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# **Insurance Bulletin No. 233**

TO: All Licensed and Surplus Lines Property / Casualty Insurance Companies

# RE: Flood and Rain Events Claims Data Call

# December 18, 2024

In October 2023, the Department of Financial Regulation (DFR) issued a data call to collect claim information associated with the flooding and rain events of 2023. Again in 2024, severe flooding impacted several Vermont communities. On July 13, 2024, Governor Phil Scott signed an addendum to his 2023 declaration of a State of Emergency to expedite the response to the July 2024 flooding.

Pursuant to 8 V.S.A. §13, Kevin J. Gaffney, Commissioner of the Department of Financial Regulation (DFR), issues this data call to collect claim data associated with the 2024 flooding and rain events that impacted so many Vermonters.

As detailed below, property and casualty insurers (including surplus lines or non-admitted insurers) are directed to report information regarding all claims associated with the flooding and rain events that occurred in Vermont, with a date of loss between June 22, 2024 and September 1, 2024. Claims data should **not** be limited to claims within the time period and/or counties identified in FEMA's disaster notices.

### **Timelines**

The first report is due by January 31, 2025, containing cumulative claims data as of December 31, 2024. The department may request a second report, and the due date will be shared when it is available.

This data call includes the same format and fields as the 2023 data call.

### Lines of Business

The reported data shall include information on claims related to all flooding and rain events in the State of Vermont, with a date of loss between June 22,2024 and September 1, 2024, affecting the following lines of business:

- Residential Property
  - Sub -TOI 4.0001 Condominiums
  - Sub-TOI 4.0002 Mobile Homeowners
  - Sub-TOI 4.0003 Owner Occupied Homeowners
  - o Sub-TOI 4.0004 Tenants Homeowners
  - o Sub-TOI 4.0005 Other Homeowners
  - o Sub-TOI 30.0 Homeowners/Auto Combinations
  - o Sub-TOI 30.1 Dwelling Fire
  - o Other

- Commercial Property
- Personal Auto
- Commercial Auto
- Business Interruption
- Farm Owners
  - Sub-TOI 3.0 Personal Farm Owners
  - o Sub-TOI 5.0006, 5.1006, and 5.2006 Commercial Farm and Ranch
- Private Flood
- Federal Flood
- Excess Flood
- Inland Marine
- Crop

# Data to Report

Tab #1 – Introduction & Company Information

<u>Tab #2</u> - Number of Policies in Force – Provide the number of policies in force as of June 1, 2024 in all zip codes and towns by line of business. This number will remain static throughout any subsequent reporting submissions.

<u>Tabs #3- #13</u> -

Column A. Claim/Loss Location 5 Digit Zip Code

Column B. Name of County

Column C. Name of Town

Column D. Date of Loss

Column E. Policy Type for Residential Property and Farm Owners only (see dropdown menus).

Column F. Number of Claims Reported by Date of Loss and Zip Code – Provide the cumulative number of claims reported that were associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.

Column G. Number of Claims Closed With Payment by Date of Loss and Zip Code – Provide the cumulative number of claims closed with payment that were associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.

Column H. Number of Claims Closed Without Payment by Date of Loss and Zip Code – Provide the cumulative number of claims closed without payment that were associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.



Column I. Average Number of Days to Close Claims – Provide a simple average of the number of days it took to close the claims associated with, or resulting from, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.

Column J. Paid Loss – Provide the cumulative dollar amount in paid loss associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.

Column K. Case Incurred Loss – Provide the cumulative dollar amount in case incurred loss associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.

Column L. Number of Total Loss Claims – Provide the cumulative number of total-loss claims that are associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.

Column M. Number of Open Claims – Provide the total number of open claims that are associated with, or as a result of, all flooding and rain events in the State of Vermont, with a date of loss between 6/22/2024 and 9/1/2024.

A snapshot of the reporting template is provided in Appendix A.

#### **Reporting Procedure**

The report must be submitted using the designated template, which is available for download at the online portal managed by the NAIC.

All reports must be submitted through the NAIC online portal.

To access the NAIC system, send an <u>email</u> to help@naic.org requesting the following permission: RDC\_VT2024FLOOD\_USER\_PR. Please be sure to do this early to ensure timely submission. It may take at least one business day to process this request.

