) **Please provide a list to explain any codes used**
CATCode	68	6	A		Catastrophe (CAT) loss code, if applicable (**Blank if NONE**)
InsFirst	74	15	A		First name of insured
InsMid	89	15	A		Middle name of insured
InsLast	104	20	A		Last name of insured
InsAddr	124	100	A		Insured street address (mailing)
InsCity	224	20	A		Insured city (mailing)
InsSt	244	2	A		Insured resident state (mailing)
InsZip	246	5	A		Insured ZIP code (mailing)
CmtFirst	251	15	A		First name of claimant
CmtMid	266	15	A		Middle name of claimant
CmtLast	281	20	A		Last name of claimant (Entity filing proof of loss, e.g. business, etc.)

Field Name	Start	Length	Type	Decimals	Description
CmtAddr	301	100	A		Claimant street address
CmtCity	401	20	A		Claimant city
CmtSt	421	2	A		Claimant state
CmtZip	423	5	A		Claimant ZIP code
ClmStat	428	10	A		Claim status P = Paid, D = Denied, N = Pending, H = Partial Payment, C = Closed Without Payment, R = Rescinded
AdjCode	438	9	A		Internal adjuster identification code **Please provide a list to explain any codes used**
NPN	447	6	A		National (adjuster) number
LossDt	453	10	D		Date loss occurred [MM/DD/YYYY]
RcvdDt	463	10	D		First notice of loss [MM/DD/YYYY]
ClmAckDt	473	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
DtClmFrm	483	10	D		Date claim forms sent to claimant [MM/DD/YYYY]
NtcInvDt	493	10	D		Date of written notice to insured/claimant regarding incomplete investigation [MM/DD/YYYY]
PdClmAmt	503	11	N	2	Total amount of claim paid
ClmPay	514	50	A		Claim payee
ClmPdDt	564	10	D		Claim paid date [MM/DD/YYYY]
IntPdAmt	574	11	N	2	Amount of interest paid, if applicable
IntPdDt	585	10	D		Date interest paid [MM/DD/YYYY]
ClmDnyDt	595	10	D		Date claim was denied [MM/DD/YYYY]
ClmDenRsn	605	100	A		Reason for claim denial **Please provide a list to explain any codes used**
Subro	705	1	A		Indicate whether claim was subrogated (Y/N)
SubRecdDt	706	10	D		Date company received subrogation refund [MM/DD/YYYY]
SubAmt	716	11	N	2	Subrogation received amount
AmtSubRm	727	11	N	2	Amount of subrogation reimbursed to insured
SubRefDt	738	10	D		Date subrogation refunded to insured [MM/DD/YYYY]
TotalLoss	748	1	A		Indicate whether claim was a "Total Loss" (Y/N)
FrstLiab	749	5	N	2	Percentage of first party comparative negligence (e.g. 30%= 0.30), if applicable
ThrdLiab	754	5	N	2	Percentage of third party comparative negligence (e.g. 30%= 0.30), if applicable (repeat if necessary)
VehYr	759	4	A		Vehicle year
VehMake	763	20	A		Vehicle make **Please provide a list to explain any codes used**
VehModel	783	20	A		Vehicle model **Please provide a list to explain any codes used**
VIN	803	17	A		Vehicle identification number
NumOcc	820	2	A		Number of occupants in vehicle at time of accident

Field Name	Start	Length	Type	Decimals	Description
NetRpr	822	1	A		Repair handled through network repair shop (Y/N)
EndRec	823	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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DECLINATION STANDARDIZED DATA REQUEST
Property & Casualty Personal Line of Business

Contents: This file should be downloaded from company or agency system(s) and contain one record for each policy application declined in [applicable state] at any time during the examination period.

Uses: Data will be used to determine if the company/agency follows appropriate procedures with respect to the declination of policy applications in [applicable state] at any time during the examination period:
- Cross-reference to producer data file to test for producers with declination rates that are significantly higher than or lower than the average;
- Test for unfair discrimination in declinations; and
- Test for compliance with declination notice requirements.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
AppNo	6	10	A		Application number or quote number
PRCode	16	9	A		Company internal producer, CSR, or business entity producer identification code **Please provide a list to explain any codes used**
NPN	25	6	A		National producer number
LOB	31	3	A		Line of business according to annual financial statement **Please provide a list to explain LOB codes**
AppFirst	34	15	A		First name of applicant
AppMid	49	15	A		Middle name of applicant
AppLast	64	20	A		Last name of applicant
AppAddr	84	25	A		Applicant address
AppCity	109	20	A		Applicant city
AppState	129	2	A		Applicant state
AppZip	131	9	A		Applicant ZIP code
AppRecDt	140	10	D		Date application received [MM/DD/YYYY]
DeclDt	150	10	D		Date of declination [MM/DD/YYYY]
DeclRsn	160	20	A		Reason for declining application **If codes are used, provide a list of codes along with their meanings**
EndRec	180	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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POLICY IN FORCE STANDARDIZED DATA REQUEST
Property & Casualty Line of Business
Homeowners

Contents: This file should be downloaded from company system(s) and contain one record for each property insured under a homeowner policy issued in [applicable state] which was in force at any time during the examination period.

