

TEXAS STATISTICAL PLAN

FOR

RESIDENTIAL RISKS

Effective April 1, 2026

**Texas
Statistical Plan
for
Residential Risks**

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Section A:
General Rules

1. Scope of the Plan

This statistical plan (Plan) applies to all reports required to be filed with the Texas Department of Insurance (TDI) for reporting periods beginning on or after ~~July~~April 1, ~~2022~~2026. Reports required to be filed with TDI before that date are governed by the Plan in effect on the date the applicable report was required to be filed. It applies to the various coverages under Homeowners Policies and Policies providing Fire, Extended Coverage, and Other Allied Lines on dwellings, buildings, and contents.

This Plan is applicable to direct business written by the carrier. The Plan gives the necessary instructions for the recording of the captioned lines of business so that experience will be available at the level of detail required for reporting.

This Plan also includes reporting requirements to collect (1) information on the reasons companies cancel, nonrenew, or decline coverage and (2) the number of actual cancellations, nonrenewals, and declinations.

The Plan is printed in the following major divisions:

Section A – General Rules—for recording of business on carriers' records and reporting of experience

Section B – Coding for Premiums and Losses

Section C – Record Layout for Premiums

Section D – Record Layout for Losses

Section E – Record Layout for Cancellation, Nonrenewal, and Declination Notices

Section F – Additional Instructions for Cancellation, Nonrenewal, and Declination Notices

Section G – Record Layout for Number of Actual Cancellations, Nonrenewals, and Declinations

2. Methods of Recording and Compiling Experience

This Plan is designed to develop experience on a calendar/accident year basis. Such experience provides a comparison of the incurred losses on accidents or occurrences that took place in a given 12-month period with the amounts of insurance and premiums earned in the same period.

3. Recording of Experience

Carriers may use any procedure for recording experience data, including any type of record form convenient to their statistical or accounting procedures and any codes other than those set forth in this Plan, provided that the carrier can report experience data within the required time and in accordance with the requirements for the reporting of experience set forth in this Plan. The adoption of the procedures outlined here, together with the codes, should promote accuracy and save labor in the preparation of statistical data for the filing of experience.

4. Uniform Method of Reporting Experience

Every carrier must report its experience in accordance with instructions issued by the TDI and the codes set forth in this Plan when reporting experience. Each carrier must report its experience in the detail required, and ~~forward the executed affidavit, attesting attest~~ to the accuracy and completeness of ~~all experience reports~~the data submitted, ~~—~~ in accordance with these instructions.

5. Reinsurance

Except as provided in Rule 31, the experience is to be reported on direct business only. Therefore, the reports of experience must not include premiums received from, or losses paid to, other carriers on account of reinsurance assumed by the reporting carrier, nor may the reporting carrier make any deductions for premiums ceded to, or for losses recovered from, other carriers on account of reinsurance ceded.

6. Amounts of Insurance—Premiums and Losses

Carriers must (a) show amounts of insurance (limits of liability) on both premium and loss records and (b) record amount of insurance (limits of liability) to the nearest thousand dollars of coverage of the original policy. Policies for amounts under \$1,500 must be recorded as "01."

For pro rata or flat cancellations, record the same amount of insurance originally recorded for the policy being canceled.

The amount of insurance to be recorded will be as follows:

For homeowners and dwelling forms: Dwelling, Personal Property, and Loss of Use (or Additional Living Expense)

For tenant forms: Personal Property only

For condominium forms: Dwelling* and Personal Property

* Including limits for any coverage provided for alterations, appliances, fixtures, and improvements under the Dwelling portion (if any) of a condominium form.

Carriers must report all limits in thousands of dollars. For policies that provide Loss of Use coverage as a percentage of Coverage A, the carrier must convert this to a dollar amount. For example, the Texas HO-A provides a limit of 10% of Coverage A for Loss of Use. For a policy that provides \$200,000 in Coverage A, the carrier will report loss of use coverage of "20" (or \$20,000 = 0.10 x \$200,000).

If there is a time limit in addition to a dollar limit for additional living expense or loss of use (for example, 12 months), report only the dollar limit.

For dwelling policies, record separately the amounts of insurance on each dwelling and each personal property. When additional coverage is added for the same perils as the main dwelling, such as coverage for outbuildings, TV antennas, or trees and shrubs, the amount of insurance for the dwelling should be increased to reflect the increased liability. When outbuildings are covered for different perils than the main dwelling, code as a separate item. Amount of insurance should not be recorded for rental value coverage.

7. Premiums

Premiums on direct business must be identified as premiums written, cancellations, or as all other additional and return premium endorsements by the Record Type Codes set forth in this Plan. Such premium entries must also be identified by the other statistical codes shown in Section B (Coding) of this Plan.

Premiums for additional coverages on outbuildings, TV antennas, and trees and shrubs should be added to premiums of the principal dwelling with all coding based on that for the principal dwelling. Premiums for additional coverage on personal property to supplement the basic personal property coverage must be added to that for the basic personal property coverage if the premiums apply to the original policy at inception. The amount of insurance must be that for the basic personal property policy.

Record premiums from individual company filings of homeowners or dwelling enhancement endorsements separately from remainder of policy using Record Type 95.

8. Effective and Expiration Dates—Premiums

On premium records for new business and renewals, the effective month, day, and year, and expiration month and year, of the policy must be shown. For cancellations (pro rata, or flat cancellation), the effective month and year of the cancellation as well as the expiration month and year of the policy being canceled must be shown.

~~On loss records, accident month, day, and year must be shown in the same field as the effective date for premium entries.~~

9. Cancellations—Premiums

For a flat cancellation (effective as of the inception or renewal date of the policy), the coding of the cancellation entry must be identical with the original entry, except for the Record Type.

For pro rata cancellations, the coding of the cancellation entry must be identical with the original entry except for the Record Type and effective month and year, which must be the effective date of the cancellation.

10. Changes by Endorsement

If an endorsement effective as of inception or renewal date of the policy changes coding conditions or premium amount, the original entry should be reversed, and a new corrected entry submitted. An additional and return premium endorsement effective after inception date of the policy should be reported as Record Type 02 or 92, and contain the same coding as an original Record Type 01 or 91 entry.

11. Losses Exclusive of Loss Adjustment Expense

Losses are to be reported net as to recoveries under salvage, subrogation, and other recoveries (not reinsurance).

Each loss entry must be identified by the proper Kind Code and show the appropriate accident month, day, and year and, except as otherwise provided, the same statistical codes that were used to record the premium entry for the coverage under which the loss was incurred. In addition, each loss entry must show the New Claim Count, Paid Claim Count, Reopened Claim Count, Cause of Loss, and Type of Loss Code.

Loss adjustment expenses are not to be reported.

12. Negative Amounts

Negative amounts ~~shall~~must be indicated in the units position as follows:

Units	
Value	Symbol
0	}
1	J
2	K
3	L
4	M
5	N
6	O
7	P
8	Q
9	R

For positions other than the units position, use the digits 0–9 as usual.

For example, to record a fire premium transaction of $-\$780$, the insurer should report "0078}" in the premium field.

13. New Claim Count

Cases must be reported as claims in a manner consistent with how the company establishes claims for its own internal reporting purposes. All claims must be reported under this Plan, regardless of whether the carrier has made a claim payment, has established a loss reserve, has made an expense payment, or expects to make a loss or expense payment. This includes claims where the insurer ultimately closes the claim without any indemnity or expense payments. A claim that is partly paid and partly outstanding must be counted only once (with a claim count of 1 on the first payment transaction record). A claim on which more than one payment is made may be counted only once.

New claims must be reported under this Plan in the month the claim was reported to the carrier, regardless of whether the carrier made a loss payment or established a reserve during that month.

Claims newly reported in a month must use New Claim Count "1" (~~Newly~~newly reported claim) in the first loss record for this claim, regardless of the claim status at the end of the month.

Claims previously reported, including in an earlier record for the current month, must use New Claim Count "0" (~~Previously~~previously reported as a newly reported claim).

New claims which were previously reported in error and need to be reversed must use New Claim Count "-1" (~~Reversal~~reversal of previously reported new claim). See Rule 12 for instructions on coding negative quantities.

A case involving a loss payment or the establishment of a loss reserve or that is being evaluated for potential payment under several separate, differently coded statistical entries must include a single, separate record with New Claim Count "1" for each statistical entry.

14. Paid Claim Count

The first payment record for a claim must be reported with Paid Claim Count "1."

Nonpayment records (those with a Kind Code not corresponding to a loss payment amount) must be reported with Paid Claim Count "0."

Payment records for a claim that has previously been reported with Paid Claim Count "1" must be reported with Paid Claim Count "0."

Claims that were previously reported in error as paid and need to have all payments reversed must use Paid Claim Count "-1."

Salvage, subrogation, and other recoveries (not reinsurance) may only be recorded as a credit to claim count if the recovery is the total cost of the case.

See Rule 12 for instructions on coding negative quantities.

A case involving a loss payment under several separate, differently coded statistical entries must include a single, separate record with Paid Claim Count "1" for each statistical entry.

15. Reopened Claim Count

A claim that was **last** reported as **closed** (prior to the current month being reported) need not be reported again unless:

- the insurer makes an indemnity payment to the insured on the claim;
- the insurer recovers an indemnity payment on the claim; or
- the insurer considers the claim to be open at the end of the month.

In each of the above situations, a claim last reported as closed **must** be reported again.

A claim last reported as closed that the carrier reopens and recloses in the **same** month **without** making or recovering any indemnity payments (that ~~haven't~~have not already been reported) may **optionally** be reported again, but need not be reported again.

A claim is considered "**newly reopened**" in any month where the claim is being reported again after having last been reported as **closed**. This is true even if the claim does not meet the insurer's internal definition for a reopened claim. A claim is **still** considered "newly reopened" when it is reopened for a second (or third, etc.) time **if** the claim is being reported after having **last** been reported as closed.

