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PCI CATASTROPHE ACTION TOOL KIT



Recommendations for disaster preparation and response



Property Casualty Insurers
Association of America
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APRIL 2016 PCI CATASTROPHE ACTION TOOL KIT

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SECTION 1

EXECUTIVE SUMMARY

A commitment by the public and private sectors to cooperate on advanced planning helps ensure that disaster response will be swift, timely and comprehensive.

The “Catastrophe Action Toolkit” is designed to facilitate that cooperation by providing a set of best practices and model regulations that provide regulators with the tools to protect citizens affected by the event with a set of regulatory actions that insurers can plan for in advance. This predictability ensures that insurers’ resources are focused on responding to the needs of the policyholders rather than improvised regulatory requests.

The toolkit was originally developed after the 2004 Florida hurricanes and Hurricane Katrina, including best practices that arose from those events as well as model regulations that included significant sections from states such as Alabama, Florida, Louisiana, Mississippi, New York and Texas. It was amended in 2009 to add best practices and model legislation to combat fraud by “storm chasing” contractors.

The current version of the kit has been updated extensively to incorporate the lessons learned from Superstorm Sandy.

The key elements of the regulators kit are:

DISASTER PLANNING AND RESPONSE MANAGEMENT

Establishing critical communication lines between public and private sectors, developing response and continuity plans and gathering information prior to an event are the critical first steps towards successfully managing the response to a catastrophic situation. This section provides a framework for setting up a state disaster coalition to build those lines of communication, establishing Insurance Emergency Operations Centers, guidelines of pre-event data collection and disaster response and business continuity planning.

See Section 2 (pg. 7) Disaster Planning and Response Management for details.

DISASTER CLAIM DATA REPORTING REQUIREMENTS

Insurers recognize that regulators have a critical need for data following an event. Working with insurers to establish data points that can be captured electronically, avoids manual data gathering that diverts resources from responding to policyholder needs. Prior agreement on the necessary data points allows insurers to plan for compliance and ensures that regulators have the data needed both to manage the event and to provide credible data to the public, the media and policymakers.

continued

This section outlines reporting best practices as well as an electronic data reporting format based on the one used by NAIC Northeast Zone states after Sandy.

See Section 3 (pg. 17) Disaster Claim Reporting Requirements for details and Appendix B for Sample Data Reporting Format.

TEMPORARY SUSPENSION OF CANCELLATION, NON-RENEWAL AND PREMIUM PAYMENTS

In the aftermath of a catastrophic event, it is common practice for insurance regulators to prohibit certain actions by insurers in affected areas. Temporary suspension of cancellations, non-renewals and/or premium payments ensures that insurance coverage continues for victims of the event in the period immediately following the event. However, these suspensions create a number of challenges for insurers and consumers when applied too broadly. The kit provides best practices and model language to provide relief to victims while avoiding negative financial implications for insurers and consumers alike.

See Section 4 (pg. 21) Temporary Suspensions of Cancellation, Non-Renewal and Premium Payments for details.

EXPEDITED CLAIMS PROCESSING

The first step on the road to recovery after a catastrophic event is to adjust and resolve claims as quickly as possible. This section includes best practices, model statutes and bulletin language for adjuster access to damaged areas, emergency licensing of adjusters, emergency debris removal/waiver of inspection, extension of claims deadlines and expanding claims payment methods.

See Section 5 (pg. 25) Expedited Claims Processing for details.

MEDIATION OF DISPUTED CLAIMS

An effective mediation program provides an efficient mechanism for resolving disputes without discouraging insurers and policyholders from resolving claims as quickly as possible while minimizing expense and avoiding duplication of effort as was successfully done in a number of states. The model establishes eligibility criteria, notice provisions and other mediation procedures.

See Section 6 (pg. 31) Mediation of Disputed Claims for details.

FRAUD CONSIDERATIONS AND “STORM CHASER” BEST PRACTICES

In the aftermath of an event, consumers are often approached by companies offering repair or restoration services. Roofing contractors can be particularly aggressive, with some resorting to misleading practices. Consumer awareness of these practices is critical in the days following an event.

This section contains a list of “best practices” that states have used to raise awareness of these issues. This kit also contains PCI’s model legislation requiring specific disclosures by the repair company to consumers contracting for repair services. It also allows the consumer to cancel a repair contract within 72 hours of receiving notice if their insurer denies their claim in whole or in part and forbids rebating or absorption of deductibles by repair contractors, often the “bait” used by contractors to take advantage of property owners.

See Section 7 (pg. 41) Fraud Considerations and Contractor Fraud Model for details.

APPENDIX A—ADJUSTER RESOURCES

Advanced preparation of informational resources would be of great benefit to claim adjusters responding in afflicted areas. This Appendix includes various components to include in resource packets, such as area maps and information on lodging, sources for food/water, transportation/gasoline, etc. Guidance on developing a distribution plan for first aid kits, designating common work areas and creating Internet access would be helpful as well.

TAILORING USE OF THE REGULATORS KIT TO THE EVENT

Before catastrophe strikes, it is useful to pre-plan approaches, assign accountabilities and consider what monitors are needed to best serve the public needs. Section 2 includes a template for addressing these needs in advance. The components can be adapted and adopted to meet the needs of catastrophic events of varying magnitude.

A regulator’s disaster plan and contact information should be updated annually so it is ready for partial or full activation. Of course, the experience gained in activating any portion of this plan will provide valuable insights on refining the plan for future events.

SECTION 2

DISASTER PLANNING AND RESPONSE MANAGEMENT

This model bulletin establishes a frame work for pre-event planning, establishing a state disaster coalition and Insurance Emergency Response Centers

KEY COMPONENTS SUMMARY

The model is based on the following key components:

- A. Creation of an insurance disaster coalition and Insurance Emergency Operations Center
- B. Pre-disaster data/ information surveys focused on readiness issues
- C. Identification of elements necessary for a strong disaster response plan and questionnaire
- D. Business continuity plan and questionnaire
- E. Insurance company liaisons and liaison duties and responsibilities
- F. Confidentiality requirements
- G. Appendix: Insurance Village Concept, Additional Guidance on Disaster Plans

MODEL LANGUAGE

To: All Authorized Property/Casualty Insurers, Co-Operative Property/Casualty Insurers, Financial Guaranty Insurers, Mortgage Guaranty Insurers, Title Insurers, Reciprocal Insurers, Captive Insurers, Registered Risk Retention Groups, Commissioner of Insurance.

Re: Disaster Planning, Preparedness and Response Statutory Reference

continued

A. INSURANCE DISASTER COALITION AND THE INSURANCE EMERGENCY OPERATIONS CENTER

When an emergency or disaster situation occurs, the Insurance Department is looked upon to provide the Governor and the State Emergency Management Office with critical information regarding the amount and extent of property losses, as well as other damage assessments. Based on this information the Governor determines whether and when to request a federal disaster declaration and how to prioritize the deployment of state assets.

The Insurance Disaster Coalition, through the Insurance Department, serves to link the insurance community with the Governor's office, emergency management officials, law enforcement and other government agencies responding to a catastrophic event.

The Insurance community, including the property, life and health sectors, has been identified as a key resource to providing early assessments of damages arising from natural or man-made disasters. Insurers play an important role in quantifying the magnitude of losses – insured and uninsured – and determining both the degree and duration of insurer response to losses. Accordingly, all entities addressed by this Bulletin are expected to assist the Insurance Department in obtaining the information needed to accomplish the above objective before, during and after a disaster strikes

An integral part of the Insurance Disaster Coalition response to any disaster is the Insurance Emergency Operations Center (IEOC), which will be staffed by insurance industry disaster liaisons and representatives of the Insurance Department to coordinate disaster response.

The IEOC will be activated at direction of the Commissioner of Insurance in accordance with the nature and extent of the event. Where possible this determination will be made in conjunction with our disaster coalition partners.

Disaster Coalition Communications Network—Working with the Governor's office, the Insurance Department will keep Insurers informed of all disaster declarations in the state, or changes to existing declarations via bulletin, or posting on the department of insurance web site.

Insurance industry representatives of the XXX Insurance Disaster Coalition are requested to provide the Insurance Department with Internet links of not-for-profit Web sites that are beneficial to the public before, during and after a disaster.

B. BEFORE A DISASTER STRIKES: PRE-DISASTER DATA/ INFORMATION SURVEY

Accurate, timely and consistent information is of critical importance to the governor and the State Emergency Management Office during disasters. To ensure that insurance industry information is readily available during disasters, effective the date of this Bulletin, the Insurance Department requires the following information be provided:

This section is addressed to all property/casualty insurers with XXXXX direct written premium reported on its annual statement, for any of the following lines:

- 01—Fire
- 02.1—Allied Lines
- 02.2—Multiple Peril Crop
- 03—Farm-owners Multiple Peril
- 04—Homeowners Multiple Peril
- 05.1—Commercial Multiple Peril (Non-Liability Portion)
- 09.0—Inland Marine
- 12.0—Earthquake

Disaster Report—Each property/casualty insurer must be prepared to provide to the Insurance Department a listing—by county—of property exposure information, as of December 31 of the previous calendar year, for personal lines (non-auto) and commercial lines (non-auto) for each authorized member within an insurance company group.

Pre-Disaster Data/Information Survey—Each property/casualty insurer must be prepared to provide to the Insurance Department a listing—by county—of property exposure information, as of December 31, XXXX for each authorized member within an insurance company group. This information is to be provided for the following categories:

- total amount of building and contents insurance coverage in force
- the total number of policies for the lines indicated above.

Each insurer must provide the information by completing the electronic report. This report is due no later than April 1, XXXX and should be filed each April 1 thereafter.

The Pre-Disaster Survey electronic template and instructions for its completion and submission can be found on the Insurance Department Web site at: (insert web address)

C. IDENTIFICATION OF ELEMENTS NECESSARY FOR A STRONG DISASTER RESPONSE PLAN AND QUESTIONNAIRE

Sections (a) and (b) on Disaster Response Plans and Questionnaires apply to all addressees of this Bulletin.