For any fields where there are multiple entries, please repeat field as necessary.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the issuance and/or termination of homeowner policies in [applicable state] within the scope of the examination.
- Cross-reference with the company's MCAS data to validate MCAS reporting and review the exam data for completeness;
- Cross-reference with the claims data file to validate the completeness of the in force file; and
- Cross-reference to state (s) licensing information to ensure proper producer 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**)
PolStTyp	32	3	A		Policy status type for the record (i.e., new or renewal) **Please provide a list to explain any codes used**
PolTyp	35	5	A		Type of policy (i.e., HO-1, HO-2, etc.) **Please provide a list to explain any codes used**
PolForm	40	10	A		Policy form number as filed with the insurance department
PrCode	50	6	A		Company internal producer, CSR, or business entity producer identification code **Please provide a list to explain any codes used**
NPN	56	6	A		National producer number
InsFirst	62	15	A		First name of the first named insured
InsMid	77	15	A		Middle name of the first named insured
InsLast	92	20	A		Last name of the first named insured
InsAddr	112	100	A		Insured street address (location)
InsCity	212	20	A		Insured city (location)
InsSt	232	2	A		Insured state (location)
InsZip	234	5	A		Insured ZIP code (location)
StrYr	239	4	A		Year the structure was built
StrTyp	243	15	A		Type of structure (i.e. frame, masonry, etc.) **Please provide a list to explain any codes used.**
StrSqFt	258	4	A		Structure square footage
ProtCl	262	3	A		Protection class (if protection class is utilized)

Field	Pos	Len	Type	Dec	Description
RateTerr	265	10	A		Code specifying rating territory (please provide list of codes)
CovLmtA	275	11	N	2	Coverage A limit (Structure)
CovPremA	286	11	N	2	Coverage A premium amount (Structure)
CovLmtB	297	11	N	2	Coverage B limit (Personal property)
CovPremB	308	11	N	2	Coverage B premium amount (Personal property)
CovLmtC	319	11	N	2	Coverage C limit (Loss of use)
CovPremC	330	11	N	2	Coverage C premium amount (Loss of use)
CovLmtL	341	11	N	2	Coverage L limit (Personal liability)
CovPremL	352	11	N	2	Coverage L premium amount (Personal liability)
CovLmtM	363	11	N	2	Coverage M limit (Medical payments)
CovPremM	374	11	N	2	Coverage M premium amount (Medical payments)
PolDisc	385	20	A		Policy discounts (i.e. alarm, multi policy) **If codes are used, provide a list of codes along with their meanings**
SurTyp	405	15	A		Surcharge type, if applicable **Please provide a list to explain any codes used**
HOAmt	420	11	N	2	Surcharge amount (Do not use commas or dollar signs)
PolPrem	431	11	N	2	Total policy premium amount (sum of all premium for the policy, involving all premium, fees, etc.)
EndorLst	442	20	A		List endorsements attached to the policy **Please provide a list to explain any codes used**
DedTyp	462	10	A		Deductible type **If codes are used, provide a list of codes along with their meanings**
DedAmt	472	11	N	2	Deductible amount or percentage, if any
UWTier	483	5	A		Underwriting tier, if tier rating is utilized **Please provide a list to explain any codes used**
InsVal	488	11	N	2	Insurance to value amount
InsValDt	499	10	D		Date of last insurance to value completed [MM/DD/YYYY]
IVVendor	509	50	A		Insurance to value software vendor
FeeTyp	559	15	A		Type of fees applied, if applicable **Please provide a list to explain any codes used**
FeeAmt	574	11	N	2	Amount of fee applied **Repeat row for each fee applied**
AppRecDt	585	10	D		Date application received [MM/DD/YYYY]
AppProDt	595	10	D		Date application processed [MM/DD/YYYY]
InceptDt	605	10	D		Inception date of the policy [MM/DD/YYYY]
EffDt	615	10	D		Policy effective date [MM/DD/YYYY]
ExpDt	625	10	D		Policy expiration date [MM/DD/YYYY]
PdDt	635	10	D		Date policy was paid to before cancellation [MM/DD/YYYY]
CanTerDt	645	10	D		Date policy cancelled/terminated [MM/DD/YYYY]
CanReqDt	655	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]
CanTerRs	665	64	A		Reason for cancellation/termination of coverage (i.e., lapse, insured request, company cancellation) **If codes are used, provide a list of codes along with their meanings**
CanTer	729	1	A		Who cancelled the coverage **C=Consumer or I=Insurer**