A **newly reopened** claim must have Reopened Claim Count "1" in the first loss record of the month. A **newly reopened** claim must have Reopened Claim Count "0" in any records other than the first loss record of the month.

Any claim that is **not newly reopened** must have Reopened Claim Count "0."

There will not be two or more records for the same claim in the same month with Reopened Claim Count "1" since the claim would only be considered "newly reopened" for the first of these records.

For any claim that was last reported as closed, the **number of months** in which the carrier has reported the claim as closed will be **one more** than the **sum** of the Reopened Claim Count for that claim over all loss records reported for that claim.

Example 1:

For a claim that was last reported as closed and that has been reported as closed in only one month, the Reopened Claim Count will normally be "0" on all loss records~~*,*~~*,*

Example 2:

For a claim that was last reported as closed and that has been reported as closed in four different months, the Reopened Claim Count will normally be "1" on exactly three loss records and will be "0" on all other loss records^{*,*}.

* The only exceptions will occur when there are one or more reversal records for the claim. In the presence of reversal records, for Example 1, the **sum** of Reopened Claim Count will be 0, and for Example 2, the **sum** of Reopened Claim Count will be 3.

Claims that were previously reported in error as reopened and need to be reversed must use Reopened Claim Count "-1" (~~Reversal~~reversal of claim previously report as reopened). See Rule 12 for instructions on coding negative quantities.

16. Claim Status

For each claim that is new, that remains open, or that had a change in the last reported claim status during the month, carriers must report the status of the claim as of the end of the month.

A claim that involves several parts or coverages may not be reported as closed at the end of the month unless all parts or coverages associated with the claim are closed as of the end of the month. If at least one part or coverage associated with the claim remains open as of the end of the month, then the carrier must report the claim as open at the end of the month.

For claims that have **never** previously been reported as closed, use claim status "1," "2," or "3- " as described below. For claims that **have** previously been reported as closed, use claim status "4," "5," or "6- " as described below.

Use claim status "1" or "4" for claims ~~are~~ that are open at the end of the month.

Use claim status "2" or "5" for claims that are closed at the end of the month and for which the carrier has made an indemnity payment on the claim in the current or any previous month, even if the payment was fully recovered from any source other than the insured. Do **not** use claim status "2" or "5" for claims that are closed at the end of the month where the carrier **only** made an expense payment or for claims where one or more indemnity payments were made but all indemnity payments have been **fully** recovered from the **insured**.

Use claim status "3" or "6" for claims that are closed at the end of the month and for which the carrier has **never** made an indemnity payment on the claim. Use claim status "3" or "6" for claims that are closed at the end of the month where the carrier **only** made an expense payment and also for claims where one or more indemnity payments were made but all indemnity payments have been **fully** recovered from the **insured**.

17. Adjustments—Premiums and Losses

Carriers must adjust errors in the original coding by reversing the original entry and making a new entry showing the proper codes, amounts of insurance, and premiums or losses. The reversal record must code each amount of insurance as the negative value that offsets the value in the original entry. See Rule 12 for instructions on coding negative quantities.

18. Geographical Divisions

The state, city, and town codes must be recorded for all homeowners and dwelling policies. To obtain a current list of the Texas Place Codes, contact TDI's Residential Property statistical agent. Revisions to the list will be sent out periodically.

19. Deductible Insurance

Each premium and loss entry must be identified with the deductible type or amount codes shown in Section B (Coding) and must include the actual deductible dollar amounts.

20. Prior Claims History

Insurers that use prior claims history as a rating or tiering variable must report the number of chargeable claims on the policy in the previous five years.

Code	Description
0	No chargeable claims in the last five years
1	One chargeable claim in the last five years
2	Two chargeable claims in the last five years
3	Three chargeable claims in the last five years
4	Four chargeable claims in the last five years
5	Five or more chargeable claims in the last five years
6	Company does not use prior claims history in rating or tiering.

When determining the number of chargeable claims, an insurer must use the definition of a chargeable claim it uses in its rating or underwriting rules. In no event may an insurer include as a chargeable claim any claim prohibited by Title 28, Texas Administrative Code, §21.1004 and §21.1007, including:

- (a) a claim resulting from a loss caused by natural causes;
- (b) a claim that is filed but not paid or payable under a residential property policy; or
- (c) a claim that an insurer is prohibited from using under Texas Insurance Code §544.353.

21. Experience to Be Reported

~~Reports of Carriers must submit~~

- ~~unit transactions of premiums and exposures written, and a report of losses paid and outstanding for each accounting month,~~
- ~~reasons for cancellations, nonrenewals, and declinations provided to policyholders or applicants for each notification month, and~~
- ~~the number of policies canceled and nonrenewed and applications declined for each effective month.~~

~~Carriers must submit their required reports, along~~ with a transmittal letter ~~must be sent,~~ to TDI's designated statistical agent monthly, within 45 days after the close of the month.

The required reports must be submitted on an acceptable medium. See Rule ~~2429~~ ("Transmittal Form") for acceptable media.

Once a year, reporting carriers must submit a reconciliation to TDI's designated statistical agent.

22. Company Number

Each reporting carrier must identify each of its reported records by the Company Number assigned to it by TICO.

23. Accounting Date—~~Premium and Losses~~

The month and year in which a transaction was recorded on the books of the reporting carrier must be shown.

24. ZIP Code

The five-digit ZIP code of each risk must be reported. ~~Report~~For premium and loss records, report "ZIP code plus 4" if available.

25. NAIC Company Number

The NAIC company number ~~is required and~~ must be entered ~~in positions 146–150~~ for all records. ~~Please note that the Company Number assigned by TICO is still required in the appropriate positions.~~

26. Policy Identifier

The policy identifier is an alphanumeric code assigned by the company to uniquely identify the policy being reported in the premium or loss record. The company must use the same policy identifier **each** time it reports on any given policy, and the company must **not** use the same policy identifier for two or more different policies.

27. Claim Identifier

The claim identifier is a two-character alphanumeric code assigned by the company to uniquely identify, along with the policy identifier and the occurrence date, the claim being reported in the loss record. The company must use the same claim identifier **each** time it reports on any given claim, and the company must **not** use the same claim identifier for two or more different claims on the same policy having the same occurrence date.

Two claims may be assigned the same claim identifier only if the claims are reported on different policies or have different occurrence dates (or both).

28. Designated Statistical Agent

The ~~Commissioner~~commissioner of ~~Insurance~~insurance has designated TICO as TDI's statistical agent for Texas residential property insurance. For all transactions on or after January 1, 1996, each company must report its experience to TICO. The residential property reports that must be reported to TICO are:

- Dwelling, HO Premiums
- Dwelling, HO Losses
- Dwelling, HO Cancellation, Nonrenewal, and Declination Notices
- Dwelling, HO Number of Actual Cancellations, Nonrenewals, and Declinations

29. Transmittal Form

A residential property data submission transmittal form must accompany all data submitted to TICO. The transmittal form must contain the following information:

A. Company Name

B. NAIC Company Code

C. Record Count:

1. Dwelling, HO Premium
2. Dwelling, HO Losses

3. Dwelling, HO Cancellation, Nonrenewal, and Declination Notices

4. Dwelling, HO Number of Actual Cancellations, Nonrenewals, and Declinations

D. Totals for Significant Fields:

1. Written Premium
2. Paid Losses
3. Outstanding Losses

4. Notified Policy Count for

a. Cancellations

b. Nonrenewals

c. Declinations

5. Actualized Policy Count for

a. Cancellations

b. Nonrenewals

c. Declinations

E. Type of Reporting Medium

All records must be submitted to TICO electronically ~~via ShareFile.~~

Companies should contact TICO for set-up instructions.

F. Record and Format Information

Files must be Fixed ASCII: Standard Data Format (SDF).

30. Tenure Discounts

Some insurers rate based on the insured's tenure with the company. "Tenure" is defined as the number of years previously insured with the insurer at the time the policy is issued or renewed. Insurers that rate or tier using tenure must report a one-digit numeric Tenure Code in position 140 for all premium and loss transactions. Insurers that offer a tenure discount must report the amount of the discount in positions 141–142 as a two-digit numeric code indicating the percentage discount. Report a 10% discount as "10." Report a 5% discount as "05." Report no discount as "00." Report use of tenure for tiering only (no specific discount amount) as "00."

Tenure with Insurer	Tenure Code
not used in — rating or tiering	0
0–2 years	1
3–5 years	2
6–8 years	3
9–10 years	4
11–15 years	5
16–19 years	6
20 or more years	7

31. Reporting for TWIA Depopulation

Voluntary insurers may opt to participate in the Texas Windstorm Insurance Association (TWIA) depopulation programs authorized under Insurance Code §2210.701. The following applies when reporting policies that are subject to depopulation through Assumption Reinsurance (AR) where the policyholder **does not** opt out before June 1 of the applicable year.

1. TWIA is responsible for reporting data for all premium and loss transactions with transaction dates **before** the date the voluntary take-out insurer assumes the policy.
2. The voluntary take-out insurer is responsible for reporting data for all premium and loss transactions on the policy with transaction dates **on or after** the date the voluntary take-out insurer assumes the policy.

The following line of business codes apply to all wind-only policies.

31. Reporting for TWIA Depopulation

Code	Explanation
13	Applies to all policies originally issued by TWIA, including policies that are later assumed by a take-out insurer through assumption reinsurance.
14	Applies to the first, second, and third renewal of an assumption reinsurance policy that the take-out insurer is required to renew under Texas Insurance Code §2210.703(a).
15	Applies to all other wind-only policies, including (i) policies taken out of TWIA on a voluntary basis under 28 TAC §5.4306 7L ; (ii) the fourth and subsequent renewal of policies originally acquired through assumption reinsurance 7L ; and (iii) all other wind-only policies written in the voluntary market.