Each addressee is asked to incorporate the XXXXX State Insurance Disaster Coalition procedures into its disaster response plan. Because the XXXXX State Insurance Disaster Coalition procedures and the Insurance Emergency Operations Center (IEOC) continue to be integral parts of the industry's response to any disaster in XXXXX State, the completion of the electronic template and the submission of each insurer's disaster response plan are

continued

needed to maintain the effectiveness and accuracy of information used by the coalition in the event of a future disaster.

(a) Disaster Response Plan

The disaster response plan should describe how the insurer intends to provide its policyholders with the needed resources to recover from a disaster. To this end, a disaster response plan should at a minimum indicate what preparations the insurer has made in the following areas:

- Affirmation that the company board of directors is informed of the companies Emergency Preparedness Plan
- Appropriate emergency response training of company personnel
- Plans for suitable expansion of claims handling capacity in a variety of disaster scenarios, including provisions to cover:
 - Adequate personnel
 - Catastrophe response team availability
 - Access to disaster areas and personnel identification
 - Applications for temporary adjuster permits
- Testing of the Emergency Response Plan
- Incorporation of the role of insurance company disaster liaisons, and their interaction with the XXXXX State Department of Insurance.

On June 1, XXXX, the insurer's Disaster Response Plans will be submitted to the Insurance Department and, following the initial filing, subsequent plan changes will be updated, if necessary. If no update is necessary, to a previously submitted plan, an e-mail containing the company name(s), NAIC number(s), and NAIC group number should be submitted to the Insurance Department Disaster Plans Mail box (see below) to indicate that no change to the plan was necessary.

Drafting note: If department resources do not allow for review of detailed plans, an alternative is to require one page 'executive summaries' to be filed for review.

E-mails should be directed to the Insurance Department Disaster Response Plans Mail box at:

XXXXXXXXXX

U.S. mail should be addressed to:
State of XXXXX Insurance Department
Disaster Preparedness and Response Bureau

(b) Disaster Response Questionnaire

The Disaster Response Questionnaire electronic template is not to be used in lieu of an insurer's own disaster response plan. Rather, the requested information is to be included in each insurer's own plan.

The Disaster Response Questionnaire electronic template and instructions for its completion and submission can be found on the Insurance Department Web site at: XXXXXXXXXXXX

Insurance Company Disaster Liaisons—By completing the Disaster Response Questionnaire, each insurer will be providing the Disaster Preparedness and Response Bureau the name of the designated disaster liaison(s), along with that person's telephone and cell phone number(s)(for during business and after business hours), email address and/or pager number, if applicable. Any change in the liaison(s) and/or contact information should be reported immediately to the Insurance Department by the resubmission of an updated Disaster Response Questionnaire.

XXXXXXXXly, on June 1, the Disaster Response Questionnaire electronic template should be submitted to the Insurance Department. If none of the information has changed, the date field should be updated and the previous electronic template(s) may be resubmitted.

D. BUSINESS CONTINUITY PLAN AND QUESTIONNAIRE

This section on Business Continuity Plan and Questionnaire applies to all addressees of this bulletin.

To assure the Insurance Department that each addressee has taken steps to put in place a business continuity plan that would reasonably ensure recovery of critical business processes in the event of a disaster, each addressee is required to complete the Business Continuity Plan Questionnaire electronic template and attest to the accuracy of the answers.

The Business Continuity Plan Questionnaire electronic template and instructions for its completion and submission can be found on the Insurance Department Web site at XXXXXXXXXXXX.

On June 1, XXXX, and XXXXXXXly each June 1 thereafter, the Disaster Response Questionnaire electronic template should be submitted to the Insurance Department. If none of the information has changed from a previously submitted report, the date field should be updated and the previous electronic template(s) may be resubmitted.

continued

E. OPERATIONS DURING A DISASTER

1. Insurance Company Disaster Liaisons

This section on Insurance Company Disaster Liaisons applies to all addressees of this bulletin.

Upon the Insurance Department's activation of its Insurance Emergency Operations Center due to a State Emergency Disaster situation, the commissioner may activate designated Insurance Disaster Liaisons representing several of the largest underwriters in the emergency areas. Participating companies will be determined based on the previously described Pre-Disaster Reports. Disaster Liaisons will be contacted based upon information submitted in the Disaster Response Questionnaire.

Liaisons should be prepared to participate in the State's Disaster Response Plan as follows:

- A teleconference of the selected disaster liaisons will be held, where possible, following the occurrence of a disaster—before activation of the Department of Insurance Emergency Operations Center—to discuss the magnitude of the disaster and the scope of activation plans.
- Upon activation of the Insurance Emergency Operations, insurance disaster liaisons or their designees will be expected to staff the center at each of its locations.
- The Insurance Department will provide a fully equipped Insurance Emergency Operations Center for liaisons' use at each location. Included are data and voice telephone lines, along with videoconferencing links to the STATE EMERGENCYMANAGEMENT OFFICE emergency operations center.
- The Insurance Department will continue to coordinate communications among company and association contacts through ongoing teleconference calls to:
 - plan staffing of the Insurance Emergency Operations Center for the actual or threatening (as in the case of XXXXXXXXXs) emergency;
 - individually discuss with each insurer's liaison the company's catastrophe operations;
 - individually review each insurer's response plans; and
 - discuss catastrophe operations and emerging issues.
- Liaisons may be expected to remain on duty at the Insurance Emergency Operations as determined by the commissioner of insurance acting in consultation with coalition partners.

2. Liaison Duties and Responsibilities

Liaisons should:

- Have a qualified back up. Both will preferably be members of the insurer's catastrophe team, or a manager-level employee, who are familiar with company protocols and have access to critical information.
- Transmit information on the disaster from the insurance industry to emergency response officials and also back to other industry representatives.
- Be prepared to remain on duty during the hours when the IEOC is operating, normally from 7 a.m. to 6 p.m., or for such time periods as needed to assist with the effective management of the disaster. Depending on the level of the disaster, this may be a seven day a week commitment.

F. CONFIDENTIALITY REQUIREMENTS

The above reports and statistics are to be compiled and summarized by Insurance Department personnel for internal Insurance Department use. Reports submitted to the State Emergency Management Office and the governor will be on an aggregate basis with no individual company information identified in those reports.

At the time of submission, an insurer should request an exception from disclosure under Section 89(5) of the Public Officers Law (Freedom of Information Law-FOIL) for any information or reports that it submits to the Insurance Department that it believes are trade secrets or commercial information that, if disclosed, would cause substantial injury to its competitive position.

If a request is received by the Insurance Department for the release of information pursuant to FOIL and the insurer requested an exception from disclosure upon submission; the insurer will be notified and given the opportunity to respond to the Insurance Department in accordance with FOIL and Regulation XXXXXXXX.

continued

G. APPENDIX

Insurance Emergency Operations Centers - Insurance Village Concept

The Insurance Village, as part of an Insurance Emergency Operations Center, would be a central, easily accessible location near the disaster area where insurance carriers could set up and stage post-catastrophe housing (i.e., RVs) and claims-processing facilities.

Adjusters and customers would need assurance by the Department of Insurance that the Insurance Village could operate safely, securely and comfortably. These assurances would include:

- Aid organizations onsite, including FEMA, Red Cross, Salvation Army, etc.
- Insurance Department representative(s) onsite
- Local government representative
- Adequate site lighting
- Police officer(s) on the ground 24/7
- Public facilities
- Potable water
- First aid station
- Pre-arranged fueling services available for carrier RVs
- Banking/lending institution representatives onsite for customers
- Adequate, secure, lighted, off-site parking within easy walking distance of the Village for customer and adjuster personal vehicles
- Printed maps or directions to nearest grocery stores and restaurants, gas stations, hardware and building supplies, electronic supplies, office supplies, doctors/hospitals
- If the Village is based in an area so remote that cellular telephone service is poor, information on alternative sources of communication in the area

Additional Guidance on Creating a Disaster Response Plan

Property/Casualty Insurers

If your Disaster Response Plan provides answers to the following questions, it will generally have met the Disaster Preparedness and Response Bureau's best practices standards for a disaster response plan.

Management Oversight

- Does the company have a Disaster Response Plan?
- Is it a written plan?
- Has the plan been reviewed and approved by:
 - Senior management?
 - Board of Directors?
- Has the company provided a copy of the board resolution attesting to the approval of the plan by the Board of Directors?
- Has management identified additional resources that will be needed during a disaster?
- Has management analyzed its ability to provide the financial resources necessary to meet the cost of the additional resources that will be needed?
- Is a person/titled position named as being responsible for activating the plan after a disaster is declared?
- Is a person/titled position named as being responsible for monitoring the plan?
- Is a person/titled position named as being responsible for terminating the plan following a disaster?

General Information

- Does the plan define what constitutes a disaster?
- Are there clear guidelines to indicate when the Disaster Response Plan should be invoked?
- Has the company established a disaster response team?
- Are the responsibilities of the disaster response team members segregated to establish clear reporting authority?
- Does the plan indicate that there is a role for designated disaster liaisons and/or back-up liaisons?
- Does the plan indicate that the designated disaster liaisons and/or back-up liaisons have been advised of their duties?
- Does the plan provide for training of staff?
- Has the company established varying levels of response based on the severity of the disaster?

continued

Claimant Services

- Is the role of the insurance agent/broker in a disaster defined?
- Has the company established a separate toll-free number to be used by claimants?
- Has the company established procedures to increase the number of adjusters?
- Has the company analyzed the risk of its inability to respond to claimants in a timely manner?
- Has the company established expedited claim processing procedures?
- If the company plans to use simplified claim reporting forms, do these claim forms include the required fraud warning statement?

Fraud Detection

- Does the plan include procedures for detecting fraud?
- Does the plan include procedures for reporting fraudulent activity to the appropriate regulatory authorities?

