69O-137.008 Filing of Statistical and Quarterly Reports for Individually Rated Risks and Excess Rates.

(1) Purpose and Scope. The purpose of this rule is to provide procedures for filing statistical reports for individually rated risks pursuant to Section 627.062(3)(a), F.S., and for excess rates pursuant to Section 627.171, F.S., since they are not rated in accordance with the insurer's rates, rating schedules, rating manuals, and underwriting rules which have been filed with the Office. Every insurer in this state which is authorized to transact any of the lines of insurance subject to Part II of Chapter 627, F.S., and which rates risks on an individual or excess basis shall be subject to this rule. Reports for individually rated risks and excess rates shall be received by the Office on a quarterly basis for each company. The information shall be reported within 45 days of the close of each quarter on Form OIR-B1-588, http://www.flrules.org/Gateway/reference.asp?xxxxxx ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-08272~~, "Office of Insurance Regulation/Property & Casualty – Quarterly Report/Individually Rated Risks and Excess Rates," rev. ~~7/03~~ 6/26, which is hereby adopted and incorporated by reference. A quarterly report must ~~need not~~ be filed even if no individually rated risks or risks subject to excess rates have been written during the quarter ~~for which the report would otherwise be due. However, if an insurer does not file Form OIR-B1-588 because of not having written such business for four consecutive quarters, then for the quarter after the fourth consecutive quarter for which no business was written, the insurer shall file Form OIR-B1-588 and check the box thereon indicating that the insurer has not been subject to filing for the past four consecutive quarters~~. The form may be obtained from floir.gov/iportal ~~http://www.floir.com/iportal~~. A separate report must be completed for each quarter. The reports are due 45 days after the close of each quarter.

(2) Submitting the Report. Forms shall be filed electronically at floir.gov/iportal ~~https://www.floir.com/iportal~~.

Rulemaking Authority 624.308(1), 627.331(1) FS. Law Implemented 624.307(1), 624.418, 624.4211, 624.424(6), 627.062, 627.171, 627.331 FS. History–New 6-9-93, Amended 9-19-94, Formerly 4-137.008, Amended 7-30-17, 1-3-21, _____.

OIR-B1-588

VERSION
XX.XX.X

FLORIDA PROPERTY & CASUALTY - QUARTERLY REPORT
INDIVIDUALLY RATED RISKS AND EXCESS RATES
("A" RATES AND CONSENT-TO-RATE/EXCESS RATES)

If you need any assistance during the filing process,
please contact the Office at 850-413-3147 or via email:

OIRB1588@FLOIR.GOV

CY20XX Due Dates:

First Quarter Due May 15; Second Quarter Due August 15;

Third Quarter Due November 15; Fourth Quarter Due February 15

P&C Quarterly Report-Individually Rated Risks and Excess Rates ("A" Rates and Consent-To-Rate/Excess Rates)

Florida Office of Insurance Regulation

Pursuant to 627.171 & 627.062(3)(a) F.S., and Rule 690-137.008

Filers must submit their P&C Individually Rated Risks Quarterly Reports through the Office's Insurance Regulation Filing System (IRFS) at the address: irfs.floir.gov/. Reporting and filing periods are:

- January 1 - March 31, filings will be submitted from April 1 through May 15
- April 1 - June 30, filings will be submitted from July 1 through August 15
- July 1 - September 30, filings will be submitted from October 1 through November 15
- October 1 - December 31, filings will be submitted from January 1 through February 15

Data must be submitted on an individual company basis only. Note that a quarterly report must be submitted even if no individually rated risks or risks subject to excess rates have been written in the quarter. If multiple reports are prepared by different filers within a company, please coordinate together to insure no overlapping and completeness. Only one report may be submitted each quarter for each company.

Please use the Insurance Regulation Filing System (IRFS) for filing submission:

irfs.floir.gov/

COMPONENTS OF THE FILING

Your Individually Rated Risks and Excess Rates Report Data Filing will include the following components:

- Reporting Template - The data template, which must be downloaded from within IRFS, completed in your office, and then uploaded in Excel. Format "xlsx" will be accepted.

- The Contacts component is required. All subscribed email accounts to your company will be listed and any may be added as "cc:" contacts, meaning they will also receive notice of your filing. Contact us if an unknown account appears. Here you may also designate another account as the primary filer for your filing. There is an open box below that allows you to include additional email addresses that are not subscribers of the company. Include all you need, separating each email account with a semicolon and space ("; "). When done click on the "Save" button.

- Other Information/Documents - Upload any information in the available formats needed to explain any data or other portion of the filing.