When a voluntary insurer assumes a policy under assumption reinsurance, both the voluntary insurer and TWIA must report the transaction as if the policy had been canceled by TWIA with the return premium equal to the amount of gross reinsurance premium ceded to the voluntary insurer. TWIA must report this transaction using a premium record with Record Type 07 ("Policy Cancellation Due to Assumption Reinsurance (TWIA only)"), and a reason record with Action Type 80 ("Cancellation") and Reason Code X ("Assumption Reinsurance (TWIA only))".

Similarly, the assuming insurer must report the transaction as if the insurer issued the policy for the remainder of the policy term with the written premium equal to the amount of gross reinsurance premium ceded by TWIA to the voluntary insurer. The voluntary insurer must report this transaction using a premium record with Record Type 08 ("Assumption of TWIA Wind-Only Policy").

Both TWIA and the voluntary insurer must report the premium on a gross basis and not deduct amounts for reinsurance commissions ceded to or retained by TWIA. The effective date for the TWIA cancellation and the voluntary insurer's assumption transaction should be the date the voluntary take-out insurer assumes the policy at the end of the required opt-out period. These transaction codes ~~only~~ apply only to AR policies where the policyholder **does not** opt out before the end of the required opt-out period.

32. Private Flood Coverage Indicator

For homeowner, tenant/condo, and residential fire and EC policies, report private flood coverage indicator "1" if the policy provides coverage for flood or rising waters, either within the policy, as a premium-bearing endorsement, or as a nonpremium-bearing endorsement. In cases where the carrier provides flood coverage through a premium-bearing endorsement, report the endorsement and accompanying premium separately. Report using flood coverage indicator "1" if the policy provides coverage for private flood or rising water (riverine-type flooding) but excludes coverage for storm surge or wave surge. Report flood losses using cause of loss code "32."

Report private flood policies only. Do **not** report any federal flood policies written through the NFIP's "Write Your Own" program.

Report stand-alone private flood policies that provide primary flood coverage on residential dwellings. Report these policies using line of business code 35. Primary means any private residential flood policy other than an excess flood policy.

Do **not** report stand-alone private residential excess flood policies. For the purposes of statistical reporting, a private residential flood policy is considered an excess policy if it has:

- (1) a percentage deductible greater than 10% of the dwelling limit (or greater than 25% of the personal property limit, if the policy does not have a dwelling limit); or
- (2) a dollar deductible or retention greater than \$100,000.

33. Replacement Cost Building, Replacement Cost Contents, and Roof Coverage Type Replacement Cost Building

Report whether the policy, including any endorsements, provides coverage to the main dwelling on a replacement cost or actual cash value (ACV) basis. If the policy provides ACV coverage to the roof (or ACV roof coverage for certain perils) but replacement cost coverage to the rest of the dwelling, report as replacement cost coverage. Include the impact of any endorsements attached to the policy.

For example, report an HO-A policy with a replacement cost dwelling endorsement as providing replacement cost coverage to the dwelling. Report an HO 3 policy with an "ACV dwelling" endorsement attached to the policy as providing ACV coverage to the dwelling.

Report policies that provide functional replacement cost coverage on the dwelling as replacement cost.

See Premiums and Losses record layout sections for specific codes.

33. Replacement Cost Building, Replacement Cost Contents, and Roof Coverage Type (Continued)

Replacement Cost Contents

Report whether the policy, including any endorsements, provides coverage to personal property on a replacement cost or actual cash value (ACV) basis. Include the impact of any endorsements attached to the policy. For example, report as "replacement cost" a policy that normally provides ACV coverage to personal property but has a replacement cost contents endorsement attached.

Report policies that provide functional replacement cost coverage on personal property as replacement cost.

See Premiums and Losses record layout sections for specific codes.

Roof Coverage Type

Report whether the policy, including any endorsements, provides roof coverage on a replacement cost or actual cash value (ACV) basis. Include the impact of any endorsements attached to the policy. For example, report as ACV roof a policy that normally provides replacement cost to the dwelling but has an ACV roof endorsement attached. Report roof coverage type even if the coverage provided on the roof is the same as the coverage provided on the rest of the dwelling. For example, if the policy provides replacement cost to dwelling (including the roof) and contains no other endorsement, report both replacement cost dwelling and roof coverage type as replacement cost coverage.

Report as ACV policies that provide a declining schedule of payments based on the age of the home or the age of the roof. Such schedules may be expressed as a percentage of replacement cost or in some other manner.

See Premiums and Losses record layout sections for specific codes.

34. Reporting Reason Codes for Cancellation, Nonrenewal, and Declination Notices

Report Description

The insurer must summarize the reasons for cancellation, nonrenewal, or declination stated in the notices provided to policyholders, applicants, and/or applicants' agents under Insurance Code Chapter 551. The insurer must also report the "Notified Policy Count" summarizing the number of policies or applications that received a notice providing the reasons for cancellation, nonrenewal, or declination. For a policy with more than one insured, the notified policy count is one, to reflect the number of policies, not the number of insureds.

This reporting is required for notices related to cancellations, nonrenewals, and declinations effective on or after April 1, 2026, except for declination of an application that was made before April 1, 2026, and cancellation of a policy that was delivered, issued for delivery, or renewed before April 1, 2026.

Note that the transfer of a policyholder between admitted companies within the same insurance group is not considered a refusal to renew. Insurance Code §551.004.

Due Dates for Submission

Each monthly report must include all actions with a notification date within the experience month. For example, notifications occurring in January must be reported 45 days after the end of the experience month, or March 15.

For the first report for April 2026 data, include notifications made before April 1, 2026, for policies nonrenewing on or after April 1, 2026. The first report is due June 15, 2026.

Reason Code Concatenation

Once the insurer has identified the reason codes that apply for a given cancellation, nonrenewal, or declination, the insurer concatenates the list of codes together in alphabetical order to produce the reason code list to report for this cancellation, nonrenewal, or declination. "Concatenate" means to connect the reason codes together into one conjoined list. For example, if reasons D, R, and L apply, the distinct record will be "DLR."

For each notification date, the insurer will include a single record for each unique combination of notification date, action type, type of policy, reason source indicator, 60-day indicator, ZIP code, action effective date, and reason code list. In each record, the notified policy count will then show the number of policies or applications for which the given unique combination applies.

Declinations

Report reason codes for declinations of completed and submitted applications.

Cancellations

Report reason codes for a cancellation only when the entire policy is canceled. If a policy that was canceled is reinstated, the cancellation must be reported. For example, if a policy is canceled for nonpayment of premium and is reinstated, the cancellation must be reported. If the policy receives another notice of cancellation after it was reinstated, the reason code for the second cancellation must be reported as well, in the applicable experience month.

For flat cancellations, report the effective date of the policy for the action effective date in the record layout.

Do not report rescissions and policies voided under Insurance Code Chapter 705.

35. Reporting Actual Cancellations, Nonrenewals, and Declinations

Report Description

For policies that are canceled or nonrenewed, and for applications that are declined, the insurer must summarize the number of actual cancellations, nonrenewals, and declinations by ZIP code. Note that these counts should reconcile with those provided to the NAIC for the Market Conduct Annual Statement (MCAS) for cancellations and nonrenewals.

This reporting is required for cancellations, nonrenewals, and declinations effective on or after April 1, 2026.

Note that the transfer of a policyholder between admitted companies within the same insurance group is not considered a refusal to renew. Insurance Code §551.004.

Due Dates for Submission

This report is due 45 days after the experience month. Each monthly report must include all actions with an action effective date within the experience month. For example, actions effective in January must be reported 45 days after the end of the experience month, or March 15.

The first report for April 2026 data is due June 15, 2026.

Declinations

Report declinations of completed and submitted applications.

Cancellations

Report a cancellation only when the entire policy is canceled. If a policy that was canceled is reinstated, the cancellation must be reported. For example, if a policy is canceled for nonpayment of premium and is reinstated, the cancellation must be reported. If the policy receives another notice of cancellation after it was reinstated and subsequently canceled, the second cancellation must be reported as well, in the applicable experience month.

For flat cancellations, report the effective date of the policy for the action effective date in the record layout.

Do not report rescissions and policies voided under Insurance Code Chapter 705.

Section B:
Coding for Premiums and Losses

1. Statistical Plan	Code
Residential Residential Risk – Dwellings – Homeowners (HO)	4
2. State Code	Code
Texas	42
3. Kind Codes – Losses	Code
Records reporting no current payment or outstanding loss	
No loss amount, not previously reported as closed	1
No loss amount, previously reported as closed with payment	2
No loss amount, previously reported as closed , but never as closed with payment	3
Records reporting paid loss amount on reopened claims	
Paid loss, previously reported as closed with payment	4
Paid loss, previously reported as closed , but never as closed with payment	5
Records reporting paid loss amount on claims not reopened	
Paid loss, not previously reported as closed	6
Records reporting outstanding loss amount	
Outstanding loss, not previously reported as closed	7
Outstanding loss, previously reported as closed with payment	8
Outstanding loss, previously reported as closed , but never as closed with payment	9

4. Line of Business

	Code
Homeowners Tenants Policies, including Condominium Owners	02
Homeowners Policies, Excluding Tenants Forms	03
Dwelling Policies – Fire – Property Damage and Time Element	10
Dwelling Policies – Miscellaneous Property Schedules	11
Dwelling Policies – Liability	12
Dwelling Policies – TWIA Wind-Only	13
Dwelling Policies – Voluntary Wind-Only (AR)	14
Dwelling Policies – Voluntary Wind-Only (Other)	15
Dwelling Policies – Theft	16
Dwelling Policies – Extended Coverage, including Vandalism and Malicious Mischief – Property Damage and Time Element – Loss Only	20
Dwelling Policies – Loss Assessment	25
Dwelling Policies – Additional Extended Coverage	26
Dwelling Policies – Residence Glass	27
Dwelling Policies – All Risk of Physical Loss	28
Dwelling Policies – Private Flood	29
Private Flood – Stand-alone Flood Policies on Residential Dwellings (primary coverage)	35
Supplemental Natural Disaster Protection	50
Surcharges (TWIA Only)	77

