**Florida Public Hurricane Loss Model Version 7.0**

**Input Data File Format Specifications**

**Commercial Residential Policies**

Input files containing commercial residential policies to be processed through version 7.0 of the Florida Public Hurricane Loss Model should adhere to the format specifications contained in this document.

Provide input data that meet the following:

1. Separate input files should be submitted for Condo Associations and Other Than Condo Association (e.g., apartment buildings).
2. Report data as of the exposure date used the OIR Standardized Rate Indication Form(s).
3. Exclude data from policies subjected to Individual Rate, Excess Rate, A-Rate, Consent-To-Rate, etc.
4. Provide a list of all adjustments made by you necessary to conform your data to these specifications.  Include any default values that you specified for missing or invalid information.  Describe any exposures affected by this filing that are not included in this data.  Describe any exposures included in this data that are not part of this filing.
5. A cover letter with any appropriate information relative to 1, 2, 3 and 4 above along with the total number of policies included in the portfolio data and the name, email address, and phone number of a contact person who can answer any questions concerning the data.
6. A listing of each ProgramCode and the associated Program Name.  Program Names must be consistent with those shown on the Rate Collection System (RCS).
7. A summary exhibit on a statewide basis for each ProgramCode and Form.  This exhibit should include the number of policies, the StructureCoverage, the AppCoverage, the ContentsCoverage, and the TimeElementCoverage for policies that include wind coverage. If structure coverage is not at actual shown coinsurance percent but a base document what base it is. This exhibit should also include the total number of policies in-force (wind and non-wind), the premium in-force at the current rate level for all policies (wind and non-wind) with supporting data, and the premium in-force for policies that include wind coverage at the current rate level with supporting data.
8. A reconciliation exhibit (in MS Excel file format) to balance the data reported in QUASR, the model used (AIR, RMS, EQE, or ARA) in the rate filing, and the input data to be submitted to run the Florida Public Model. The reconciliation exhibit must include the number the locations in addition to number of policies in balancing the number of locations and exposures. Any discrepancy on any of the three sets of data must be fully explained and documented.

Observe the following when preparing the input file:

1. Provide one policy per line in a comma-separated values file (.csv). For a policy with multiple locations, each of the locations must be recorded in a separate line.
2. Do not use comma within the fields’ values (e.g., as thousand separators or within addresses).
3. Include the name of each column in the first line of the file.
4. For fields that require a code, enter the code that more closely represents the data value.

Only include policies with wind coverage.

Each policy should contain a total of 40 attributes.

|  |  |
| --- | --- |
| **1. Policy ID** | A unique identifier for this policy in the data file. An alphanumeric text. |
| **2. Location ID** | A unique identifier for the location of the covered building. An alphanumeric text. |
| **3. Building ID** | A unique identifier for the building. An alphanumeric text. |
| **4. Residency Type** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Apartment Building | 1 |
| Condominium | 2 |
| Unknown | 3 |

 |
| **5. ZIP Code** | The ZIP Code where this building is located. A 5-digit number. |
| **6. Year Built** | The year in which the property was built. A 4-digit number or UNKNOWN. |
| **7. Construction Type** | The construction type of the building. Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Frame | 1 |
| Masonry | 2 |
| Manufactured | 3 |
| First story masonry and upper story timber | 4 |
| Other | 5 |
| Unknown | 6 |

 |
| **8. Property Value** | The dollar amount value of the building. If not known, enter UNKNOWN. |
| **9. Structure Coverage** | The structure coverage amount in dollars. Enter 0 if none. |
| **10. App. Coverage** | The appurtenant structure coverage amount in dollars. Enter 0 if none. |
| **11. Content Coverage** | The content coverage amount in dollars. Enter 0 if none. |
| **12. Time Element Coverage** | The time element coverage amount in dollars. Enter 0 if none. |
| **13. Deductible** | The deductible amount in dollars for perils other than hurricane (convert percentages to dollar amounts). |
| **14. Hurricane Deductible** | The hurricane deductible amount in dollars (convert percentages to dollar amounts). |
| **15. Hurricane Deductible** **Type** | The type of hurricane deductible. Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Per calendar year | 1 |
| Per occurrence | 2 |

 |
| **16. Coinsurance** | Coinsurance percentage (e.g., for 80% enter 80). Enter 0 if none. |
| **17. Nature of Coverage** | The settlement option on the structure. Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Replacement Cost | R |
| Actual Cash Value | A |

 |
| **18. County** | The name of the county where the building is located. |
| **19. Address** | The street address or geographic coordinates of the building. If providing coordinates, enter as longitude; latitude. |
| **20. City** | The name of the city where the building is located. |
| **21. Form** | Policy Form. If company offers different base forms of coverage, enter company code; otherwise, enter 0. |
| **22. Program Code** | Use one uppercase letter to represent each company program. |
| **23. Territory Code** | Use the territory codes reflected in your rate manual. |
| **24. Year Retrofitted** | The 4-digit year when the property was retrofitted (brought up to code).If only the year of roof replacement is known, enter the 4-digit year when the roof was replaced followed by R (i.e. if the roof was replaced in 1999, enter 1999R).If not retrofitted enter NA. If not known enter UNKNOWN. |
| **25. Number of Stories** | Number of stories in the building (e.g., 1, 2, 3, etc.) or UNKNOWN. |
| **26. Total Units** | The number of units in the building (e.g., 1, 2, 3, etc.) or UNKNOWN. |
| **27. Units per Story** | The number of units per story (e.g., 1, 2, 3, etc.) or UNKNOWN. |
| **28. Sliders** | Indicates whether the unit has sliders. Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| No Sliders | 0 |
| Sliders | 1 |
| Unknown | 2 |