Please note: Additional underlying documentation shall be made available upon request of the Office.

For any questions regarding IRFS support, please contact the Market Data Collections Unit at 850-413-3147

For any reports related questions, please contact via email at:

OIRB1588@floir.gov

Your prompt cooperation in this effort will be greatly appreciated.

General Instructions

STEPS FOR PROCESSING AND REPORTING DATA TO THE OFFICE OF INSURANCE REGULATION:

OVERVIEW PROCESS:

> Enter IRFS using the link

irfs.floir.gov/

> New users must subscribe to a company (ies) using the My Account on the User Menu.

> Select "Create Filing" in the top right corner of the screen.

> In the Data Collection tile, click Begin.

> STEP 1: Select the company for which you are creating the filing. Click Next.

> STEP 2: Select Individually Rated Risks and Excess Rates (P&C) Quarterly Report. Click Next.

> STEP 3: Skip step Three, which is for group filings (not permitted with this data call). Click Next.

> STEP 4: Review the information. Click Create. You will be redirected to the Workbench.

> You must repeat steps 1-4 to create a Filing for each company that you represent.

> View and edit the filing on the Workbench by clicking the Filing ID in the first column.

> Expand components by clicking on the plus sign.

> In the Contacts Component, other email accounts subscribed to your company will be listed under Add Company Contact. Include additional email addresses that are not subscribers of the company in the text box. Any email listed in this component will receive email notifications about the filing. Click Save.

> Save the data template to your local drive - you may add to it as needed and upload it back to the same page in IRFS when you are ready.

> Complete the template then upload it to the same Filing Component screen by selecting "Upload" then "Browse" to find your file. Keep in mind all validation cells in the template must display TRUE before the template can be successfully uploaded. A FALSE value means there is a problem with your data.

> Make corrections to your data template if you receive validation errors after uploading your template.

> If you were unable to complete needed responses in the data template, then upload those documents under the "Other Information/Documents" component. Any supplemental or optional documents may also be uploaded there.

> When you have loaded the components submit your filing by clicking on the SUBMIT button (scroll up if you don't see the word "SUBMIT").

> Your submission is considered filed *only after* you receive an email receipt showing your file log number.

Section A: CONTACT INFORMATON			VALIDATION CHECKS
THIS IS REQUIRED INFORMATION that is to be provided each time the Quarterly Report is submitted to the Office of Insurance Regulation.			Required Data Field Complete?
1	Please provide the name of the individual responsible for the coordination and submission of the requested report		FALSE
2	What is her or his email address?		FALSE
3	What is the best number where she or he can be reached?		FALSE
4	What is the Company's Name?		FALSE
5	What is the Company's NAIC Code? *("00000" if no NAIC Code exists)*		FALSE
6	What is the Company's Florida Company Code? *("00000" if no Florida Code exists)*		FALSE
7	What is the Company's FEIN?		FALSE
8	What is the Company's NAIC Group Code? *("0000" if no NAIC Group Code exists)*		FALSE
9	What is the Company's State of Domicile?		FALSE
10	Date of Completing this Report *(Date Report Completed)*		FALSE

Section B: SPECIAL CONTACT INFORMATION			VALIDATION CHECKS
THIS IS REQUIRED INFORMATION that is to be provided each time the Quarterly Report is submitted to the Office of Insurance Regulation.			Required Data Field Complete?
1	Please select the filing quarter:		FALSE
2	FEIN (Lead Company):		FALSE
3	Group Name:		FALSE
4	Company Name:		FALSE
5	Mailing Address:		FALSE
6	Contact Person:		FALSE
7	Contact Person's Phone Number:		FALSE
8	Chief Executive Officer's Name:		FALSE
9	Chief Executive Officer's Mailing Address:		FALSE
10	Provide your FAX number:		TRUE
11	Provide your 800 number:		TRUE
12	Does the company named in this filing rate risks in any lines of business subject to Part II of Chapter 627, F.S., on an **individual basis**, not in accordance with the insurer's rates, rating schedules, rating manuals, and underwriting rules which have been filed with the Office?		TRUE
13	Does the company named in this filing rate risks in any lines of business subject to Part II of Chapter 627, F.S., on an **excess basis**, not in accordance with the insurer's rates, rating schedules, rating manuals, and underwriting rules which have been filed with the Office?		TRUE
124	Total number of policies: *(Enter after completing the Quarterly Report tab)*		TRUE