5. Policy Forms

Homeowners	Dwellings	Code
LOB 02, 03	LOB 10-11-13-14-15-20-25-26-27-28-35	
Homeowner's Policy A	Form 1	1
Homeowner's Policy B	Form 2	2
Homeowner's Policy C	Form 3	3
Tenants Form B	Form 1 w/V&MM	4
Tenants Form C		5
HO Policy A – Enhanced (HO Policy A+)		9

Other Approved Forms

All Lines of Business

	Independent HO Basic Policy Form	A
	Independent Tenant Broad Policy Form	B
	Independent Condo Broad Policy Form	C
	Independent Dwelling Basic Policy Form	D
	Independent Tenant Special Policy Form	E
HO 00 02	(ISO Homeowners 2 – Broad Form)	F
HO 00 03	(ISO Homeowners 3 – Special Form)	G
HO 00 04	(ISO Homeowners 4 – Contents Broad Form)	H
HO 00 05	(ISO Homeowners 5 – Comprehensive Form)	I
HO 00 06	(ISO Homeowners 6 – Unit Owners Form)	J
HO 00 08	(ISO Homeowners 8 – Modified Coverage Form)	K
	Independent HO Broad Policy Form	L
	Independent HO Special Policy Form	M
	Independent Condo Special Policy Form	N
	Independent Dwelling Special Policy Form	O
	Independent Dwelling Broad Policy Form	P
	ISO Dwelling Property 1 – Basic Form	Q
	ISO Dwelling Property 2 – Broad Form	T
	ISO Dwelling Property 3 – Special Form	U
	Independent Personal Liability Policy Form (HO)	V
Form 1	(AAIS Basic Form)	W
Form 2	(AAIS Broad Form)	X
Form 3	(AAIS Special Form)	Y
Form 4	(AAIS Contents Broad Form)	Z
Form 5	(AAIS Special Building and Contents Form)	6
Form 6	(AAIS Unit-Owners Form)	7
Form 8	(AAIS Limited Form)	8

6. Number of Families

Homeowners	Dwellings	Code
1 or 2 Families	1 or 2 Families – Dwelling only	1
- - - - -	1 or 2 Families – Personal Property only	2
Tenants Forms with \$250 optional theft deductible	- - - - -	8
Tenants Forms without \$250 optional theft deductible	1 or 2 Families – Dwelling and Personal Property	9

7. Coverage – Occupancy

Homeowners	Dwelling – Fire and EC	Code
HO policies, including any changes in Coverage B and/or Deductible Adjustment charges	Owner Occupied – no small mercantile occupancy	1
Homeowner – Non-Owner Occupied	- - - - -	2
Tenants Form – Dwelling and Townhouse Contents	- - - - -	3
Tenants Form – Apartment	Owner Occupied – with small mercantile occupancy	4
Tenants Form – All Other	- - - - -	5
Residential Condominium Contents	Tenant Occupied – no small mercantile occupancy	6
<u>All policies with vacant occupancy</u>	<u>All policies with vacant occupancy</u>	<u>7*</u>
Tenant Form – Liability Only	- - - - -	8
All policies, excluding tenants and condominium, with other premium-bearing endorsements, including Replacement Cost Endorsement and increased limits	Tenant Occupied with small mercantile occupancy	9

* Before using Code 7, an insurer must receive approval from TICO.

8. Construction

Homeowners – Dwelling Fire and Allied Lines	Code
Frame (not otherwise classified)	1
Brick Veneer or Stone Veneer	2
Brick, Stone, or Masonry	3
Fire Resistive and Semi Fire Resistive	4
Mobile or Manufactured Home	5
Stucco or Asbestos	8
Not Applicable	9

Construction Classifications

Construction Class	Description
Frame	Outer walls of frame; iron clad; sheet aluminum or aluminum siding on wood; composition siding; and asphalt covered fiber board
Stucco	Outer walls of stucco; asbestos board; rigid asbestos; and hard cement type sidings
Brick Veneer	Outer walls of brick veneer or stone veneer
Brick	Outer walls of solid masonry brick; stone; concrete; HTB; HT; hollow masonry units; ICM and ICMS
Semi Fire Resistive or Fire Resistive	Exterior walls and floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than one hour.

For risks with mixed construction, the predominant construction must be the construction comprising over 50% of the total exterior wall area (excluding gables).

For risks with more than two constructions, the predominant construction must be the construction comprising the majority of the total exterior wall area (excluding gables).

8A. Roof Construction (excluding tenants and condominium)

Code

Roof Covering

Choose one category that best fits the predominate type of roof covering.

Roof Covering: Composition Shingle (Asphalt, Fiberglass, etc.)	A
Wood (Shingle, Shake, Hardboard, etc.)	B
Aluminum	C
Steel	D
Copper	E
Roll Roofing	F
Tar and Gravel (Built-up)	G
Tile (Concrete or Clay)	H
Slate	I
Fiber Cement/Concrete	J
Plastic	K
Recycled Roofing Products	L
Single-Ply Membrane Systems	M
Other	N
Metal (Specific type unknown)	O
Roof covering unknown and not used in rating	P

Roof Credit

Report only premium credits for roof coverings meeting UL2218, or other standards approved by TDI, here.

Roof Credit: None – No Credit Applicable or roof covering does not meet UL Standard 2218	0
Class 1 Credit	1
Class 2 Credit	2
Class 3 Credit	3
Class 4 Credit	4

(Any policy not eligible to receive a Class 1, 2, 3, or 4 credit should be reported as "0.")

Roof Year

Report the year the roof was installed in YYYY format. If the insurer does not use year of roof installation in underwriting or rating, then report 0000.

8B. Exclusion of Cosmetic Damage to Roof Coverings Endorsement

(Any policy not eligible to receive a Class 1, 2, 3, or 4 credit should be reported as "0.")

Endorsement is not attached to this policy	0
Endorsement is attached to this policy	1

9. Protection ISO Public Protection Class (PPC)

Report the ISO PPC if used in rating

Codes – 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B

Report A for PPC = 10

Report B for PPC = 8B

9A. Protection ISO Public Protection Class, Including New Split Classifications

Codes – 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 12, 13, 19, 20, 22, 23, 32, 33, 42, 43,
52, 53, 62, 63, 72, 73, 82, 83

10. Deductible Type or Amount

Homeowners

Clause 1: Wind and Hail (other than tropical cyclone)

Clause 2: Other than Wind and Hail

Clause 3: Tenants, including Condominium Owners

Tropical Cyclone (HO and Tenants, including Condominium Owners)

Section 1

Code	Deductible	Code	Deductible
*1	Full Coverage	J	\$3,000
2	\$100	K	\$4,000
3	\$250	L	\$5,000
4	1/2%	M	\$750
5	1%	N	10%
6	\$500	O	\$3,500
**7	No Wind Coverage	P	\$7,500
8	\$1,000	Q	\$10,000
9	Greater than 10%	R	6%
A	1-1/2%	S	7%
B	2%	T	8%
C	2-1/2%	U	9%
D	3%	V	\$25,000
E	4%	W	\$50,000
F	5%	X	\$100,000 or greater
G	\$1,500	Y	\$200
H	\$2,000	Z	\$15,000
I	\$2,500		

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~ Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

10. Deductible Type or Amount (Continued)

Dwellings – Extended Coverage and Other Allied Lines

Personal Property

Dwelling

Code	Deductible	Code	Deductible
*1	Full Coverage	J	\$3,000
2	\$100	K	\$4,000
3	\$250	L	\$5,000
4	1/2%	M	\$750
5	1%	N	10%
6	\$500	O	\$3,500
**7	No Wind Coverage	P	\$7,500
8	\$1,000	Q	\$10,000
9	Greater than 10%	R	6%
A	1-1/2%	S	7%
B	2%	T	8%
C	2-1/2%	U	9%
D	3%	V	\$25,000
E	4%	W	\$50,000
F	5%	X	\$100,000 or greater
G	\$1,500	Y	\$200
H	\$2,000	Z	\$15,000
I	\$2,500		

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~ Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

10. Deductible Type or Amount (Continued)

1. The Deductible Code should be based on the coverage applicable to major buildings, personal property risks being reported, and should not be affected by coverage or deductible applicable to TV antennas, signs, fences, or other miscellaneous properties.
2. When more than one Deductible Code applies to the entry being reported, the code reported must be based on the coverage applicable to the principal building or principal personal property item included in the record.
3. For the Extended Coverage, the Deductible Code should be based on the ~~Deductible~~ deductible applicable to the Wind and Hail Coverage.
4. For the "All Other Perils" Sublines, when a deductible does not apply to all perils included in the entry, or when different deductibles apply to different perils, the Deductible Code should be determined by the coverage having the largest amount of insurance or largest premium, in that order.

11. Type of Loss Code

Homeowners	Code
Losses – Section I (Dwellings)	1
Losses – Section I (Unscheduled Personal Property)	1
Losses – Section II (Personal Liability)	1
Losses – Section II (Medical Payments to Others)	1
All losses paid due to coverages added by attachment of individual company enhancement endorsement.	3
All other losses from additional premium paying endorsement excluding those paid due to coverages added by attachment of individual company enhancement endorsement.	2

Note:

For watercraft losses covered under the basic policy (where total horsepower on outboard motors is less than or equal to 25 horsepower, or where a sailboat is less than 26 feet in length), report "1."