Testing of Plan

- Has the plan been tested?
- Does the plan indicate when the last test was conducted?
- Does the plan indicate how often the plan will be tested?
- Did the testing include the ability to get resources to the disaster site?
- Has the plan been tested utilizing scenarios involving varying disaster levels?

SECTION 3

DISASTER CLAIM REPORTING REQUIREMENTS MODEL

In the aftermath of a catastrophic event, insurance regulators have a critical need for data to keep the governor, legislators and the public informed on the impact of the event and the insurance industry's response to the event as it unfolds.

Over the years there have been a number of different reporting programs and formats used, the most successful of which conformed to some core principles:

- A recognition that claims data in the first two weeks following an event is not statistically credible. Many victims delay reporting for days or weeks after the event, due to the circumstances. Exposure counts, captured before the event would provide more credible information about the potential for loss.
- Data parameters established before the event using clearly defined terms and electronically captured data points.
 - Pre-established data sets allow insurers to include data calls in their disaster planning and avoids costly programming changes that can divert resources from responding to policyholders.
 - Electronically captured data points will avoid manual data collection that diverts resources away from responding to policyholders.
- These data calls will contain sensitive financial data and proprietary information. It is essential that the results of the data calls be released only on an aggregated basis and subject to trade secret protection.

continued

MODEL BULLETIN

This model bulletin establishes disaster claim reporting requirements and is based on successful results from actual field claim reporting in the north east states after Superstorm Sandy.

To: All Property and Casualty Insurers Authorized to Transact Business in STATE

RE: Catastrophe Claim Reporting Form for EVENT and Date

Date of Bulletin

This bulletin is being issued to provide notification and guidance on data reporting requirements relating to EVENT for the STATE.

The Department is requiring all admitted and non-admitted property and casualty insurance companies and surplus lines insurers to complete the attached claim reporting form (NAIC NE ZONE Format) and return it to the department by the due dates indicated.

- The report submitted to the Department must be made in Excel (do not convert to pdf.), we request the data be provided by county/zip code, and the worksheet includes macros to assist in completing the form.
- In the event a company has no claims to report and does not anticipate any claims will be reported, the company may complete and file one report so noted.
- If a company has multiple insurers within a holding company group, it will NOT be necessary to complete an Excel worksheet for each insurer. The holding company must aggregate the data into one worksheet.
- The first report is due DATE, for the reporting period DATE through DATE.
- Submit reports electronically by e-mail to (contact name and e-mail) and include the report number (e.g. 1st report, 2nd report, etc.) in the e-mail subject line.

Please contact the Department (contact name and phone) immediately if your company (or group) is unable to compile the required data in accordance with these requirements, or has any questions regarding the process.

Supplied data is considered confidential commercial data protected under STATE law (insert statute) except when aggregated with data from all other insurers in a manner that does not permit any individual company to be identified.

At the time of submission, an insurer should request an exception from disclosure under Section 89(5) of the Public Officers Law (Freedom of Information Law-FOIL) for any information or reports that it submits to the Insurance Department that it believes are trade secrets or commercial information that, if disclosed, would cause substantial injury to its competitive position.

This Bulletin shall be effective immediately.

See Appendix B: NAIC NE ZONE DATA FORMAT

Data Points in NE Zone Data Format

- Claims Reported
- Claims Closed With Payment
- Claims Closed Without Payment
- Paid Loss \$
- Case Incurred Loss \$
- Percentage of Claims Closed.

Line of Business

- Residential Property
- Commercial Property
- Personal Auto
- Commercial Auto
- Business Interruption
- All Other Lines (ex-Flood)

RECORD RETENTION CRITERIA

Claims records, and supporting documentation, will be retained for twelve months from the date of the disaster data call. Disaster data calls are triggered by the governors' proclamation, and they are specific to the catastrophic event that is outlined in the regulation.

CONFIDENTIALITY REQUIREMENTS

Any reports and statistics gathered should be compiled and summarized by Insurance Department personnel for use. Reports submitted to the Insurance Department and the governor will be on an aggregate basis with no individual company information identified in those reports.

Under confidentiality requirements, regulators should be aware that publicly traded companies are governed by Security Exchange Commission (SEC) rules. SEC rules prevent publicly traded companies from disclosing certain material information including claims data, until certain reports have been made with the SEC.

At the time of submission, an insurer should request an exception from disclosure under Section 89(5) of the Public Officers Law (Freedom of Information Law-FOIL) for any

continued

information or reports that it submits to the Insurance Department that it believes are trade secrets or commercial information that, if disclosed, would cause substantial injury to its competitive position.

In the event that a request is received by the Insurance Department for the release of information pursuant to FOIL and the insurer requested an exception from disclosure upon submission, the insurer will be notified and given the opportunity to respond to the Insurance Department in accordance with FOIL and Regulation XXXXXXXX.

SECTION 4

TEMPORARY SUSPENSIONS OF CANCELLATION, NON-RENEWAL AND PREMIUM PAYMENTS

This model regulation establishes the criteria for the temporary suspension of cancellation, nonrenewal and premium payments to allow insurance coverage to continue in the immediate aftermath of the event.

In conjunction with this effort, and in accord with a governor's proclamation, the impacted state works with carriers for a predictable regulatory method to provide for temporary relief for impacted policyholders with limited disruption to normal insurer business practices.

KEY COMPONENTS SUMMARY

The model is based on the following key components:

- Directed to all licensed insurers and licensed agents
- Triggered on a Governor's proclamation
- Temporary action governing cancellation or nonrenewal of insurance coverage and suspension of premium payments on the request of a policyholder impacted by the event
- Allows policyholders significantly impacted by the event to request the extension and encourages insurers to proactively contact policyholders in the impacted areas

This model regulation is focused on regulators and insurers working to minimize the regulatory effects of suspension premium cancellation or nonrenewal due to a catastrophic event.

continued

MODEL DISASTER BULLETIN COVERING CANCELLATIONS, NON-RENEWAL AND TEMPORARY SUSPENSION OF PREMIUM PAYMENTS

XXXXX Insurance Bulletins and Related Materials Commissioner's Bulletins

Commissioner's Bulletin:

XXX/XX/XXXX

To: All Insurers Licensed to Write Life and Accident and Health Insurance, All Health

Maintenance Organizations, All Licensed Agents and All Third-Party Administrators Licensed in XXXXX; And To: All Insurance Companies, Corporations, Exchanges, Mutuels, Reciprocal, Associations, Lloyds, or Other Insurers Writing Property and Casualty Insurance in the State of XXXXX and to Agents and Representatives and the Public Generally

From: Commissioner of Insurance

Date:

Re: XXXXXXXXXXX XXXXX—An Extraordinary Event—Suspension of Cancellation, Non-renewal and Premium Payments for XXXXXXXXXXX Victims or Evacuees

On XXXX/XX/XXXX, Governor XXXXX issued a proclamation declaring a disaster due to the effects of XXXXXXXXXXX XXXXX, certifying that XXXXXXXXXXX XXXXX poses a threat of imminent disaster to the citizens of XXXXX State, and directing that all necessary measures both public and private as authorized under Section XXXXX of the XXXXX Government Code be implemented to meet that threat. The proclamation also states that, as provided in Section XXXX of the XXXXX Government Code, all rules and regulations that may inhibit or prevent prompt response to this threat are suspended for the duration of the incident.

With the potential for devastation resulting from XXXXXXXXXXX XXXXX and the possible relocation of XXXXXXXXXXX victims and other personal hardships sustained by residents of the State, the XXXXX Department of Insurance is hereby instructing insurers to grant a thirty (30) day temporary suspension of cancellation/non-renewal of policies for the non-payment of premiums for those impacted by the storm. The temporary suspension shall apply to commercial property, homeowners, dwelling fire and commercial and personal automobile policies. State will work with carriers to limit the regulatory effects of a carrier's suspension of premium payments, specifically in regard to financial review requirements.

If an insurance company is contacted by a policyholder indicating they suffered significant property damage, injuries or related loss of life or other hardship as a result of XXXXX, then the insurance company shall temporarily suspend for thirty (30) days the cancellation/non-renewal of the policy for the non-payment of premiums. After the initial 30 day period, the policyholder may request an extension. Insurers are encouraged to work with their policyholders in the impacted areas, providing relief where the circumstances warrant.

Policyholders are advised that this suspension is not a waiver; it is only an extension or grace period in which to pay the premiums. Insurers are directed to work with impacted policyholders in repaying the premiums that would have become due during the moratorium period by either allowing a repayment plan, or a further extension in repaying the amount in full.

This temporary suspension applies only to cancellations or non-renewals that are attributed to a failure to pay premiums during the applicable 30 day period. If a policy is to be canceled or non-renewed for any other allowable reason, the cancelation or non-renewal may be made pursuant to the statutory notice requirements. However, the department requests that the insurance companies take in to consideration that persons in the heavily impacted areas may be unable to receive a notice of cancelation or non-renewal due to evacuation or delayed postal service in that area.

For policies with an auto debit or electronic fund transfer arrangement the Department is aware that the policyholder must contact their financial institution for these payments to cease. Therefore, the insurance company may continue receiving those premiums unless the policy holder contacts the company, requests that such payments cease, and the policyholder contacts their financial institution and requests that this arrangement cease.

Questions regarding this bulletin may be directed to: XXXXX

SECTION 5

EXPEDITED CLAIMS PROCESSING

In the aftermath of a catastrophic event, getting insurance adjusters out in the field to inspect damaged property is the critical first step on the road to recovery. This section provides model statutes, regulations and best practices for:

- Access to Damaged Areas
- Emergency Adjuster Licensing
- Debris Removal/Waiver of Inspection
- Extension of Claims Deadlines
- Claim Payment Methods

ACCESS TO DAMAGED AREAS

As a rule, insurance company adjusters and supporting vendors (such as auto salvage companies) should have access to the area as soon as the residents are allowed access to their homes. Once the residents have access, they will expect that their insurer will be able to send an adjuster to inspect the damage.