Once the permission is assigned, the report must be submitted by logging into the NAIC reporting portal, selecting "PAC" as the "datacallgroup," and selecting "VT\_2024\_FLOOD." Before attempting to submit a file, please review <u>the "File Submission Guide"</u> available for download at this <u>online portal managed by the NAIC</u>.

### Group or Individual Company Reporting Will Be Accepted

DFR will accept submissions at either the group or individual company level. If reporting by group, please include all companies in the group or ensure that no companies are duplicated within separate submissions. Individual companies, not part of a group, should provide their company code in the group code field on the template. Surplus carriers should use their alien

insurance number which should begin with "AI." Carriers without an identification code from the NAIC should contact researchshared@naic.org for a code to include in the company and group code fields of the template.

The reporting template will require information on the group, company, or both. If a company is submitting an individual report, input your NAIC code and company name wherever the



PAGE 4 OF 6

template requests the group code or group name. Failing to do this will trigger a rejection of the upload. Group submissions must list all companies in the response on the reporting template.

#### **Companies With No Information to Report**

A group or individual company that determines it has no claim information to report based on what is required, shall complete Tabs #1 and #2, and also submit reports with zeroes in the first row of Tabs #3 – #13 in the template provided. This requirement will help the DFR monitor companies that are expected to respond to the data call. Companies that do not write any Vermont business in the lines of business listed above are not obligated to submit reports for this data call.

#### **Definitions**

Payment – Loss payment, excluding adjustment expenses. Payments should be net of actual salvage and subrogation recoveries. For applicable lines, include losses associated with loss of use, additional living expense, fair rental value, etc.

Case incurred loss – Indemnity case reserves plus claim payments made to date. Estimates of IBNR should not be included.

Information on the named disaster events can be found at FEMA Disaster Information.

DFR will provide updated frequently asked questions as needed.

Please submit questions to Rosemary Raszka at Rosemary.Raszka@vermont.gov.

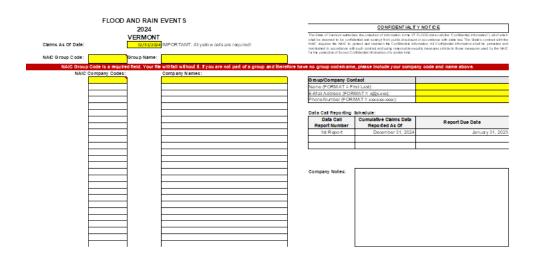
Kevin Gatfney missioner

12/18/2024

Date



# Appendix A



#### Policies In Force

5 Digit ZIP Code	County	Town	Residential Property	Commercial Property	Personal Auto	Commercial Auto	Business Interruption	Farmowner	Private Flood	Federal Flood	Excess Flood	Inland Marine	Crop
 3 Digit 21P Code	County	IOWI	Residencial Property	commercial Property	Personal Adio	Commercial Abto	Business interruption	Farmowher	Private Hood	Pederal Pidod	Excess Pidod	mand Marine	Crop

# **Residential Property**

							Please Include Cun	nulative Claims and I	Losses as of date of reported date			
Claim/Loss Location									Total Dollar Amount	Total Dollar Amount		
5 Digit ZIP Code						Number of Claims	Number of Claims	Average Number		Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with					Number of Claims	Closed With	Closed Without	of Days to Close	never be higher than case	should equal paid loss plus reserves for	Number of Total	Number of
unknown location)	County	Town	Date of Loss (MM/DD/YYY)	Policy Type	Reported	Payment	Payment	Claims	incurred.)	outstanding claims.)	Loss Claims	Open Claims

# **Commercial Property**

						Please Include Cu	mulative Claims and Los	ises as of date of reported date			
Claim/Loss Location								Total Dollar Amount	Total Dollar Amount		
5 Digit ZIP Code					Number of Claims	Number of Claims		Paid Loss (tip: paid loss	Case Incurred Loss (tip: case incurred should		
(Use 99999 for claims with			Date of Loss	Number of Claims	Closed With	Closed Without	Average Number of	should never be higher than	equal paid loss plus reserves for outstanding	Number of Total	Number of Open
unknown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Days to Close Claims	case incurred.)	claims.)	Loss Claims	Claims

### Personal Auto

							Please Include	E Cumulative Claims and	d Losses as of date of reported date			
	Claim/Loss Location									Total Dollar Amount		
	5 Digit ZIP Code					Number of	Number of Claims		Total Dollar Amount	Case Incurred Loss (tip: case incurred	Number of	
(1	Use 99999 for claims with			Date of Loss	Number of	Claims Closed	Closed Without	Average Number of	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Total Loss	Number of Open
	unknown location)	County	Town	(MM/DD/YYY)	Claims Reported	With Payment	Payment	Days to Close Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims

