

# Florida Hurricane Catastrophe Fund (FHCF) Proof of Loss Report

**Company Name** \_\_\_\_\_ **Co. NAIC No.** \_\_\_\_\_  
**Group NAIC No. (if applicable)** \_\_\_\_\_ **Contract Year** \_\_\_\_\_ **Losses as of** \_\_\_\_\_  
**HURRICANE** \_\_\_\_\_ **PCS CAT. NO.** \_\_\_\_\_ **DATES OF LOSS** \_\_\_\_\_

**SECTION I**

**ESTIMATED INCURRED GROUND-UP OR GROSS DIRECT LOSSES ON COVERED POLICIES**

	Commercial-Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Stand-Alone Inland Marine	Total
A. Paid Loss*							
B. Outstanding Loss*							
C. IBNR (unknown losses)*							
D. TOTAL*							

\* Include Ground-up or Gross Direct losses from Covered Policies under a Covered Event only. Do not include Loss Adjustment Expenses. See Article V of the Reimbursement Contract for the definitions of Covered Event, Covered Policy, Ground-up or Gross Direct Losses, and Retention. See Article VI of the Reimbursement Contract for specific coverage exclusions. Copies of this Proof of Loss Report, the Reimbursement Contract, and additional information can be found on the Internet at [www.fsba.state.fl.us/fhcf](http://www.fsba.state.fl.us/fhcf) or [www.benfieldgroup.com/paragon/fhcf](http://www.benfieldgroup.com/paragon/fhcf).

**SECTION II**

**ESTIMATED RECOVERABLE FROM THE FHCF**

	<b>Incurred Basis</b>
A. Ultimate Incurred Subject Loss (Sec. I.D.)	
B. Less Actual Retention	
C. Subtotal (minimum of -0-) (A - B)	
D. Elected Coverage Percentage	
E. Subject Loss Excess Retention (C x D)	
F. LAE (5% of Incurred Losses in Excess of Retention) (E x 5%)	
G. Estimated Recoverable from the FHCF on Incurred Basis** (E + F)	

	<b>Paid Basis</b>
A. Paid Subject Loss (Sec. I.A)	
B. Less Actual Retention	
C. Subtotal (minimum of -0-) (A - B)	
D. Elected Coverage Percentage	
E. Subject Loss Excess of Retention (C x D)	
F. LAE (5% of Paid Losses in Excess of Retention) (E x 5%)	
G. Total Estimated Recoverable (E + F)	
H. Previous Reimbursements	
I. Estimated Recoverable from the FHCF this request** (G - H)	

\*\*Estimated recoverables are limited by the claims paying capacity of the FHCF.

## ESTIMATED REINSURANCE RECOVERABLES FROM OTHER SOURCES

\_\_\_\_\_ My Company has incurred losses in excess of its FHCF Retention, however, my Company does not have a private reinsurance recovery.

\_\_\_\_\_ My Company has incurred losses in excess of its FHCF Retention and has a private reinsurance recovery.

*The undersigned does hereby confirm that all losses reported under Section I of this Proof of Loss Report are losses under FHCF Covered Policies and have been incurred by the named Company, and that to the best of my knowledge, recoveries from the FHCF, together with the actual or anticipated reimbursement from other sources, except reinsurance recoveries from affiliated insurers and/or reinsurers, shall not exceed 100% of the Company's paid losses under Covered Policies from Covered Events. If total recoveries do exceed 100%, we acknowledge that any amount in excess of 100% shall be returned to the FHCF unless there is an inuring agreement between the Company and its reinsurers. All reported information is subject to audit by the State Board of Administration.*

Signature: \_\_\_\_\_ Executive Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Executive Title: \_\_\_\_\_ Date: \_\_\_\_\_

## RECORDS RETENTION REQUIREMENTS

Companies reporting losses and receiving reimbursements or advances from the FHCF for paid losses from Covered Events are subject to audit by the FHCF or its agents pursuant to the Reimbursement Contract entered into between the Company and the FHCF. Therefore, all companies shall retain complete and accurate records of all losses paid by the FHCF until the FHCF has completed its audit of the Company. All records, including Form FHCF-L1B (Proof of Loss Report), correspondence, and supporting documentation, must be available with computer runs produced containing the information below. The Company may be required to provide some or all of the following information in advance upon notice of an audit.

### 1. Detailed claims listing which supports the losses reported on the Proof of Loss Report including:

- Claim number
- Date of loss
- Policy number
- Policy effective date
- FHCF type of business code
- ZIP Code
- Paid loss – habitational building, appurtenant structure, contents, and additional living expense
- Outstanding loss reserve - habitational building, appurtenant structure, contents, and additional living expense
- Salvage received, if any
- Loss adjustment expense, if available

### 2. Claim files which include documentation of the following:

- Claim number
- Claim description
- Policy number and location of property
- Evidence of salvage received
- Amount of loss adjustment expense
- Copies of checks for payment of losses

### 3. Detailed exposure listing, which was retained at the time the exposure data was submitted to the FHCF, for the Contract Year the loss occurred. See the SBA Audit File specifications section of the Data Call applicable to the Contract Year the loss occurred.