 |
| **29. Area of Property** | The total number of square feet for all floors of the insured property or UNKNOWN. |
| **30. Roof Shape** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Unbraced Gable | 1 |
| Braced Gable | 2 |
| Gable (Unknown bracing) | 3 |
| Hip | 4 |
| Flat | 5 |
| Other | 6 |
| Unknown | 7 |

 |
| **31. Roof Cover** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Unrated Shingles | 1 |
| Rated Shingles (Current FBC) | 2 |
| Shingles (Unknown rating) | 3 |
| Tiles | 4 |
| Metal | 5 |
| Other FBC Compliant | 6 |
| Other Non-FBC Compliant | 7 |
| Unknown | 8 |

 |
| **32. Roof Membrane** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Regular Underlayment | 1 |
| Secondary Water Resistance | 2 |
| Other (e.g., foam joint) | 3 |
| Unknown | 4 |

 |
| **33. Soffit** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| None | 0 |
| Vinyl | 1 |
| Aluminum | 2 |
| Plywood | 3 |
| Other | 4 |
| Unknown | 5 |

 |
| **34. Roof-to-Wall** **Connection** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Toe Nails | 1 |
| Clips | 2 |
| Straps | 3 |
| Other | 4 |
| Unknown | 5 |

 |
| **35. Deck Attachment** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Planks | 1 |
| Sheathing with 6d@6/12” | 2 |
| Sheathing with 8d@6/12” | 3 |
| Sheathing with 8d@6/6” | 4 |
| Other (e.g., Reinforced Concrete) | 5 |
| Unknown | 6 |

 |
| **36. Appurtenant Structure** **Type** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| None | 1 |
| Pool | 2 |
| Detached Garage | 3 |
| Club House | 4 |
| Administration Building | 5 |
| Other | 6 |
| Unknown | 7 |

 |
| **37. Opening Protection** | If at least one glazed opening is not protected, enter as no protection.If there is more than one type of opening protection, use the most predominant type code.If the only known information is that the policy qualifies for a Basic or Hurricane windstorm loss reduction credit, use code 2.

|  |  |
| --- | --- |
| **Value** | **Code** |
| No Protection | 0 |
| Plywood | 1 |
| Metal | 2 |
| Impact Resistant Glass | 3 |
| Other (e.g., fabric) | 4 |
| Unknown | 5 |

 |
| **38. Building Layout** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Open (Access to units through external balcony) | 1 |
| Closed (Access to units through the interior) | 2 |
| Unknown | 3 |

 |
| **39. Coinsurance**  **Enforcement** | Whether the company enforces coinsurance clause at time of claim. Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| Yes | 1 |
| No | 2 |

 |
| **40. Frequency of**  **Limit Update** | Encode the data to one of the following:

|  |  |
| --- | --- |
| **Value** | **Code** |
| At each renewal | 1 |
| At every other renewal | 2 |
| Less frequently or no routine update | 3 |

 |

Example data file with two policies:

PolicyID,LocationID,BuildingID,ResidencyType,ZIPCode,YearBuilt,ConstructionType,PropertyValue,StructureCoverage,AppCoverage,ContentCoverage,TimeElementCoverage,Deductible,HurricaneDeductible,HurricaneDeductibleType,Coinsurance,NatureOfCoverage,County,Address,City,Form,ProgramCode,TerritoryCode,YearRetrofitted,NumberOfStories,TotalUnits,UnitsPerStory,Sliders,AreaOfProperty,RoofShape,RoofCover,RoofMembrane,Soffit,RoofToWallConnection,DeckAttachment,AppurtenantStructureType,OpeningProtection,BuildingLayout,CoinsuranceEnforcement,FrequencyOfLimitUpdate

ABC100,1,1,1,33143,1981,2,10500000,10000000,250000,20000,0,500000,500000,2,0,R,Miami-Dade,123 Main Street,Miami,0,A,35, NA,8,40,5,1,21346,5,6,3,4,4,5,3,3,1,2,3

ABC100,2,1,1,34109,1981,2, 8500000,8000000,250000,20000,0,450000,450000,2,0,R,Collier,-81.345593;26.017147,Naples,0,A,42,NA,6,30,5,1,19464,5,6,3,4,4,5,3,3,1,2,3

Instructions for submission:

The specified data should be sent in a file or set of files via email to the requesting actuary or on a CD ROM to:

Ms. Vicky Fletcher

Florida Office of Insurance Regulation

200 East Gaines Street, Suite 233.9

Tallahassee, FL 32399-0330

Vicky.Fletcher@floir.com

Note: If sending files in an email, the cumulative size of the file may not exceed 10 MB.

If you believe this information to be trade secret, you may provide additional security against unauthorized viewing of the files by notifying the Office of its trade secret nature and the qualifiers for trade secret protection. You may password protect this information, however, the password must be contemporaneously made available to Ms. Fletcher by telephone (850-413-4185). Please do not leave the password in a voicemail.

We request your confirmation that model output summarized at the territorial and statewide levels may be attached to your filing and not considered as trade secret information.