To help expedite catastrophe-site access, regulators should consider the following steps:

- Work with state disaster planning authorities to ensure that the insurance adjusters and supporting vendors are allowed access to the damaged areas as soon as residents are allowed access to their homes.
- Provide licensed insurers with a supply of or electronic format for adjuster ID badges for disaster security checkpoints, recognized by state and local law enforcement for access to damaged areas.
- Work with other state and local authorities to organize daily meetings or conference calls to coordinate access information about site hazards.
- Insurance departments should post daily Web site updates about disaster areas as they become open for inspection.

continued

EMERGENCY ADJUSTER LICENSING

(WHERE COMPANY ADJUSTER LICENSING IS REQUIRED)

Model Emergency Adjuster Licensing Statute *(Based on Rhode Island)*

- (a) Notwithstanding any of the provisions of this chapter, the commissioner may permit an experienced adjuster to act as an adjuster in this state without a XXXXXXXX license if:
- (1) The adjuster is either a licensed adjuster in another state which requires a license or regularly adjusts in another state where such licensing is not required and works for an insurance company authorized to do business in XXXXXXXX;
 - (2) He or she is engaged in emergency insurance adjustment work during the period of emergency only, as determined by the commissioner.
- (b) The experienced adjuster may work in this state either for an employer who is an adjuster licensed by this state, or for a regular employer of one or more adjusters licensed by this state, or for an insurance company authorized to do business in this state; provided, that the employer or insurer shall furnish to the commissioner a notice in writing or electronically promptly after the beginning of any emergency insurance adjustment work. The adjuster may adjust claims from within or outside the state. Emergency licenses permitted under this section shall not exceed one hundred twenty (120) days, unless extended by the commissioner.
- (c) As used in this section, “emergency insurance adjustment work” includes, but is not limited to:
- (1) Adjustment of a single loss or losses arising out of an event or catastrophe common to all of those losses; or
 - (2) Adjustment of losses in any area declared to be a state of disaster by the governor of the state XXXXX or by the president of the United States under applicable federal law.

Model Emergency Adjuster Bulletin

(Statute) provides that experienced adjusters may adjust losses on an emergency basis in XXXXXXXX without a (State) insurance adjuster’s license. Emergency adjusters must be employed by an adjusting entity or an insurer licensed in XXXXXXXX and must either be licensed in their home state or regularly adjust in a state that does not require an adjuster or motor vehicle damage appraiser license. Emergency adjuster’s appraisers may only perform work for the designated employer.

The adjustment work of the emergency adjuster may include, but need not be limited to:

1. Losses related to an event designated by the Department as a “catastrophic” event. The Department will post notice on its website when it designates an event a “catastrophic” event for purposes of triggering the statute.

2. Losses in any area declared to be a state of disaster by the governor of the State of XXXXXX or by the President of the United States.

An entity that intends to utilize this provision may do so when either of the above triggering events occurs. Any entity that utilizes this procedure must file the following information **electronically (in Word or Excel format)** to (E-mail address).

- The name, business address and other contact information of the employer of the experienced individual whom the entity is engaging for emergency adjusting or motor vehicle damage appraiser services.
- The name of each experienced individual whom the entity has used for emergency adjusting services;
- The state(s) in which the individual is licensed; or A statement that the individual regularly adjusts or appraises in another state where such licensing is not required and works for an entity or an insurance company authorized to do business in XXXXXX.

This information must be filed with the Department promptly after beginning the use of experienced but unlicensed adjusters or motor vehicle damage appraisers. A business day is a day in which the Department is open for business and is capable of accepting electronic filings. Confirmation of receipt will not be issued. Rather, entities should check the website to assure that the information has been received.

Emergency authority to adjust claims will terminate one hundred and twenty (120) days after declaration of the disaster. Any entity requesting an extension of this authority shall submit such request to e-mail address during the one hundred and twenty (120) days with an explanation of the need for the extension. The need for such extension must be directly attributable to the emergency for which the adjusters were initially utilized. Insurers and adjusting entities are responsible for the conduct of persons admitted under this emergency procedure and the insurer and/or adjusting entity is liable for any violation(s) of the insurance laws or regulations which occur by any adjuster or motor vehicle damage appraiser working for the insurer and/or adjusting entity.

Physical licenses will not be issued, however, a list of those individuals authorized to adjust claims pursuant to this procedure can be found in the insurance adjuster section under emergency licensing link and can be accessed by this link. The emergency licensing list will be updated daily.

The notice required by this Bulletin should be sent to e-mail. Any questions should be directed to E-mail or by telephone XXXXXXXXXX

Superintendent of Insurance

continued

DEBRIS REMOVAL/WAIVER OF INSPECTION (BASED ON NY DFS ORDER AFTER SANDY)

In the immediate aftermath of an event, public authorities attempt to clear debris as quickly as possible. They do so for good reason: the debris can make it difficult to provide emergency services and in some cases become a health hazard to nearby residents. While clearing the debris is a crucial first step towards rebuilding, insurance policy language commonly requires the policy holder to show the damaged property to the insurer when presenting a claim.

This model bulletin language balances the need to clear the debris and providing documentation of the damaged property or loss to the insurer.

Model Bulletin Language

(Name of Storm/Event) has, in many cases, created debris and other hazards that pose a threat to public health and safety and that needs to be discarded as promptly as possible. Accordingly the

(Director/Superintendent/Governor) has determined that it would be dangerous to public health and against public policy for insurers to enforce provisions of their policies that operate to bar insureds from disposing of damaged property before the insurer has inspected it.

Accordingly, insureds must document their losses if damaged property must be removed before an adjuster is able to inspect it by means of photographs, videos, material samples, inventories, prepared by insureds prior to disposing of damaged property.

EXTENSION OF CLAIMS DEADLINES (BASED ON TEXAS)

Although catastrophic events occur with some regularity and insurers routinely redeploy or add resources for these situations, there are limits to the number of trained adjusters available to respond to a major event. Adjusting some types of claims requires expertise that may be in short supply based on when and where an event occurs. Regulators should be aware that the National Flood Insurance Program (NFIP) provides time frames that may be longer than those required by state statutes or regulations.

Some states have recognized that it is appropriate to temporarily relax claim times frames in the aftermath of a major event. This section provides a model statute and regulation to facilitate these extensions.

Model Statute

EXTENSION OF DEADLINES

In the event of a weather-related catastrophe or major natural disaster, as defined by the commissioner, the claim-handling deadlines imposed under this subchapter are extended for an additional 15 days.

Model Regulation

In accord with XXXXXX, the XXX Department of Insurance determines that the weather-related event occurring from (date), through (date), in (geographic area) is a catastrophe for the purpose of claims processing.

Claims resulting directly from the above-defined catastrophe in the counties listed above shall be subject to the additional time periods authorized by XXXXX Insurance Code XXXXXXXX for the processing of claims.

This declaration is based on the representation that the additional time periods are necessary due to the large volume of claims resulting directly from the defined catastrophe and with the understanding that insurers will promptly identify, evaluate, and resolve these claims. Insurers must continue to provide timely service to their policyholders by promptly acknowledging receipt of claims and making appropriate assignments for the investigation of claims.

CLAIM PAYMENT METHODS (BASED ON NJ GOVERNORS ORDER AFTER SANDY)

All authorized and admitted property and casualty insurers subject to licensure or regulation by the (Insurance Regulatory Agency) may make first- or third-party claim payments for claims related to Sandy by methods other than those permitted by XXXXXXXX, such as prepaid debit cards, electronic transfer or other comparable alternate payment method, but only:

- (a) where the claimant agrees to receive a claim payment by an alternate payment method;
- (b) if the alternate payment method is not subject to any fees that would result in the insured receiving less than the full amount due;
- (c) if the insured is permitted, at any time, to convert any balance into cash; and
- (d) if the claimant is notified of applicable terms and conditions.

SECTION 6

MEDIATION OF DISPUTED CLAIMS

DISASTER REGULATIONS COVERING MEDIATION OF DISPUTED CATASTROPHE CLAIMS

This model regulation establishes regulations governing mediation of disputed claims and is based on successful results from actual field mediation programs in the aftermath of catastrophic events. Mediation should not take the place of the normal claims process. Insureds and insurers should be encouraged to resolve claims as quickly and fairly as possible. If an impasse is reached, mediation programs are cost effective and avoid duplication of effort.

KEY COMPONENTS SUMMARY

The model is based on the following key components:

- Mediation is voluntary and non-binding, but if settlement is reached and not rescinded in 3 business days, the settlement agreement shall act as a release of all claims
- The mediation process is activated 120 days after the catastrophe to begin the mediation process so that insurers and claimants have a chance to resolve their claims
- A definition of an eligible claim that defines as a dispute a difference between positions of \$2,000 or more
- Setting a procedure for scheduling mediation
- Setting a procedure for mediation conferences
- Confidentiality, individual settlement and data will be reported on aggregate amounts only

This program does not act as a precursor to the parties entering into voluntary non-binding mediation or using the appraisal clause in their insurance policy to resolve a claim before complying with this regulation.

Any reports and statistics are to be compiled and summarized by Insurance Department personnel for internal use. Reports submitted to the governor or shared with the public will be on an aggregate basis with no individual company information identified in those reports.

This dispute-resolution mediation model provides regulators with a proven mechanism for success. The traditional adjustment process for a property claim involves an inspection, damage assessment or estimate of the loss, and satisfactory resolution of the claim. Following catastrophes, however, the challenges of a large claims volume, complex coverage issues, and

continued

other extenuating circumstances may result in claim disputes that prevent the claim from being fully resolved. To reconcile these claims, a voluntary Temporary Special Mediation Program may help reassess all issues in the claim and reach a fair, equitable and expeditious settlement outside the courtroom.

COST AND OBLIGATION

The Temporary Special Mediation Program would be entirely voluntary and at no additional cost to the customer. The carrier would pay for costs associated with the mediator, and any attorney or expert the carrier may retain. In some instances when the mediation is moved from the pre-established location, the carrier would pay that charge. Customers would pay their own travel expenses (including any accompanying individual) and for any attorney and experts they retain.