12. Cause of Loss Codes

Homeowners and Dwellings

Description	Code
Fire – Internal Source	05
Fire – External Source (Including fire caused by lightning)	10
Fire – Unknown Source	15
Lightning – No Fire	20
Windstorm	25
Hail	30
Flood or Rising Water	32
Explosion	33
Smoke	35
Aircraft and Vehicles	40
Riot and Civil Commotion	45
Vandalism and Malicious Mischief	50
Collapse	55
<i>Discharge, leakage or overflow of water or steam from plumbing, heating, and air conditioning systems or household appliances:</i>	
Damage to Slab or Foundation	60
Other Damage	61
Freeze:	
Damage to Slab or Foundation	70
Other Damage	71
Burglary, Theft, Robbery	75
Other – Physical Damage	80
Other – Liability and Medical Payments	90

The Cause of Loss code should reflect the original and proximate cause of loss and not any ensuing causes. For example, if a tornado damages the roof of a building and rain subsequently enters the building through the roof causing further damage, these losses must be reported as "windstorm" and not "water damage." Similarly, if cold weather causes a pipe to freeze which then bursts and causes damage, these losses must be reported as "freeze." Fire from an internal source includes fire caused by electrical malfunction, kitchen fire, etc. Fire from an external source includes fire from lightning strikes, fire from other buildings, embers, etc.

13. Prior Claims History

Code

No chargeable claims in the last five years	0
One chargeable claim in the last five years	1
Two chargeable claims in the last five years	2
Three chargeable claims in the last five years	3
Four chargeable claims in the last five years	4
Five or more chargeable claims in the last five years	5
Company does not use prior claims history in rating or tiering.	6

14. ZIP Code

The five-digit ZIP code of each risk must be reported. Report "ZIP code plus 4" if available.

15. Building Code Credits (TWIA Only)

Code

Seaward – New Structure Built to New Code	01
Seaward – Retrofitted Structures	02
Inland I – New Structure Built to New Code	03
Inland I – New Structure Built to Higher Standards than New Code	04
Inland I – Retrofitted Structures	05
Inland II – New Structure Built to Higher Standards than New Code:	
Built to Inland I Standard	06
Built to Seaward Standard	07
Inland II – Retrofitted Structures	08
Not Applicable	09

16. Law and Ordinance Coverage

Code

No Additional Law and Ordinance Coverage is attached to policy (other than the amount provided in the policy)	0
10% Additional Law and Ordinance Coverage Purchased	1
15% Additional Law and Ordinance Coverage Purchased	2
25% Additional Law and Ordinance Coverage Purchased	3
Other Approved Limits Purchased	4

17. Optional Credit – Personal Property ID (HO)

Optional credit for personal property ID does not apply.	0
Optional credit for personal property ID applies.	1

18. Optional Coverage Endorsements

Code
*

Report the actual endorsement number, excluding dashes, for example, HO161, HO162, TDP004, TDP005, etc., for endorsements providing coverage for mold, water, foundation, or flood. Use additional records as necessary.

19. Amount of Coverage for Optional Coverage Endorsement

Code
*

(Percent or dollar amount, as applicable, for Optional Coverage Endorsement)

20. Use of Certain Rating Variables

Insurers must provide information on how each of the following variables is used in rating or tiering:

Fire, smoke, or burglar alarm

Age of home

Automatic sprinkler system

Loss or claims experience

Companion policy (or policies)

Credit-based insurance score

Senior citizen (based on age for those 55 or older)

Smart or connected home

New home or recently purchased home

Additional risk surcharges, including surcharges for attractive nuisances (such as swimming pools and trampolines), for certain animals or breeds of animals, or for other uncommon features (such as wood stoves) that result in additional premium or a premium surcharge. These additional risk surcharges do not include surcharges for rating variables otherwise recognized in the statistical plan.

For each of these variables, use the following one-digit codes to indicate how the variable is used in rating or tiering:

Code	Description
1	Used in Rating, but no discount or surcharge applies.
2	Discount or rating factor less than 1.000 applies to policy.

- 3 Surcharge or rating factor greater than 1.000 applies to policy.
- 4 No specific rating factor was applied to policy, but variable was used to place policy in a rating tier.
- 5 Insurer does not use variable in rating or tiering.

Section C:
**Record Layout
for Premiums**

Columns	Code Codes	Type or Description
1 (SP)		Stat Plan
	4	Residential – Dwellings, Homeowners
2–4 (ACDT)		Accounting Date
2		Month
	1–9	January–September
	0	October
	-	November
	&	December
3–4		Year
	*	Last two digits of Year; for example, "17" for 2017
5–6 (RT)		Record Type
	01	Dwelling – New/Renewals Daily Report (including onset/offset records for endorsements from inception) <u>and including reinstatements of flat cancellations</u>
	02	Dwelling Endorsements After Inception (AP and RP)
	03	Dwelling Reinstatements of Pro Rata Cancellations
	05	Flat Cancellations
	06	Pro Rata – Cancellations
	07	Policy Cancellation Due to Assumption Reinsurance (TWIA Only)
	08	Assumption of TWIA Wind-Only Policy
	12	Short Term Endorsement (Vacancy Clause)
	91	HO-New/Renewals Daily Report (including onset/offset records for endorsements from inception) <u>and including reinstatements of flat cancellations</u>
	92	HO-Endorsements After Inception (AP and RP)
	93	HO-Reinstatements of Pro Rata Cancellations
	95	Individual company enhancement endorsement or flood coverage endorsement

Columns	Codes	Type or Description
7–16 (POLICY)		Policy Identifier
	*	Alphanumeric code assigned by the company to uniquely identify the policy for statistical reporting across all reporting periods.
17 (TRM)		Term
	1	One year or less
	9	Over one year
18–22 (EFF)		Effective Date
	*	Effective date of daily report, endorsement, pro rata cancellation. Report Month, Day, Year (MMDDY).
23–25 (EXP)		Expiration Date
	*	Expiration date of daily reports or short-term endorsement. Report Month and Year (MMY).
26–30 (PLACE)		Place Code
	*	Place Code (County Community) for specific location of risk as shown in Place Code Manual. If risk is located in a specific community, use the Community Place Code. If risk is located outside a specific community, use the County Code.
31–32		Skip
33–37 (INS)		Amount of Insurance
	*	Nearest thousands of dollars. If the amount of insurance is less than \$1,500, then code "01."
		If no amount of insurance report "0" in amount field. If the amount is a credit, indicate in the units position.
38–40		Skip

Columns	Codes	Type or Description
41–42 (LOB)		Line of Business
	02	Homeowners Tenants Policies, including Condominium Owners
	03	Homeowners Policies, Excluding Tenants and Condominium Forms
	10	Dwelling Policies – Fire – Property Damage and Time Element
	11	Dwelling Policies – Miscellaneous Property Schedules
	12	Dwelling Policies – Liability
	13	Dwelling Policies – TWIA Wind-Only
	14	Dwelling Policies – Voluntary Wind-Only (AR)
	15	Dwelling Policies – Voluntary Wind-Only (Other)
	16	Dwelling Policies – Theft
	35	Private Flood – Stand-alone Flood Policies on Residential Dwellings (primary coverage)
		Extended Coverage must be reported on same line
43–45 (CNO)		Company Number
	*	Assigned by TICO
46–49		Skip
50 (FM)		Form (Policy)
	HO (02, 03)	Dwlg. (10, 11, 13–15, 20, 25–28, 35)
	1	HO Policy A Form 1
	2	HO Policy B Form 2
	3	HO Policy C Form 3
	4	Tenants Form B Form 1w/V&MM
	5	Tenants Form C
	9	HO Policy A – Enhanced (HO Policy A+)
		Other Approved Forms
	A	Independent HO Basic Policy Form
	B	Independent Tenant Broad Policy Form
	C	Independent Condo Broad Policy Form
	D	Independent Dwelling Basic Policy Form
	E	Independent Tenant Special Policy Form
	F	HO 00 02 (ISO Homeowners 2 – Broad Form)
	G	HO 00 03 (ISO Homeowners 3 – Special Form)
	H	HO 00 04 (ISO Homeowners 4 – Contents Broad Form)
	I	HO 00 05 (ISO Homeowners 5 – Comprehensive Form)
	J	HO 00 06 (ISO Homeowners 6 – Unit Owners Form)

Columns	Codes	Type or Description
	K	HO 00 08 (ISO Homeowners 8 – Modified Coverage Form)

Columns	Codes	Type or Description
50 (FM)		Form (Policy)
		Other Approved Forms (Cont.)
	L	Independent HO Broad Policy Form
	M	Independent HO Special Policy Form
	N	Independent Condo Special Policy Form
	O	Independent Dwelling Special Policy Form
	P	Independent Dwelling Broad Policy Form
	Q	ISO Dwelling Property 1 – Basic Form
	T	ISO Dwelling Property 2 – Broad Form
	U	ISO Dwelling Property 3 – Special Form
	V	Independent Personal Liability Policy Form (HO)
	W	Form 1 (AAIS Basic Form)
	X	Form 2 (AAIS Broad Form)
	Y	Form 3 (AAIS Special Form)
	Z	Form 4 (AAIS Contents Broad Form)
	6	Form 5 (AAIS Special Building and Contents Form)
	7	Form 6 (AAIS Unit-Owners Form)
	8	Form 8 (AAIS Limited Form)
51 (FAM)	Number of Families – Dwelling and Personal Property	
		Homeowners
	1	1 or 2 Families
	2	
	8	Tenants and Condominium Forms with \$250 optional theft deductible
	9	Tenants and Condominium Forms without \$250 optional theft deductible
		Dwelling
		1 or 2 Families – Dwelling only
		1 or 2 Families – Personal Property only
		1 or 2 Families – Dwelling and Personal Property

Columns	Codes	Type or Description
52 (COV)	Coverage – Occupancy	
		Homeowners Dwellings – Fire and EC
	1	HO Policies excluding Tenants and Condominium
	2	Homeowner – Non-Owner occupied
	3	Tenants Form – Dwelling
	4	Tenants Form – Apartment
	5	Tenants Form – All Others
	6	Residential Condominium Contents
	<u>7*</u>	<u>All policies with vacant occupancy</u>
	8	Tenant Form – Liability Only
	9	All policies, excluding tenants and condominium, with other premium bearing endorsements including Replacement Cost Endorsement and Increased Limits

* Before using Code 7, an insurer must receive approval from TICO.