Section C: INDIVIDUALLY RATED RISK QUARTERLY REPORT Company Name: Complete a separate report for the policies written in each quarter. The reports are due 45 days after the close of each quarter			VALIDATION CHECKS
LOB NAME	1 Total Number of Policies Individually Rated ("A" Rate)	2 Total Direct Written Premium ("A" Rate)	Required Data Field Complete?
PROPERTY (FIRE)			FALSE
ALLIED LINES (FLOOD, TIME ELEMENT, WIND ONLY & OTHER)			FALSE
FARMOWNERS MULTI-PERIL			FALSE
HOMEOWNERS MULTI-PERIL			FALSE
COMMERCIAL MULTI-PERIL			FALSE
INLAND MARINE			FALSE
FINANCIAL GUARANTY			FALSE
AUTO WARRANTY			FALSE
MEDICAL MALPRACTICE			FALSE
EARTHQUAKE			FALSE
OTHER LIABILITY			FALSE
COMMERCIAL AUTO (FULL COVERAGE OR LIABILITY ONLY)			FALSE
COMMERCIAL AUTO PHYSICAL DAMAGE ONLY			FALSE
FIDELITY			FALSE
SURETY			FALSE
BAILBONDS			FALSE
GLASS			FALSE
BURGLARY & THEFT			FALSE
BOILER & MACHINERY			FALSE
CREDIT			FALSE
LIVESTOCK & LIVE ANIMALS (PET INSURANCE, ANIMAL MORTALITY)			FALSE
INDUSTRIAL FIRE			FALSE
INDUSTRIAL EXTENDED COVERAGE			FALSE
MOBILE HOME MULTI-PERIL			FALSE
MOBILE HOME PHYSICAL DAMAGE ONLY			FALSE
MULTI-PERIL CROP (CROP HAIL)			FALSE
HOME WARRANTY			FALSE
SERVICE WARRANTY (EXTENDED WARRANTY)			FALSE
OTHER WARRANTY			FALSE
MISC CASUALTY (INCL. IDENTITY THEFT, SPECIAL EVENT)			FALSE
PREMIUM FINANCE			FALSE
GRAND TOTAL			TRUE

Section D: CONSENT-TO-RATE QUARTERLY REPORT Company Name: Complete a separate report for the policies written in each quarter. The reports are due 45 days after the close of each quarter.			VALIDATION CHECKS
LOB NAME	1 Total Number of Policies Excess Rated (Consent-to Rate)	2 Total Direct Written Premium (Consent-to-Rate)	Required Data Field Complete?
PROPERTY (FIRE)			FALSE
ALLIED LINES (FLOOD, TIME ELEMENT, WIND ONLY & OTHER)			FALSE
FARMOWNERS MULTI-PERIL			FALSE
HOMEOWNERS MULTI-PERIL			FALSE
COMMERCIAL MULTI-PERIL			FALSE
INLAND MARINE			FALSE
FINANCIAL GUARANTY			FALSE
AUTO WARRANTY			FALSE
MEDICAL MALPRACTICE			FALSE
EARTHQUAKE			FALSE
WORKERS' COMPENSATION			FALSE
OTHER LIABILITY			FALSE
PRIVATE PASSENGER AUTO (FULL COVERAGE OR LIABILITY ONLY)			FALSE
COMMERCIAL AUTO (FULL COVERAGE OR LIABILITY ONLY)			FALSE
PRIVATE PASSENGER AUTO PHYSICAL DAMAGE ONLY			FALSE
COMMERCIAL AUTO PHYSICAL DAMAGE ONLY			FALSE
FIDELITY			FALSE
SURETY			FALSE
BAILBONDS			FALSE
GLASS			FALSE
BURGLARY & THEFT			FALSE
BOILER & MACHINERY			FALSE
CREDIT			FALSE
LIVESTOCK & LIVE ANIMALS (PET INSURANCE, ANIMAL MORTALITY)			FALSE
INDUSTRIAL FIRE			FALSE
INDUSTRIAL EXTENDED COVERAGE			FALSE
MOBILE HOME MULTI-PERIL			FALSE
MOBILE HOME PHYSICAL DAMAGE ONLY			FALSE
MULTI-PERIL CROP (CROP HAIL)			FALSE
HOME WARRANTY			FALSE
SERVICE WARRANTY (EXTENDED WARRANTY)			FALSE
OTHER WARRANTY			FALSE
MISC CASUALTY (INCL. IDENTITY THEFT, SPECIAL EVENT)			FALSE
PREMIUM FINANCE			FALSE
GRAND TOTAL			TRUE

Rule 69O-138.003, Market Conduct Exam Methodology