PHASES OF THE DISPUTE RESOLUTION PROCESS

The Dispute Resolution Process has two phases:

Phase 1—The Resolution Meeting

In this phase, a meeting for disputed claims that are pending more than 120 days would be arranged with the customer, any representative of the customer and, if requested by the insured, a representative of the insurance carrier not involved in the original adjustment process of the loss. The carrier's representative would review the claim and, if appropriate, offer a recommended resolution to the customer.

If parties are unable to agree on all issues related to the claim, the customer would be invited to participate in a non-binding, confidential, mediation. If a customer agrees to move forward to Phase 2, he or she would complete an Invitation-to-Mediate document.

Phase 2—Non-Binding Mediation

Phase 2 of the Dispute Resolution Process is the Temporary Special Mediation Program.

Non-binding mediations would be scheduled within 30 days of the request. When mediation is scheduled, the actual meeting date may vary, depending on the availability of mediators, mediation locations or other circumstances. A single mediator from a panel of qualified impartial mediators would be selected. At mediation, the mediator would bring all materials relevant to the claim, including background material, schematics, photographs, video and audio materials. Customers could also provide any documents they wish the mediator to consider.

All covered damages would be considered in the non-binding mediation. Coverage disputes would not be mediated or in any way be included in the mediation process. At the successful

conclusion, a Mediation Summary document would be completed and signed by all parties. If the issues are resolved before the actual mediation takes place, both parties would complete and sign the Mediation Summary document. All issues resolved through settlement, whether settlement occurs before or at mediation, would be considered fully and finally released.

Unknown issues not contemplated by the settlement would not be considered released.

MODEL DISASTER REGULATIONS COVERING MEDIATION OF DISPUTED CATASTROPHE CLAIMS

XXXXXX Department of Insurance

Emergency Regulation No:

Temporary Special Mediation Program for Personal Lines Residential Insurance Claims

Resulting From XXXXXXXXXXX XXXXX

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Section 1. Authority and Specific Reasons for Finding an Imminent Peril to the Public Safety or Welfare

The XXXX XXXXXXXXXXXX season has been extremely destructive for XXXXX. Extensive and devastating damage was caused by XXXXXXXXXXXX XXXXX, which hit the XXXXX State on XXXXX, as a category X XXXXXXXXXXXX. XXXXXXXXXXXX XXXXX XXXXXed the State and causing widespread major damage to homes, loss of personal belongings and corresponding loss of employment.

Pursuant to the Governor's Proclamations dated XXXXX, and XXXX, Governor XXXXX declared a state of emergency invoking his emergency powers pursuant to Code, and directed agencies of the State to discharge their emergency responsibilities as deemed necessary as set forth in the State of XXXXX Emergency Operations Plan and Executive Order No., dated XXXX. In accordance with the Proclamations and Executive Order, and Code and XXXX, there was a delegation of those emergency powers to the Commissioner of Insurance which allows him/her, in their discretion, to promulgate emergency regulations and guidelines to promote and secure the safety and protection of the citizens of this State.

The Commissioner of Insurance hereby adopts, pursuant to Code, on a temporary emergency basis, Emergency Regulation XXXX, which sets forth a non-adversarial alternative dispute resolution procedure which is prompted by the critical need for effective, fair and timely handling of personal lines residential insurance claims arising out of the damages to property caused by XXXXXXXXXXXXXXXXXXXX.

Section 2. Purpose and Scope

This emergency regulation establishes a special mediation program for property insurance claims resulting from XXXXXXXXXXXX XXXXX. It creates procedures for notice of the right to mediation, request for mediation, assignment of mediators, payment for mediation, and the conduct of mediation proceedings. The use of this program by the parties in dispute does not waive any contractual rights that the parties have under their insurance policies.

Before resorting to these procedures, insured's and insurers are encouraged to resolve claims as quickly and fairly as possible. The procedures established by this emergency regulation are available to all first party claimants prior to commencing either litigation or the appraisal process, who have claims resulting from damage to property in XXXXX caused by XXXXXXXXXXXX XXXXX.

The mediation procedures established under this emergency regulation shall not be available to the insured where the underlying issue is whether the policy was canceled, nonrenewed or lapsed prior to the loss resulting from XXXXXXXXXXXX XXXXX. Insured's may submit these issues to the Consumer Assistance Division of the department for review.

Section 3 Definitions

- (a) “Administrator” means the administrator designated by the Department.
- (b) “Eligible Claim” means any disputed open claim or a claim covered under the policy for which the insurer has denied payment. Unless the parties agree to mediate a claim involving a lesser amount, a claim involves a dispute in which the difference between the positions of the parties is \$2,000 or more. An eligible claim does not include a claim that is the subject of litigation, the appraisal process or a dispute with respect to which the insurer has reported allegations of fraud to the Department, based on an investigation by the insurer’s special investigative unit.
- (c) “Department” means the XXXXX Department of Insurance or its designee.
- (d) “Insurer” means only those companies subject to the jurisdiction of the Department as provided in Code. XXXXX, and which provide personal residential property insurance coverage in the State of XXXXX. The term insurer shall include eligible non-admitted insurers/surplus lines insurers doing business in XXXXX pursuant to XXXXX, and the XXXXX Windstorm Underwriting Association.
- (e) “Mediator” means an individual selected by the Administrator designated by the Department to mediate disputes pursuant to this emergency regulation. Mediators will be selected from a panel of mediators approved pursuant to the (Cite any state rules/statute for mediation), adopted by the XXXXX Supreme Court on XXXX.
- (f) “Party” or “Parties” means the insured and his or her insurer, including the XXXXX Windstorm Underwriting Association.

Section 4 Notification of the Right to Mediate

120 days after an insured files a first-party claim following a catastrophe, the insurer shall mail a notice of the right to mediation to any insured with an eligible claim. No other materials, forms or documents may be included in the mailing that contains this notice. A sample notification letter for use by insurers is attached hereto as Exhibit “A.” Use of this letter by insurers will satisfy the notification requirements of this Section. The insurer may send this notice in any form permitted by law in the state of XXXX for the delivery of insurance information.

Section 5 Request for Mediation

After 10 days from the date of the notice, an insured may request mediation by writing the administrator at XXXXX or by contacting the administrator on-line. This program does not act as a prerequisite to using the appraisal clause in their insurance policy to resolve a claim before complying with this regulation.

continued

The insured should provide the following information:

- Name, address, and daytime contact information (phone numbers, e-mail, etc.) of the insured and location of the property if different from the address given
- The claim and policy number for the insured
- A brief description of the nature of any and all disputed issues regarding the claim
- The name of the insurer and the name address and phone number of the insured's contact person for scheduling mediation
- Information with respect to any other policies of insurance that may provide coverage of the insured property for named perils such as flood or windstorm

Section 6. Scheduling of Mediation

The administrator will select a mediator and the administrator will schedule the mediation conference. The administrator will attempt to facilitate reduced travel and expense to the parties and the mediator when selecting a mediator and scheduling the mediation conference.

The administrator shall confer with the mediator and all parties prior to scheduling a mediation conference. The administrator will set a date for the mediation within 30 calendar days of request. When mediations are scheduled, the actual meeting date may vary depending on the availability of mediators, mediation locations or other circumstances. The administrator shall notify each party in writing of the date, time and place of the mediation conference at least 10 calendar days prior to the date of the conference and concurrently send a copy of the notice to the department.

The insurer shall notify the administrator as soon as possible after settlement of any claim which is scheduled-for mediation pursuant to this emergency regulation.

Section 7 Mediation Conference

- (a) The representative of the insurer attending the conference must bring a copy of the policy to the conference. The representative of the insurer attending the conference must know the facts and circumstances of the claim and be knowledgeable of the provisions of the policy. An insurer will be deemed to have failed to appear if the insurer's representative lacks settlement authority for the full amount in dispute.
- (b) A party may move to disqualify a mediator for good cause at any time. The request shall be directed to the Administrator if the grounds are known prior to the mediation conference. Good cause consists of a conflict of interest between a party and the mediator, inability of the mediator to handle the conference competently, or other reasons that would reasonably be expected to impair the conference.

- (c) Within five business days of the insurer's receipt of the request for mediation, the insurer shall pay a non-refundable administrative fee in the amount of \$100 to the administrator, which shall be used to defer the expenses of the administrator. The insurer shall also pay \$250 to the administrator for the mediator's fee not later than five days prior to the date scheduled for the mediation conference. However, if the mediation is cancelled for any reason more than five business days prior to the scheduled mediation time and date, the insurer shall pay \$50 to the administrator for the mediator's fee instead of \$250. No part of the fee for the mediator shall be refunded to the insurer if the conference is cancelled within five business days of the scheduled time.
- (d) If the insured fails to appear, without good cause as determined by the administrator, the insured may have the conference rescheduled only upon the insured's payment of the mediation fees for the rescheduled conference. If the insurer fails to appear at the conference, without good cause as determined by the administrator, the insurer shall pay the insured's actual expenses incurred in attending the conference and shall pay the mediator's fee whether or not good cause exists. Failure of a party to arrive at the mediation conference within 30 minutes of the conference's starting time shall be considered a failure to appear. Good cause shall consist of severe illness, injury, or other emergency which could not be controlled by the insured or the insurer and, with respect to an insurer, could not reasonably be remedied prior to the conference by providing a replacement representative or otherwise. If an insurer fails to appear at conferences with such frequency as to evidence a general business practice of failure to appear, the insurer shall be subject to penalties under Code XXXX and other applicable law.
- (e) The department reserves the right to have an impartial representative present at any mediation conference conducted pursuant to this emergency regulation.
- (f) The mediator will be in charge of the mediation conference and describe the procedures to be followed. Each party will be given an opportunity to present their side of the controversy. In so doing, parties may utilize any relevant documents and may bring any individuals with knowledge of the issues, such as adjustors, appraisers, or contractors, to address the mediator. The mediator may meet with the parties separately, encourage meaningful communications and negotiations, and otherwise assist the parties to arrive at a settlement. The parties may be represented by counsel at the mediation conference. A party who will be represented by counsel at the mediation conference must notify the administrator at least 10 days prior to the date scheduled for the mediation conference. All statements made and documents reviewed at a mediation conference shall be deemed settlement negotiations in anticipation of litigation and shall be confidential and not admissible as evidence in a civil proceeding.
- (g) Both parties must negotiate in good faith at the mediation conference. A party will be determined to have not negotiated in good faith if the party or a person participating on the party's behalf, continuously disrupts, becomes unduly argumentative or adversarial, or otherwise inhibits the negotiations as determined by the mediator. The mediator shall terminate the conference if the mediator determines that either party is not negotiating in good faith.