CanTerNt	730	10	D		Date the cancellation/termination notice was mailed [MM/DD/YYYY]
PremRef	740	11	N	2	Amount of premium refunded to the insured
RfndDt	751	10	D		Date premium refund mailed [MM/DD/YYYY]
RefMthd	761	25	A		Refund method (i.e., 90%, pro rata, etc.) **If codes are used, provide a list of codes along with their meanings**
EndRec	786	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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CLAIMS STANDARDIZED DATA REQUEST
Property & Casualty Line of Business
Homeowners

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 Property & Casualty 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 MCAS data to validate MCAS reporting and review the exam data for completeness; 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
CovStat	58	10	A		Coverage status (e.g. paid, denied, pending, etc.) **Please provide a list to explain any codes used**
CATCode	68	6	A		Catastrophe (CAT) loss code, if applicable (**Blank if NONE**)
COL	74	20	A		Cause of loss (water, hail, medical, theft, fire, etc.)
DedDesc	94	20	A		Description of deductible applied (e.g. standard, wind/hail, earthquake)
DedTyp	114	10	A		Describe if the deductible is reflected as dollars or as a percentage
DedAmt	124	11	N	2	Deductible amount (Dollar amount or percentage amount)
Endorse	135	20	A		List endorsements applicable to this claim transaction (if any) **Please provide a list to explain any codes used**
InsFirst	155	15	A		First name of insured
InsMid	170	15	A		Middle name of insured
InsLast	185	20	A		Last name of insured
InsAddr	205	100	A		Insured street address (residence premises)

Field Name	Start	Length	Type	Decimals	Description
InsCity	305	20	A		Insured city (residence premises)
InsSt	325	2	A		Insured resident state (residence premises)
InsZip	327	5	A		Insured ZIP code (residence premises)
CmtFirst	332	15	A		First name of claimant
CmtMid	347	15	A		Middle name of claimant
CmtLast	362	20	A		Last name of claimant (Entity filing proof of loss, e.g. business, etc.)
CmtAddr	382	100	A		Claimant street address
CmtCity	482	20	A		Claimant city
CmtSt	502	2	A		Claimant state
CmtZip	504	5	A		Claimant ZIP code
ClmStat	509	10	A		Claim status P = Paid, D = Denied, N = Pending, H = Partial Payment, C = Closed Without Payment, R = Rescinded
Litig	519	1	A		Is claim currently in litigation? (Y/N)
AdjCode	520	10	A		Internal adjuster identification code **Please provide a list to explain any codes used**
NPN	530	6	A		National (adjuster) number
LossDt	536	10	D		Date loss occurred [MM/DD/YYYY]
RcvdDt	546	10	D		First notice of loss [MM/DD/YYYY]
ClmAckDt	556	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
DtClmFrm	566	10	D		Date claim forms sent to claimant [MM/DD/YYYY]
AppDt	576	10	D		Date of company appraisal
NtcInvDt	586	10	D		Date of written notice to insured/claimant regarding incomplete investigation [MM/DD/YYYY]
DepTkn	596	1	A		Was depreciation taken? (Y/N)
DepAmt	597	11	N	2	Amount of recoverable depreciation taken
DepPdAmt	608	11	N	2	Amount of recoverable depreciation paid
DepPdDt	619	10	D		Date recoverable depreciation paid [MM/DD/YYYY]
PdClmAmt	629	11	N	2	Total amount of claim paid
ClmPay	640	50	A		Claim payee
ClmPdDt	690	10	D		Claim paid date [MM/DD/YYYY]
IntPdAmt	700	11	N	2	Amount of interest paid, if applicable
IntPdDt	711	10	D		Date interest paid [MM/DD/YYYY]
ClmDnyDt	721	10	D		Date claim was denied [MM/DD/YYYY]
ClmDenRsn	731	100	A		Reason for claim denial **Please provide a list to explain any codes used**
Subro	831	1	A		Indicate whether claim was subrogated (Y/N)

Field Name	Start	Length	Type	Decimals	Description
SubRecdDt	832	10	D		Date company received subrogation refund [MM/DD/YYYY]
SubAmt	842	11	N	2	Subrogation received amount
AmtDedRm	853	11	N	2	Amount of deductible reimbursed to insured
SubRefDt	864	10	D		Date deductible refunded to insured [MM/DD/YYYY]
EndRec	874	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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