53 (CT)	Construction	
	1	Frame (not otherwise classified)
	2	Brick Veneer or Stone Veneer
	3	Brick, Stone, or Masonry
	4	Fire Resistive and Semi Fire Resistive
	5	Mobile or Manufactured Home
	8	Stucco or Asbestos
	<u>9</u>	<u>Not Applicable</u>

Columns	Codes	Type or Description
54–55 (SPPC)		Protection – ISO Public Protection Class, Including New Split Classifications
	01	1
	02	2
	03	3
	04	4
	05	5
	06	6
	07	7
	08	8
	19	8B
	09	9
	10	10
	20	10W
	12	1X
	22	2X
	32	3X
	42	4X
	52	5X
	62	6X
	72	7X
	82	8X
	13	1Y
	23	2Y
	33	3Y
	43	4Y
	53	5Y
	63	6Y
	73	7Y
	83	8Y

Columns	Codes	Type or Description
56 (PPC)		Protection – ISO Public Protection Class (PPC)
	1	
	2	
	3	
	4	Report actual ISO PPC used to rate the risk.
	5	Report PPC = 10 as "A."
	6	Report PPC = 8B as "B."
	7	
	8	
	9	
	A	
	B	

Columns	Codes	Type or Description
57-58 (DED)		Deductible Type or Amount
57		HO Clause 1: Wind and Hail (other than tropical cyclone)
	*1	Full Coverage
	2	\$100
	3	\$250
	4	1/2%
	5	1%
	6	\$500
	**7	No Wind Coverage
	8	\$1,000
	9	Greater than 10%
	A	1-1/2%
	B	2%
	C	2-1/2%
	D	3%
	E	4%
	F	5%
	G	\$1,500
	H	\$2,000
	I	\$2,500
	J	\$3,000
	K	\$4,000
	L	\$5,000
	M	\$750
	N	10%
	O	\$3,500
	P	\$7,500
	Q	\$10,000
	R	6%
	S	7%
	T	8%
	U	9%
	V	\$25,000
	W	\$50,000
	X	\$100,000 or greater
	Y	\$200
	Z	\$15,000

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

Columns	Codes	Type or Description
58		HO Clause 2: Other than Wind and Hail, or Clause 3: Tenants, including Condominium Owners
	*1	Full Coverage
	2	\$100
	3	\$250
	4	1/2%
	5	1%
	6	\$500
	**7	No Wind Coverage
	8	\$1,000
	9	Greater than 10%
	A	1-1/2%
	B	2%
	C	2-1/2%
	D	3%
	E	4%
	F	5%
	G	\$1,500
	H	\$2,000
	I	\$2,500
	J	\$3,000
	K	\$4,000
	L	\$5,000
	M	\$750
	N	10%
	O	\$3,500
	P	\$7,500
	Q	\$10,000
	R	6%
	S	7%
	T	8%
	U	9%
	V	\$25,000
	W	\$50,000
	X	\$100,000 or greater
	Y	\$200
	Z	\$15,000

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

Columns	Codes	Type or Description
57–58 (DED)		Deductible Type or Amount
57		Dwelling – Extended Coverage (Contents)
	*1	Full Coverage
	2	\$100
	3	\$250
	4	1/2%
	5	1%
	6	\$500
	**7	No Wind Coverage
	8	\$1,000
	9	Greater than 10%
	A	1-1/2%
	B	2%
	C	2-1/2%
	D	3%
	E	4%
	F	5%
	G	\$1,500
	H	\$2,000
	I	\$2,500
	J	\$3,000
	K	\$4,000
	L	\$5,000
	M	\$750
	N	10%
	O	\$3,500
	P	\$7,500
	Q	\$10,000
	R	6%
	S	7%
	T	8%
	U	9%
	V	\$25,000
	W	\$50,000
	X	\$100,000 or greater
	Y	\$200
	Z	\$15,000

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

Columns	Codes	Type or Description
58		Dwelling – Extended Coverage (Building)
	*1	Full Coverage
	2	\$100
	3	\$250
	4	1/2%
	5	1%
	6	\$500
	**7	No Wind Coverage
	8	\$1,000
	9	Greater than 10%
	A	1-1/2%
	B	2%
	C	2-1/2%
	D	3%
	E	4%
	F	5%
	G	\$1,500
	H	\$2,000
	I	\$2,500
	J	\$3,000
	K	\$4,000
	L	\$5,000
	M	\$750
	N	10%
	O	\$3,500
	P	\$7,500
	Q	\$10,000
	R	6%
	S	7%
	T	8%
	U	9%
	V	\$25,000
	W	\$50,000
	X	\$100,000 or greater
	Y	\$200
	Z	\$15,000

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

Columns	Codes	Type or Description
59–63 (FRPM)		Premium – Fire, Homeowners
	*	Dollars only. Example: \$1,583.40, report 1583. Do not report EC premium in this field.
		Homeowners. Report total premium.
		Private Flood, either stand-alone (line of business code 35) or on a premium-bearing homeowners endorsement (Record Type 95). Report total flood premium.
		If premium is credit, indicate in units position.
64–66		Skip
67–70 (EPRM)		Extended Coverage Premium
	*	Dollars only. Example: for \$1,583.40, report "1583." Do not report fire premium in this field. If premium is credit, indicate in units position.
71–72 (ALOB)		Line of Business – Allied Lines
	25	Dwelling Policies – Loss Assessment
	26	Dwelling Policies – Additional Extended Coverage
	27	Dwelling Policies – Residence Glass
	28	Dwelling Policies – All Risk of Physical Loss
	29	Dwelling Policies – Private Flood
	50	Supplemental Natural Disaster Protection
	77	Surcharges (TWIA Only)
		Note: If Dwelling policy has more than one of the above attached, report each on a separate line.
73–75 (ALINS)		Amount of Insurance
	*	Dwelling personal property amount of insurance, even though policy does not cover dwelling.
		Nearest thousands of dollars. If amount is credit, indicate in units position.
76–79 (APRM)		Premium – AOP
	*	Allied Lines premium – dollars only. If premium is credit, indicate in units position.
80–82		Skip

Columns	Codes	Type or Description
83 (ROOFCOV)		Roof Covering (choose predominate type)
	A	Composition Shingle (Asphalt, Fiberglass, etc.)
	B	Wood (Shingle, Shake, Hardboard, etc.)
	C	Aluminum
	D	Steel
	E	Copper
	F	Roll Roofing
	G	Tar and Gravel (Built-up)
	H	Tile (Concrete or Clay)
	I	Slate
	J	Fiber Cement/Concrete
	K	Plastic
	L	Recycled Roofing Products
	M	Single-Ply Membrane Systems
	N	Other
	O	Metal (Specific type unknown)
	P	Roof covering unknown and not used in rating
84 (ROOFCRED)		Roof Covering Premium Credit
		Report only premium credits for roof coverings meeting UL2218, or other standards approved by TDI, here.
	0	None – No Credit Applicable
	1	Class 1 Credit
	2	Class 2 Credit
	3	Class 3 Credit
	4	Class 4 Credit
85–88 (ROOFYEAR)		Year of Roof Installation (HO and DW)
		Report the year the roof was installed in YYYY format. If the insurer does not use year of roof installation in underwriting or rating, then report 0000.
89 (COSMETIC)		Exclusion of Cosmetic Damage to Roof Coverings Endorsement
	0	Endorsement is not attached to policy.
	1	Endorsement is attached to policy.
90		Skip
91–99 (ZIP)		ZIP Code
	*	Code the nine-digit ZIP code for each risk. The first five digits are mandatory. Report Plus 4 if available.
100	P	Premium Record
101–108	*	Optional Coverage Endorsements (Report the actual endorsement number, excluding dashes, for example, HO161, HO162, TDP004, TDP005, etc., for endorsements providing coverage for mold, water, foundation, or flood.)

Columns	Codes	Type or Description
109–114	*	Amount of Coverage for Field "101–108" (Percent or dollar amount as applicable)
115		Skip
116–121	*	Deductible 1 (HO – Wind and Hail; DW – Contents) (Report actual dollar amount of the deductible.)
122–127	*	Deductible 2 (HO – Other Than Wind and Hail; TN, including Condominium Owners; DW – Building) (Report actual dollar amount of the deductible.)
128		Wind Coverage
	0	Wind Coverage is included.
	1	Wind coverage is excluded.
129–133		Skip
134–135 (BCC)		Building Code Credit (TWIA Only)
	01	Seaward – New Structure Built to New Code
	02	Seaward – Retrofitted Structure
	03	Inland I – New Structure Built to New Code
	04	Inland I – New Structure Built to Higher Standard than New Code
	05	Inland I – Retrofitted Structure
		Inland II – New Structure Built to Higher Standard than New Code:
	06	Built to Inland I Standard
	07	Built to Seaward Standard
	08	Inland II – Retrofitted Structure
	09	Not Applicable
136 (LOC)		Law and Ordinance Coverage
	0	No Additional Law and Ordinance Coverage is attached (other than the mandatory amount provided in the policy).
	1	10% Additional Law and Ordinance Coverage Purchased
	2	15% Additional Law and Ordinance Coverage Purchased
	3	25% Additional Law and Ordinance Coverage Purchased
	4	Other Approved Limits Purchased
137		Skip
138 (OC10)		Optional Credit – Personal Property ID (HO)
	0	Optional credit for personal property ID does not apply.
	1	Optional credit for personal property ID applies.