continued

Section 8 Post-Mediation

- (a) Within five business days of the conclusion of the mediation conference the mediator shall file with the Department and the Administrator a mediator's status report indicating whether or not the parties reached a settlement. If the parties reached a settlement, the mediator shall include a copy of the settlement agreement with the status report.
- (b) Mediation is non-binding. However, if a settlement is reached, the insured shall have three business days within which he or she may rescind any settlement agreement provided that the insured has not cashed or deposited any check or draft disbursed to him or her for the disputed matters as a result of the mediation conference. If a settlement agreement is reached and is not rescinded, it shall act as a release of all specific claims that were presented and actually settled. However, the release shall not constitute a final waiver of rights of the insured with respect to claims for damages or expenses if circumstances that are reasonably unforeseen arise resulting in additional costs that would have been covered under the policy but for the release.
- (c) If a claim is settled at mediation, the insured may not request mediation on an issue not raised at the initial mediation for 60 days after the settlement.
- (c) If the insured decides not to participate in the mediation process or if the parties are unsuccessful at resolving the claim, the insured may choose to proceed under the appraisal process set forth in the insured's insurance policy, by litigation, or by any other dispute resolution procedure available under XXXXX law.

Section 9 Designation of Administrator

The-Department has designated the XXXXXXXXXXXXXXX as its Administrator to carry out certain duties and responsibilities under this emergency regulation.

Section 10 Severability

If a court holds any subsection or portion of a subsection of this emergency regulation or the applicability thereof to any person or circumstance invalid, the remainder of the emergency regulation shall not be affected thereby.

Section 11 Effective Date

This emergency regulation shall be effective immediately upon filing with the Office of the Secretary of State of the State of XXXXX.

Section 12 Confidentiality

All of the above settlements and statistics are to be compiled and summarized by Insurance Department personnel for internal Insurance Department use. Reports submitted to the Insurance Department and the governor will be on an aggregate basis with no individual settlement information identified in those reports.

At the time of submission, an insurer should request an exception from disclosure under Section 89(5) of the Public Officers Law (Freedom of Information Law-FOIL) for any information or reports that it submits to the Insurance Department that it believes are trade secrets or commercial information that, if disclosed, would cause substantial injury to its competitive position.

In the event that a request is received by the Insurance Department for the release of information pursuant to FOIL and the insurer requested an exception from disclosure upon submission, the insurer will be notified and given the opportunity to respond to the Insurance Department in accordance with FOIL and Regulation XXXXXXXX.

Commissioner of Insurance Notification Letter

[Date]

[Policyholder Name and Address]

Re: Right to Mediation

Dear Policyholder:

XXXXX, Commissioner of Insurance for the State of XXXXX, has adopted an emergency regulation to facilitate fair and timely handling of property insurance claims arising out of XXXXXXXXXXXX XXXXX.

The emergency regulation gives you the right to attend a mediation conference with your insurer in an effort to settle any dispute you have with your insurer about your claim. Note that in order to request a mediation conference; you must have a disputed claim, meaning that the difference between the positions of you and your insurance company is \$2000.00 or more.

You can start the mediation process 10 days after the date of this notice if you have a disputed claim by contacting the Administrator, XXXXXXXXXXXX. An independent mediator, who has no connection with your insurer, will be in charge of the mediation conference.

Please be aware that from the date of this notice, there is a 10-day period that must lapse before you can request mediation. To request mediation, you may contact the Mediation Administrator in writing atXXXXXXXXXXXX, ATTN: XXXX or online at XXXX. Your request should include the following information:

continued

- Your claim and policy number
- The address of the property
- Daytime contact information (phone numbers, e-mail, etc.) and the mailing address where you can be reached should the Mediation Administrator need to contact you
- A brief description of the nature of any and all issues in dispute
- The name of the insurer and the name, address and phone number of the insured or the insured's contact person for scheduling mediation
- Information with respect to any other policies of insurance that may provide coverage of the insured property for named perils such as flood or windstorm

Once a request for mediation is received, the administrator will contact you to schedule your mediation conference.

If you have further questions concerning this letter, you may contact [name of the insurer and contact person or division] at [phone number].

Sincerely,

[Insurer]

SECTION 7

FRAUD CONSIDERATIONS AND CONTRACTOR FRAUD MODEL

FRAUD RECOMMENDATIONS

Invariably, there are bad actors that seek to take advantage of those victimized by a catastrophic event. What follows are recommendations and best practices for fighting fraud in the aftermath of a catastrophic event:

1. Mobilize an antifraud task force, with pre-selected members, as part of a disaster response plan.

The task force should include people in the following categories:

- State consumer protection agency officials
- State/Local disaster coordinator
- Appropriate state and local law enforcement agencies
- Department of Insurance officials
- Representatives from the insurance industry including insurance company special investigation unit (SIU) representatives
- Independent agents appointed through the Independent Insurance Agents & Brokers (IIAB)
- National Insurance Crime Bureau (NICB)
- Appropriate state and local prosecutorial officials
- Appropriate state and local licensing officials for the building trades, insurance adjusters, public adjusters, etc.
- Insurance trade associations

2. The task force would facilitate and coordinate anti-fraud efforts and provide for dedicated resources. The task force would help protect consumers by:

- Disseminating information on potential and actual fraud schemes
- Identifying suspected fraud
- Ensuring prompt and appropriate action by regulatory and law enforcement officials when suspected fraud is identified
- Establishing procedures to help consumers and insurers report price gouging

continued

3. Dedicated resources are recommended to ensure important anti-fraud issues are dealt with swiftly and consistently. Without dedicated resources, it is difficult to meet the challenges of a catastrophe. Resources to consider include:

- Law enforcement—to investigate suspicious activity
- State and local disaster coordinator support
- Prosecutors—to prosecute offenders
- Communications—to keep the public informed of schemes and arrests
- Regulatory investigators—to investigate complaints, allegations and enforce rules against licensees
- Insurance industry SIU representatives to help provide fraud awareness training for the other dedicated recourses and to investigate the specific allegations of fraud
- National Insurance Crime Bureau (NICB) to help collect data on suspicious activity and to assist with criminal investigations

4. Publicizing anti-fraud efforts would help detect and prevent catastrophe fraud schemes.

Insurance trade organizations, National Insurance Crime Bureau (NICB) and the International Association of Special Investigative Units can help package and deliver the message. Items to consider for appropriate publication include: public service announcements (PSAs) to inform the public about potential fraud issues after a catastrophe, along with fraud pamphlets and posters.

A series of scripts provided by the NICB (Appendix 1) are attached. NICB can provide the actual pre-recorded PSA on request. The NICB Hotline is also available to report suspicious activity. Consumer focused PSAs will cover:

- Information on identified fraud schemes and prevention tips
- Press releases on arrests
- Announcements of regulatory action taken
- Sources for victim assistance

CONTRACTOR FRAUD MODEL

After any catastrophic event, “storm chasing” contractors move in to impacted areas taking advantage of unwary homeowners, convincing them to make claims for damage that may not exist, or taking money for repairs that are never made. This model language addresses those situations by:

- Prohibiting deductible rebating a practice often used to lure property owners in to making a claim for “free” repairs.
- Requiring specific disclosures to the property owner regarding the nature and extent of the damage assessed by the contractor.
- Providing the property-owners with the right to cancel repair contracts when the claims intended to fund them are denied in whole or in part and not obligating them to pay for unnecessary repairs.

Section A -Definitions

1. “Contractor” means any person, including a subcontractor and nonresident contractor or subcontractors, engaged in the business of commercial or residential repair services for a fee, or who offers to engage in or solicits roofing-related services, including construction, installation, renovation, repair, maintenance, alteration, and waterproofing.
2. “Nonresident contractor” means any contractor or subcontractor who has not established and maintained a place of business as a contractor in this state within the preceding year, or who claims residency in another state, or who has not submitted an income tax return as a resident of this state within the preceding year;

Section B - Deductible Rebating Prohibition

1. No contractor may advertise or promise to pay or rebate all or part of any applicable insurance deductible.
 - a. A promise to rebate any portion of an insurance deductible includes granting any allowance or offering any discount against the fees to be charged or paying an insured or a person directly or indirectly associated with the residential real estate any form of compensation, except for any item of nominal value.
 - b. If a contractor violates this section, any contract entered into between the contractor and that person or entity is null and void.

continued

Section C—Consumer Disclosure Requirements for Repair Contracts

1. Any contract for commercial or residential repairs shall include the following:
 - a. A copy of a repair estimate that contains the following disclosures:
 - i. A precise description and location of all damage claimed on the repair estimate;
 - ii. An itemized estimate of repair costs, including the cost of raw materials, hourly labor rate and the number of hours for each item of repair or a unit cost basis.
 - iii. If damaged areas are not included on the repair estimate, a specification of those areas and any reason for their exclusion from the repair estimate;
 - iv. Whether or not the property was inspected prior to the preparation of the estimate and the nature of that inspection, specifically if the roof was physically accessed or not; and
 - v. That a contractor has made no assurances that the claimed loss will be covered by an insurance policy.
 - b. A disclosure that the consumer/policyholder is responsible for payment for any work performed if the insurer should deny payment or coverage any part of the loss.