#### **Commercial Auto**

Claim/Loss Location									Total Dollar Amount		
5 Digit ZIP Code					Number of	Number of Claims	Average Number	Total Dollar Amount	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims with			Date of Loss	Number of Claims	Claims Closed	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total	Number of Open
unknown location)	County	Town	(MM/DD/YYY)	Reported	With Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Loss Claims	Claims

# **Business Interruption**

							Please Include	Cumulative Claims a	nd Losses as of date of reported date			
Clai	m/Loss Location									Total Dollar Amount		
5	Digit ZIP Code					Number of Claims	Number of Claims	Average Number	Total Dollar Amount	Case Incurred Loss (tip: case incurred		
(Use 99	9999 for claims with				Number of Claims	Closed With	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total	Number of
uni	known location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Loss Claims	Open Claims

# Farm Owners

							Please Include Cun	nulative Claims and L	Losses as of date of reported date			
Claim/Loss Location									Total Dollar Amount	Total Dollar Amount		
5 Digit ZIP Code						Number of Claims			Paid Loss (tip: paid loss should	Case Incurred Loss (tip: case incurred		
(Use 99999 for claims wit	1				Number of Claims	Closed With	Closed Without	of Days to Close	never be higher than case	should equal paid loss plus reserves for	Number of Total	Number of
unknown location)	County	Town	Date of Loss (MM/DD/YYY)	cumulative by ZIP Code)	Reported	Payment	Payment	Claims	incurred.)	outstanding claims.)	Loss Claims	Open Claims

# Private Flood

					Please Include Cu	imulative Claims and	Losses as of date of reported date			
Claim/Loss Location 5 Digit ZIP Code (Use 99999 for claims with unknown location)	County	Town	Date of Loss (MM/DD/YYY)	Number of Claims Reported	Number of Claims Closed Without Payment			Total Dollar Amount Case Incurred Loss (tip: case incurred should equal paid loss plus reserves for outstanding claims.)	Number of Total Loss Claims	Number of Open Claims

# Federal Flood

						Federal Flood Please Include <u>Cu</u>		Losses as of date of reported date			
Claim/Loss Location 5 Digit ZIP Code (Use 99999 for claims with unknown location)	County	Town	Date of Loss (MM/DD/YYY)	Number of Claims Reported	Number of Claims Closed With Payment	Number of Claims Closed Without Payment	Average Number of Days to Close Claims		Total Dollar Amount Case Incurred Loss (tip: case incurred should equal paid loss plus reserves for outstanding claims.)	Number of Total Loss Claims	Number of Open Claims

# Excess Flood

						Excess Flood					
						Please Include <u>Cu</u>	mulative Claims and	Losses as of date of reported date			
Claim/Loss Location 5 Digit ZIP Code			Date of Loss	Number of Claims		Number of Claims Closed Without	Average Number		Total Dollar Amount Case Incurred Loss (tip: case incurred should equal paid loss plus reserves for	Number of Tetal Law	Number of Open
(Use 99999 for claims with unknown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims

# Inland Marine

						Please Include Qu	mulative Claims and	Losses as of date of reported date			
Claim/Loss Location 5 Digit ZIP Code (Use 99999 for claims with				Number of Claims	Number of Claims Closed With	Number of Claims Closed Without	of Days to Close		Total Dollar Amount Case Incurred Loss (tip: case incurred should equal paid loss plus reserves for	Number of Total Loss	Number of Open
unknown location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims

# Crop

							Crop					
							Please Include Cu	imulative Claims and	Losses as of date of reported date			
Claim/Lo	Loss Location									Total Dollar Amount	1	
5 Digit	it ZIP Code					Number of Claims	Number of Claims	Average Number		Case Incurred Loss (tip: case incurred		
(Use 99999	9 for claims with			Date of Loss	Number of Claims	Closed With	Closed Without	of Days to Close	Paid Loss (tip: paid loss should never	should equal paid loss plus reserves for	Number of Total Loss	Number of Open
unknow	wn location)	County	Town	(MM/DD/YYY)	Reported	Payment	Payment	Claims	be higher than case incurred.)	outstanding claims.)	Claims	Claims