Columns	Codes	Type or Description
139		Skip
140		Tenure Discount Depending on whether the insurer uses tenure in rating or tiering, report the tenure of the insured using the following codes. "Tenure" is defined as the number of years previously insured with the insurer at the time the policy is issued or renewed. Insurers must report this code in all premium transactions, including those that do not qualify for a tenure-based discount. Do not report tenure discounts elsewhere.
	0	not Not used in rating or tiering
	1	0–2 years
	2	3–5 years
	3	6–8 years
	4	9–10 years
	5	11–15 years
	6	16–19 years
	7	20 or more years
141–142		Tenure Discount Amount * Report the tenure discount amount. Report 10% as "10." Report no discount as "00." Do not report the tenure discount amount elsewhere.
143–145		Skip
146–150		NAIC Company Number * Report the five-digit NAIC company number.
151 (RCB)		Replacement Cost Building (HO and DW) 0 Policy provides actual cash value coverage (ACV) on the dwelling. 1 Policy provides replacement cost coverage on the dwelling. 2 Policy does not provide coverage for the dwelling (DW Only) .

Columns	Codes	Type or Description
152 (RCPP)		Replacement Cost Personal Property
	0	Policy provides actual cash value (ACV) coverage on personal property.
	1	Policy provides replacement cost coverage on personal property.
	2	Policy does not provide coverage for personal property (DW Only).
153 (RCT)		Roof Coverage Type
	0	Policy provides actual cash value (ACV) coverage on the roof (including policies that provide actual cash value coverage on the entire dwelling).
	1	Policy provides actual cash value (ACV) coverage on the roof for the perils of windstorm or hail, but provides replacement cost coverage on the roof for other perils (such as fire).
	2	Policy provides replacement cost coverage on the roof (including policies that provide replacement cost coverage on the entire dwelling).
	3	Policy does not provide dwelling coverage.
	4	Policy does not provide coverage for the roof, but provides dwelling coverage.
	5	Policy does not provide coverage for the roof for the perils of windstorm and hail, but provides coverage for the roof for other perils.
Policies that provide for fixed a schedule of payments for the roof that decline with the age of the home or the age of the roof must be reported using the codes that apply to actual cash value coverage.		
154		Private Flood Coverage Indicator
	0	Policy does not provide any coverage for flood or rising waters and has not been endorsed to provide coverage for flood or rising waters.
	1	Policy provides coverage for flood or rising waters, or has been endorsed to provide coverage for flood or rising water.

Columns	Codes	Type or Description
155		Tropical Cyclone Deductible (HO and Tenants, including Condominium Owners)
	*1	Full Coverage
	2	\$100
	3	\$250
	4	1/2%
	5	1%
	6	\$500
	**7	No Wind Coverage
	8	\$1,000
	9	Greater than 10%
	A	1-1/2%
	B	2%
	C	2-1/2%
	D	3%
	E	4%
	F	5%
	G	\$1,500
	H	\$2,000
	I	\$2,500
	J	\$3,000
	K	\$4,000
	L	\$5,000
	M	\$750
	N	10%
	O	\$3,500
	P	\$7,500
	Q	\$10,000
	R	6%
	S	7%
	T	8%
	U	9%
	V	\$25,000
	W	\$50,000
	X	\$100,000 or greater
	Y	\$200
	Z	\$15,000

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~ Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

Columns	Codes	Type or Description
156–161		Tropical Cyclone Deductible Amount (HO and Tenants, including Condominium Owners) (Report actual dollar amount of the deductible applicable to tropical cyclones.)
162–165 (YOC)		Year of Construction (HO and DW) Four-digit year the dwelling was constructed. Report "0000" for tenant forms and other contents-only policies.
166–168 (ALE)		Amount of Insurance—Loss of Use Coverage (HO and DW) Nearest thousands of dollars. If the amount of insurance is less than \$1,500, then code "01." If loss of use limit is greater than \$998,499, then report "999." If no loss of use coverage, then report "0" in the amount field. If the amount is a credit, indicate in the units position.
169–172 (HO PP)		Amount of Insurance—Personal Property Coverage (HO) Homeowner policies only. For tenant and condo forms, report personal property limit under INS (pos. 33–37). For dwelling policies, report personal property limit under ALINS (pos. 73–75). Nearest thousands of dollars. If the amount of insurance is less than \$1,500, then code "01." If personal property limit is greater than \$9,998,499, report "9999." If the amount is a credit, indicate in the units position.

Columns	Codes	Type or Description
---------	-------	---------------------

173 (CLM)**Prior Claims History**

- | | |
|---|---|
| 0 | No chargeable claims in the last five years |
| 1 | One chargeable claim in the last five years |
| 2 | Two chargeable claims in the last five years |
| 3 | Three chargeable claims in the last five years |
| 4 | Four chargeable claims in the last five years |
| 5 | Five or more chargeable claims in the last five years |
| 6 | Company does not use prior claims history in rating or tiering. |

When determining the number of chargeable claims, an insurer must use the definition of a chargeable claim it uses in its rating or underwriting rules. In no event may an insurer include as a chargeable claim any claim prohibited by Title 28, Texas Administrative Code, §21.1004 and §21.1007, including:

- (a) a claim resulting from a loss caused by natural causes;
- (b) a claim that is filed but not paid or payable under a residential property policy; or
- (c) a claim that an insurer is prohibited from using under Texas Insurance Code §544.353.

Columns	Codes	Type or Description
174–183 (RV)		Use of Certain Rating Variables Indicate how the insurer uses the listed rating variables when rating the policy. Use the following one-digit codes for each rating variable.
	Code	Use of Rating Variable
	1	Used in Rating, but no discount or surcharge applies.
	2	Discount or rating factor less than 1.000 applies to policy.
	3	Surcharge or rating factor greater than 1.000 applies to policy.
	4	No specific rating factor was applied to policy, but variable was used to place policy in a rating tier.
	5	Insurer does not use variable in rating or tiering.
174 (RV1)		Fire, smoke, or burglar alarm
175 (RV2)		Age of home
176 (RV3)		Automatic sprinkler system
177 (RV4)		Loss or claims experience
178 (RV5)		Companion policy (or policies)
179 (RV6)		Credit-based insurance score
180 (RV7)		Senior citizen (based on age for those 55 or older)
181 (RV8)		Smart or connected home
182 (RV9)		New home or recently purchased home
183 (RV10)		Additional risk surcharges, including surcharges for attractive nuisances (such as swimming pools and trampolines), for certain animals or breeds of animals, or for other uncommon features (such as wood stoves) that result in additional premium or a premium surcharge. These additional risk surcharges do not include surcharges for rating variables otherwise recognized in the statistical plan.
184–200		Skip

Section D:
Record Layout
for Losses

Columns	Code	Type or Description
1 (SP)	4	Stat Plan Residential – Dwellings, Homeowners
2–4 (ACDT)		Accounting Date
2		Month
	1–9	January–September
	0	October
	-	November
	&	December
3–4		Year
	*	Last two digits of year, e.g., "15" for 2015
5–6		Skip
7–16 (POLICY)		Policy Identifier
	*	Alphanumeric code assigned by the company to uniquely identify the policy for statistical reporting across all reporting periods.
17–22		Loss Occurrence Date
	*	Date of Loss Report Month (2), Day (2), Year (2) MMDDYY

Columns	Codes	Type or Description
23–25	*	Policy Effective Date Report Month (2), Year (1) MMY
26–30 (PLACE)	*	Place Code Place Code (County – Community) for specific location of risk as shown in the Place Code Manual. If risk is located in a specific community, report the Community Place Code. If risk is located outside a specific community, report the County Code.
31		Kind Records reporting no current payment or outstanding loss 1 No loss amount, not previously reported as closed 2 No loss amount, previously reported as closed with payment 3 No loss amount, previously reported as closed , but never as closed with payment Records reporting paid loss amount on reopened claims 4 Paid loss, previously reported as closed with payment 5 Paid loss, previously reported as closed , but never as closed with payment Records reporting paid loss amount on claims not reopened 6 Paid loss, not previously reported as closed Records reporting outstanding loss amount 7 Outstanding loss, not previously reported as closed 8 Outstanding loss, previously reported as closed with payment 9 Outstanding loss, previously reported as closed , but never as closed with payment
32		Skip

Columns	Codes	Type or Description
33–37 (A - INS)		Amount of Insurance
	*	As per original premium coding. For specific codes refer to Premiums record layout section.
		If a previously reported loss record must be reversed, report this field as a credit of the previously reported value. See Rule 12 for instructions on coding negative quantities.
38–40		Skip
41–42 (LOB)		Line of Business
	02	Homeowners Tenants Policies, including Condominium Owners
	03	Homeowners Policies, Excluding Tenants and Condominium Forms
	10	Dwelling Policies – Fire – Property Damage and Time Element
	11	Dwelling Policies – Miscellaneous Property Schedules
	12	Dwelling Policies – Liability
	13	Dwelling Policies – TWIA Wind-Only
	14	Dwelling Policies – Voluntary Wind-Only (AR)
	15	Dwelling Policies – Voluntary Wind-Only (Other)
	16	Dwelling Policies – Theft
	20	Dwelling Policies – Extended Coverage including Vandalism and Malicious Mischief – Property Damage and Time Element
	25	Dwelling Policies – Loss Assessment
	26	Dwelling Policies – Additional Extended Coverage
	27	Dwelling Policies – Residence Glass
	28	Dwelling Policies – All Risk of Physical Loss
	29	Dwelling Policies – Private Flood
	35	Private Flood – Stand-alone Flood Policies on Residential Dwellings (primary coverage)
	50	Supplemental Natural Disaster Protection
43–45 (CO)		Company Number
	*	As per original premium coding. For specific codes refer to Premiums record layout section.
46–49		Skip
50 (F)		Form
	*	As per original premium coding. For specific codes refer to Premiums record layout section.