Section D—Repair Contracts—Right to Cancel

1. A person who has entered into a written contract with a contractor to provide repair services to be paid by the insured from the proceeds of a property or casualty insurance policy has the right to cancel the contract within 72 hours after the insured has received notice in writing from the insurer that the claim has been denied, in whole or in part. Cancellation is evidenced by the insured giving written notice of cancellation to the contractor at the address stated in the contract. Notice of cancellation, if given by mail, is effective upon deposit in a mailbox, properly addressed to the contractor and postage prepaid. Notice of cancellation need not take a particular form and is sufficient if it indicates, by any form of written expression, the intention of the insured not to be bound by the contract.
2. Before entering a contract referred to in subdivision 1, the contractor must:
 - a. Furnish the insured with a statement in boldface type of a minimum size of ten points, in substantially the following form: "You may cancel this contract at any time within three business days after you have been notified that your insurer has in whole or part, denied your claim to pay for the goods and services to be provided under this contract. See attached notice of cancellation form for an explanation of this right"; and

- b. furnish each insured a fully completed form in duplicate, captioned, "NOTICE OF CANCELLATION," which shall be attached to the contract and easily detachable, and which shall contain in boldface type of a minimum size of ten points the following information and statements:

"NOTICE OF CANCELLATION

If your insurer ,in whole or in part denies your claim to pay for goods and services to be provided under this contract, you may cancel the contract by mailing or delivering a signed and dated copy of this cancellation notice or any other written notice to (name of contractor) at (address of contractor's place of business) at any time within three business days after you have been notified that your claim has been denied. If you cancel, any payments made by you under the contract will be returned within ten business days following receipt by the contractor of your cancellation notice.

I HEREBY CANCEL THIS TRANSACTION.

.....

(date)

.....

(Insured's signature)"

3. **Return of payments; compensation.** Within ten days after a contract referred to in subdivision 1 has been canceled, the contractor must tender to the insured any payments made by the insured and any note or other evidence of indebtedness. However, if the contractor has performed any emergency services, the contractor is entitled to reasonable compensation for such services as long as the insured has received a detailed description and itemization of charges for those services.

Drafting Notes:

Penalties—This draft allows for incorporation of existing provisions for civil and criminal penalties. Appropriate penalty provisions should have a strong deterrent effect and increased penalties based on persistent violations or a pattern of conduct violating this statute. Suspension or revocation of any required license or registration should also be a part of penalty provisions.

Additional Recommendations—Contractor Fraud

In the aftermath of a catastrophic event, it is common to have both an influx of out of state repair contractors as well as an increase in questionable and even fraudulent activity related to the solicitation of repair jobs.

While the majority of contractors operate honestly, consumer complaints surrounding contractor solicitations are common following any significant event where roof damage is widespread.

continued

In the aftermath of any significant event, it is important for insurance regulators to urge the public to be aware that while solicitation is a common practice, there are steps that consumers can take to protect themselves from fraud such as:

- Read your policy, ask questions of your agent, and know what is covered and what is not covered before the storm occurs.
- Be wary of contractors who offer to report claims to insurers on their behalf; always speak to your agent or insurer first.
- Do not sign repair contracts until the insurer has had an opportunity to inspect the damaged property.
- Read the repair contract thoroughly; there may be language that obligates the property owner to pay for repairs or charges the insurer may not cover.

The following section contains examples of what regulators have done to promote awareness of these issues.

Contractor Fraud: Public Awareness Best Practices for Regulators

1. News Releases—Many states insurance regulators have issued news releases providing guidance for homeowners regarding solicitations from contractors and advice for homeowners and for contractors. Some examples:
 - a. Indiana—June 30, 2010—Issued a news release advising consumers to be wary of contractors and public adjusters who solicit their business after a storm. Provided contact numbers to verify licensing of public adjusters and tips for dealing with contractors.
 - b. Pennsylvania—June 23, 2010—In its press release on tips to victims of severe storms, the Pennsylvania Insurance Commissioner advises people against home repair contractors.
2. Brochures
 - a. Ohio—June 2008—Published a brochure for contractors on dealing with homeowners in the aftermath of a natural disaster.
 - b. Nebraska—“Do I Have Hail Damage on My Roof?”—The department’s website has a brochure that outlines what is and what is not hail damage. It can be found at: http://www.doi.ne.gov/brochure/b_hail.htm
 - c. North Carolina—In its brochure entitled “Insurance Fraud in North Carolina,” there is a section on property repair and building contractors. http://www.ncdoi.com/consumer/consumer_publications/insurance%20fraud/insurance%20fraud%20in%20north%20carolina.pdf

3. Webpage
 - a. California—“Consumers: Insurance Fraud is a Felony”—on this webpage (revised 2003); the California Department of Insurance provides red flags when getting quotes from building contractors.
<http://www.insurance.ca.gov/0100-consumers/0060-information-guides/0060-other-topics/insur-fraud-is-felony.cfm>
 - b. Maine—“Insurance Consumer Bulletin: Coping with the Aftermath of Weather-Related Disasters”.
http://www.maine.gov/pfr/insurance/consumer/weather_disasters.htm
 - c. Maryland— “Avoid Home Repair Scams” Following the post-Christmas snow storms, the Maryland Insurance Administration made tips to prevent contractor fraud front and center on their website homepage
<http://www.mdinsurance.state.md.us/sa/jsp/Mia.jsp>
4. Social Media—News about the Ohio Department of Insurance’s efforts in combating contractor fraud is on Facebook.
5. Other Best Practices
 - a. Door to Door Awareness Campaign—Following a hail storm in Youngstown, Ohio, the Department of Insurance partnered with insurers to go door to door providing information for effected homeowners on contractor solicitations.
 - b. California Blitz—In October 2010, the California Department of Insurance worked with the Contractors State License Board in the “California Blitz,” a two-day undercover operation to ferret out people offering contractor services without a license.
 - c. Prosecuting Fraudulent Business Practices by Contractors—In January 2010, the New York State Insurance Department Frauds Bureau participated in an investigation that resulted in an arrest of a Hampton Bays contractor charged with insurance fraud.
6. Other Resources
 - a. National Insurance Crime Bureau (NICB)—Has developed a number of brochures and resources for consumers, including one for hail damage entitled “Don’t Be Victimized Twice.”
 - b. Coalition Against Insurance Fraud—The Coalition has a webpage entitled “Scam Alerts” that discusses “contracting with contractors;”
www.insurancefraud.org/disaster_fraud_a.htm
 - c. Better Business Bureau—The BBB provides a list of reputable contractors and monitors consumer complaints against contractors.
 - d. FEMA—Representatives from FEMA have participated in workshops to share tips on how to prevent becoming a victim of contractor fraud. FEMA also publishes periodic

continued

releases, e.g., “Beware of Contractor Fraud” (May 31, 2004), www.fema.gov/news/newsrelease.fema?id=12363; and “Avoid Being a Victim of Consumer Fraud” (November 3, 2005), www.fema.gov/news/newsrelease.fema?id=20278.

- e. Attorneys General Office—Credible contractor firms should be registered with the AG office. Some AG offices also issue press releases cautioning storm victims about scams (e.g., Pennsylvania AG release March 31, 2009) and/or have consumer protection hot-lines.

Appendix 1

Public Service Announcements—Disaster Fraud Hurricanes—Disaster Fraud

60 Seconds

I’m XXXXXXXXXXXXX, Director of Public Affairs at the National Insurance Crime Bureau. Becoming a victim of a hurricane may be impossible to avoid. But you can avoid being victimized by dishonest contractors and adjusters.

After a hurricane, sales people go from door-to-door in damaged neighborhoods, offering clean-up or repair services. While many of these business people are honest and reputable, others are not. Educate yourself against unscrupulous operators.

- Get everything in writing.
- Demand references and check them out.
- A catastrophe greatly magnifies the opportunity for fraud. Don’t be tempted to conspire in an insurance claim. Insurance fraud is a felony.

For more tips about avoiding disaster fraud, visit the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tells NICB. That’s 1-800 T E L - N I C B. (Speak letters.)

Hurricanes—Disaster Fraud

30 Seconds

I’m XXXXXXXXXXXXX, Director of Public Affairs at the National Insurance Crime Bureau. Becoming a victim of a hurricane may be impossible to avoid. But you can avoid being victimized by dishonest contractors and adjusters. Educate yourself against unscrupulous operators by visiting the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tell NICB. That’s 1-800 -T E L - N I C B (speak the letters).

Flood—Disaster Fraud

60 Seconds

I'm XXXXXXXXXXXXX, Director of Public Affairs at the National Insurance Crime Bureau. Becoming a victim of a flood may be impossible to avoid. You can avoid being victimized by dishonest contractors and adjusters.

After a flood, sales people go from door-to-door in damaged neighborhoods, offering cleanup or repair services. While many of these business people are honest and reputable, others are not. Educate yourself against unscrupulous operators.

- Get everything in writing.
- Demand references and check them out.

A catastrophe greatly magnifies the opportunity for fraud. Don't be tempted to conspire in an insurance claim. Insurance fraud is a felony. Educate yourself against unscrupulous operators by visiting the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tell NICB. That's 1-800 - T E L - N

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Earthquake—Disaster Fraud

60 Seconds

I'm XXXXXXXXXXXXX, Director of Public Affairs at the National Insurance Crime Bureau. Becoming a victim of an earthquake may be impossible to avoid. You can avoid being victimized by dishonest contractors and adjusters.

After an earthquake, sales people go from door-to-door in damaged neighborhoods, offering clean-up or repair services. While many of these business people are honest and reputable, others are not. Educate yourself against unscrupulous operators.

- Get everything in writing.

continued

- Demand references and check them out.

A catastrophe greatly magnifies the opportunity for fraud. Don't be tempted to conspire in an insurance claim. Insurance fraud is a felony.

Educate yourself against unscrupulous operators by visiting the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tell NICB. That's 1-800 T E L - N I C B. (Speak letters.)

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Educate yourself against unscrupulous operators by visiting the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tell NICB. That's 1-800 T E L - N I C B. (Speak letters.)

Tornado—Disaster Fraud

60 Seconds

I'm XXXXXXXXXXXXX, Director of Public Affairs at the National Insurance Crime Bureau. Becoming a victim of a tornado may be impossible to avoid. You can avoid being victimized by dishonest contractors and adjusters.

After a tornado, sales people go from door-to-door in damaged neighborhoods, offering clean-up or repair services. While many of these business people are honest and reputable, others are not. Educate yourself against unscrupulous operators.

- Get everything in writing.
- Demand references and check them out.

A catastrophe greatly magnifies the opportunity for fraud. Don't be tempted to conspire in an insurance claim. Insurance fraud is a felony.

Educate yourself against unscrupulous operators by visiting the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tell NICB. That's 1-800 TEL-NICB. (Speak letters.)

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30 Seconds

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Educate yourself against unscrupulous operators by visiting the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tell NICB. That's 1-800 TEL-NICB. (Speak letters.)

Wildfire—Disaster Fraud

60 seconds

I'm XXXXXXXXXXXXX, Director of Public Affairs at the National Insurance Crime Bureau. Becoming a victim of a wildfire may be impossible to avoid. You can avoid being victimized by dishonest contractors and adjusters.

After a wildfire, sales people go from door-to-door in damaged neighborhoods, offering clean-up or repair services. While many of these business people are honest and reputable, others are not. Educate yourself against unscrupulous operators.

- Get everything in writing.
- Demand references and check them out.

A catastrophe greatly magnifies the opportunity for fraud. Don't be tempted to conspire in an insurance claim. Insurance fraud is a felony. For more tips about avoiding disaster fraud, visit the NICB Web site at www.nicb.org. To report disaster fraud, call 1-8 hundred tell NICB. That's 1-800 TEL-NICB. (Speak letters.)

Wildfire—Disaster Fraud

30 Seconds

I'm XXXXXXXXXXXXX, Director of Public Affairs at the National Insurance Crime Bureau. Becoming a victim of a wildfire may be impossible to avoid. You can avoid being victimized by dishonest contractors and adjusters. Educate yourself against unscrupulous operators by visiting the NICB web site at www.nicb.org. To report disaster fraud call 1-8 hundred tell NICB. That's 1-800 TEL-NICB. (Speak letters.)

APPENDIX A

ADJUSTER RESOURCES

While catastrophes are unforeseeable, advanced preparations can facilitate a rapid response to afflicted areas. Compiling informational-resource packets in advance makes deployment of a temporary adjusting community easier and more efficient.

Suggested components for resource kits include:

Create Adjuster's Kit—Include maps of the area, emergency contacts, land and cell phone numbers, e-mail, local statutes and regulations, key governmental and regulatory contacts, copies of emergency rules or orders that are issued or apply to the catastrophic event.

Lodging Information—Provide names and contact information for local hotels and motels and prearranging for priority space at standard pricing with hotel and chains that would ensure the availability of rooms for lodging and temporary working quarters in the area.

Identify Sources for Meals/Water—Provide lists of area restaurants, grocery stores, delis and sources for bottled water, along with area maps. Where significant disruption to the local infrastructure has occurred, emergency supplies of food and water at designated locations will facilitate rapid responses by the adjusting community.

Develop Distribution Plan for First Aid Kits—Designate a pickup area for Emergency First Aid Kits where local infrastructures have been significantly disrupted. Provide a list of medical providers in the area for injuries or illnesses requiring medical intervention, along with maps to access providers.

Transportation/Gasoline—List names and contact information for local rental agencies and gas stations. If gas shortages exist, compile real-time information of suppliers for use by adjusters at designated pickup areas. Where highway infrastructure has been disrupted, provide alternative route information.

Licensing Protocols—All licensing requirements applicable to handling the disaster should be reviewed, including those required for adjusters, engineers, contractors, emergency responders, loss prevention personnel, and others who will be working in the disaster area. Common areas should be designated to handle administrative requirements for licensing.

Designate Common Work Areas—When infrastructure suffers significant disruption, designate common areas where agents, adjusters, governmental agencies and emergency relief agencies can all be accessed by the impacted public.

Identify Administrative Help—Provide names of temporary help services in the local area. Consider creating a temporary call center plan to help constituents obtain the right resources and designating individuals to help address the needs of citizens in public and private sectors.

Create Internet Access Plan—Create an emergency plan to activate a wireless network that would allow adjusters to access the Internet in a common work area. Work with insurers in advance to assure connectivity requirements are known.

APPENDIX B

SAMPLE CATASTROPHE DATA REPORTING FORM

The following pages are a sample of the Catastrophe Data Reporting Form, presented in an Excel spreadsheet.

continued

**State of TESTSTATE
Data Call for Storm Sandy**

Evaluation Date: 03/05/13

NAIC Group #	Group Name	Test Group
0101		
99999	Company Names	XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX
99999		XXX

Insert more rows if needed

Due Dates

Claims Reported as of:

1st Report due	5th Report due
2nd Report due	6th Report due
3rd Report due	7th Report due
4th Report due	

Thereafter, updated reports are due the 1st Tuesday of every month for all claims reported as of the preceeding Friday. Insurers must continue to report updated data until the respective Department of Insurance advises insurer to cease reporting.

Contact Person

Name: _____
 Title: _____
 Telephone: _____
 E-Mail: _____

Instructions:

- * One file is to be submitted for the group.
- * Data should be inception-to-date as of the evaluation date (this is cumulative data)
- * Data should be entered as a number - this has been incorporated into the form - please do not change the form in any way
- * Numbers that are zeroes should be reported using a zero - do not leave cells blank
- * The ZipCode data fields are locked down. If there are no claims in a particular ZipCode the insurer will need to report a zero to confirm the particular ZipCode.
- * Reporting does not apply to Reinsurance or Workers Comp claims. Reporting applies solely to Property & Casualty Insurers.
- * E-mail the report to **xxxx@xxxx**. Please do not submit printed copies.
- * Data will only be released in aggregate form on an overall state level.

Definitions:

"Loss" means indemnity payments, but excludes adjustment expense. Payments should be net of actual salvage and subrogation recover lines, include losses associated with loss of use, additional living expense, fair rental value, etc.

"Case Incurred Loss" means indemnity case reserves and payments to date. Estimates of IBNR should not be included.

"Payment" means loss payment, and does not include adjustment expenses.

"Residential Property" is defined as any type of personal lines insurance provided against loss to real and personal property as defined in policy and extended coverage thereon, a dwelling policy, the homeowners, tenants, and condominium unit owners multiple peril policy, mobi insurance policy, insurance against the perils of vandalism, malicious mischief, burglary, or theft, or liability insurance, or any combination th issued for delivery in the State,

"Commercial Property" includes all commercial property losses, including those on commercial Dwelling Fire and Allied Lines policies. Bu losses should be excluded from this tab, but included on the separate "Business Interruption" tab.

"Business interruption" includes losses under a commercial policy for loss of income, operating expenses, and extra expenses while a bu operations.

"Private/Excess Flood" shall NOT include NFIP "write-your-own." It should only include private and excess insurance.

"All Other" shall exclude Workers Compensation, other than property damage claims, professional liability, mortgage/financial guaranty, fid Property/Casualty claims.

Instructions from the State of TESTSTATE:

Industry Comments:

Please explain any decrease in data reported or any large swings (>25%) in numbers from previously repc

State of TESTSTATE Sandy Data Call Summary
Group: Test Group
Claims as of: 3/5/13

	Claims Reported	Claims Closed With Payment	Claims Closed Without Payment	Paid Loss	Case Incurred Loss	% Closed
Residential Property	156	36	20	24,565.00	26,550.00	35.9%
Commercial Property	0	0	0	0.00	0.00	0.0%
Personal Auto	0	0	0	0.00	0.00	0.0%
Commercial Auto	0	0	0	0.00	0.00	0.0%
Business Interruption	0	0	0	0.00	0.00	0.0%
All Other Lines	0	0	0	0.00	0.00	0.0%
Totals	156	36	20	24,565.00	26,550.00	35.9%

Zip Code	City/Town	Residential Property Claims Reported	Residential Property Claims Closed With Payment	Residential Property Claims Closed Without Payment	Residential Property Paid Loss	Residential Property Case Incurred Loss	Commercial Property Claims Reported	Commercial Property Claims Closed With Payment	Commercial Property Claims Closed Without Payment	Commercial Property Paid Loss	Commercial Property Case Incurred Loss	Personal Auto Claims Reported	Personal Auto Claims Closed With Payment	Personal Auto Claims Closed Without Payment	Personal Auto Paid Loss	Personal Auto Case Incurred Loss	Commercial Auto Claims Reported	Commercial Auto Claims Closed With Payment	Commercial Auto Claims Closed Without Payment	Commercial Auto Paid Loss	Commercial Auto Case Incurred Loss	Business Interruption Claims Reported	Business Interruption Claims Closed With Payment	Business Interruption Claims Closed Without Payment	Business Interruption Paid Loss	Business Interruption Case Incurred Loss	All Other Claims Reported	All Other Claims Closed With Payment	All Other Claims Closed Without Payment	All Other Paid Loss	All Other Case Incurred Loss
ALL	ALL	150	35	20	24,995	26,500																									
0	City 1	11	3	0	3500	3500																									
11111	City 2	1	1	0	4500	5000																									
22222	City 3	1	0	0	4500	6000																									
33333	City 4	1	0	0	5500	6000																									
44444	City 5	1	1	0	85	50																									
55555	City 6	1	2	0	1200	1300																									
Unknown	Unknown	150	30	20	5000	5000																									

Make sure the data reported is cumulative data.
Please continue to report data even if there are no changes from the prior reporting period

Each individual state can provide the zip codes in their state. These zipcodes can be put into the spreadsheet and protected. The company can then enter information by zip code. Prepopulation of zip codes makes it easier to get correct information as some companies do not