Columns	Codes	Type or Description
51 (FM)		Number of Families
	*	As per original premium coding. For specific codes refer to Premiums record layout section.
52 (CV)		Coverage — Occupancy
	*	As per original premium coding. For specific codes refer to Premiums record layout section.
53 (CT)		Construction
	*	As per original premium coding. For specific codes refer to Premiums record layout section.
54–55 (SPPC)		Protection — ISO Protection Class, Including New Split Classifications
	01	1
	02	2
	03	3
	04	4
	05	5
	06	6
	07	7
	08	8
	19	8B
	09	9
	10	10
	20	10W
	12	1X
	22	2X
	32	3X
	42	4X
	52	5X
	62	6X
	72	7X
	82	8X
	13	1Y
	23	2Y
	33	3Y
	43	4Y
	53	5Y
	63	6Y
	73	7Y
	83	8Y

Columns	Codes	Type or Description
56 (PPC)		Protection — ISO Public Protection Class (PPC)
	1	
	2	
	3	
	4	Report actual ISO PPC used to rate the risk.
	5	Report PPC = 10 as "A."
	6	Report PPC = 8B as "B."
	7	
	8	
	9	
	A	
	B	
57–58 (DED)		Deductible
	*	As per original premium coding. For specific codes refer to Premiums record layout section.
59		Type of Loss Code HO
	1	Losses – Section I (Dwelling)
	1	Losses – Section I (Unscheduled Personal Property)
	1	Losses – Section II (Personal Liability)
	1	Losses – Section II (Medical Payments to Others)
	2	All Other Losses from additional premium paying endorsements
	3	All Losses Paid due to coverage added by attachment of Enhancement Endorsement

NOTE: For watercraft losses covered under the basic policy (where total horsepower on outboard motors is less than or equal to 25 horsepower or sailboat is less than 26 feet in length), report "1."

Columns	Codes	Type or Description
60		Paid Claim Count
	1	The first payment record for a claim
	0	Nonpayment record (has a Kind Code not corresponding to a loss payment amount); or Payment record for a claim that has previously been reported with Paid Claim Count "1."
	-1	Claim was previously reported in error as paid and needs to have all payments reversed; or Claim was previously reported with Paid Claim Count "1" and there has been salvage, subrogation, or other recoveries (not reinsurance) for the total cost of the case.
See Rule 12 for instructions on coding negative quantities.		
A case involving a loss payment under several separate, differently coded statistical entries must include a single, separate record with Paid Claim Count "1" for each statistical entry.		
61-67	*	Amount of Loss Dollars only; indicate credit in units position.
68-76	*	Nine-Digit ZIP Code The five-digit ZIP code of the location of the risk involved in the loss; report "ZIP code plus 4" if available.
77-82		Skip

Columns	Codes	Type or Description
83 (ROOFCOV)		Roof Covering (choose predominate type)
	A	Composition Shingle (Asphalt, Fiberglass, etc.)
	B	Wood (Shingle, Shake, Hardboard, etc.)
	C	Aluminum
	D	Steel
	E	Copper
	F	Roll Roofing
	G	Tar and Gravel (Built-up)
	H	Tile (Concrete or Clay)
	I	Slate
	J	Fiber Cement/Concrete
	K	Plastic
	L	Recycled Roofing Products
	M	Single-Ply Membrane Systems
	N	Other
	O	Metal (Specific type unknown)
	P	Roof covering unknown and not used in rating
84 (ROOFCRED)		Roof Covering Premium Credit
		Report only premium credits for roof coverings meeting UL2218, or other standards approved by TDI, here.
	0	None – No Credit Applicable
	1	Class 1 Credit
	2	Class 2 Credit
	3	Class 3 Credit
	4	Class 4 Credit
85–88 (ROOFYEAR)		Year of Roof Installation (HO and DW)
		Report the year the roof was installed in YYYY format. If the insurer does not use year of roof installation in underwriting or rating, then report 0000.
89 (COSMETIC)		Exclusion of Cosmetic Damage to Roof Coverings Endorsement
	0	Endorsement is not attached to policy
	1	Endorsement is attached to policy

Columns	Codes	Type or Description
90–91		Cause of Loss
	05	Fire – Internal Source
	10	Fire – External Source (Including fire caused by lightning)
	15	Fire – Unknown Source
	20	Lightning – No Fire
	25	Windstorm
	30	Hail
	32	Flood or Rising Water
	33	Explosion
	35	Smoke
	40	Aircraft and Vehicles
	45	Riot and Civil Commotion
	50	Vandalism and Malicious Mischief
	55	Collapse
	60	Discharge – Damage to Slab or Foundation
	61	Discharge – Other Damage
	70	Freeze – Damage to Slab or Foundation
	71	Freeze – Other Damage
	75	Burglary, Theft, Robbery
	80	Other – Physical Damage
	90	Other – Liability and Medical Payments
92		Skip
93–97 (DEPREC)		Difference in Actual Cash Value and Replacement Cost
	*	Reportable only for loss on the roof. (Example: The replacement cost of a roof with a like product is \$3,000. The Actual Cash Value of an existing roof is determined to be \$2,500. Report the difference of \$500 here.)
98–99		Skip
100	L	Loss Record
101–108	*	Optional Coverage Endorsements (Report the actual endorsement number, excluding dashes, for example, HO161, HO162, TDP004, TDP005, etc., for endorsements providing coverage for mold, water, foundation, or flood.)
109–114	*	Amount of Coverage for Field "101–108" (Percent or dollar amount as applicable) If a previously reported loss record must be reversed, report this field as a credit of the previously reported value. See Rule 12 for instructions on coding negative quantities.
115		Skip

Columns	Codes	Type or Description
116–121	*	Deductible 1 (HO – Wind and Hail; DW – Contents) (Report actual dollar amount of the deductible.)
122–127	*	Deductible 2 (HO – Other Than Wind and Hail; TN; DW – Building) (Report actual dollar amount of the deductible.)
128	0 1	Wind Coverage Wind Coverage is included. Wind coverage is excluded.
129–133		Skip
134–135 (BCC)	01 02 03 04 05 06 07 08 09	Building Code Credit (TWIA Only) Seaward – New Structure Built to New Code Seaward – Retrofitted Structure Inland I – New Structure Built to New Code Inland I – New Structure Built to Higher Standard than New Code Inland I – Retrofitted Structure Inland II – New Structure Built to Higher Standard than New Code: Built to Inland I Standard Built to Seaward Standard Inland II – Retrofitted Structure Not Applicable
136 (LOC)	0 1 2 3 4	Law and Ordinance Coverage No Additional Law and Ordinance Coverage is attached (other than the amount provided in the policy) 10% Additional Law and Ordinance Coverage Purchased 15% Additional Law and Ordinance Coverage Purchased 25% Additional Law and Ordinance Coverage Purchased Other Approved Limits Purchased
137–139		Skip

Columns	Codes	Type or Description
140		Tenure Discount Depending on whether the insurer uses tenure in rating or tiering, report the tenure of the insured using the following codes. Tenure is defined as the number of years previously insured with the insurer at the time the policy is issued or renewed. Insurers must report this code in all loss transactions, including those on policies that did not qualify for a tenure-based discount. Do not report tenure discounts elsewhere.
	0	not used in rating or tiering
	1	0–2 years
	2	3–5 years
	3	6–8 years
	4	9–10 years
	5	11–15 years
	6	16–19 years
	7	20 or more years
141–142	*	Tenure Discount Amount Report the tenure discount amount. Report 10% as "10." Report no discount as "00." Do not report the tenure discount amount elsewhere.
143–145		Skip
146–150	*	NAIC Company Number Report the five-digit NAIC company number.
151 (RCB)		Replacement Cost Building (HO and DW) 0 Policy provides actual cash value (ACV) coverage on the dwelling. 1 Policy provides replacement cost coverage on the dwelling. 2 Policy does not provide coverage for the dwelling. (Ten and Con Only).
152 (RCPP)		Replacement Cost Personal Property 0 Policy provides actual cash value (ACV) coverage on personal property. 1 Policy provides replacement cost coverage on personal property. 2 Policy does not provide coverage for personal property (DW Only).

Columns	Codes	Type or Description
153 (RCT)		Roof Coverage Type
	0	Policy provides actual cash value (ACV) coverage on the roof (including policies that provide ACV coverage on the entire dwelling).
	1	Policy provides actual cash value (ACV) coverage on the roof for the perils of windstorm or hail, but provides replacement cost coverage on the roof for other perils (such as fire).
	2	Policy provides replacement cost coverage on the roof (including policies that provide replacement cost coverage on the entire dwelling).
	3	Policy does not provide dwelling coverage.
	4	Policy does not provide coverage for the roof, but provides dwelling coverage.
	5	Policy does not provide coverage for the roof for the perils of windstorm and hail, but provides coverage for the roof for other perils.
Policies that provide for fixed a schedule of payments for the roof that decline with the age of the home or the age of the roof must be reported using the codes that apply to actual cash value coverage.		
154		Private Flood Coverage Indicator
	0	Policy does not provide any coverage for flood or rising waters and has not been endorsed to provide coverage for flood or rising waters.
	1	Policy provides coverage for flood or rising waters, or has been endorsed to provide coverage for flood or rising water.

Columns	Codes	Type or Description
155		Tropical Cyclone Deductible (HO and Tenants, including Condominium Owners)
	*1	Full Coverage
	2	\$100
	3	\$250
	4	1/2%
	5	1%
	6	\$500
	**7	No Wind Coverage
	8	\$1,000
	9	Greater than 10%
	A	1-1/2%
	B	2%
	C	2-1/2%
	D	3%
	E	4%
	F	5%
	G	\$1,500
	H	\$2,000
	I	\$2,500
	J	\$3,000
	K	\$4,000
	L	\$5,000
	M	\$750
	N	10%
	O	\$3,500
	P	\$7,500
	Q	\$10,000
	R	6%
	S	7%
	T	8%
	U	9%
	V	\$25,000
	W	\$50,000
	X	\$100,000 or greater
	Y	\$200
	Z	\$15,000

* For the Seacoast Territories (1, 8, 9, 10, and 11), code 1 is \$100 Deductible on Wind, Hurricane, and Hail – Full Coverage on other Extended Coverage Perils.

** Code 7 applies in ~~territories~~Territories 8, 9, and 10, and those portions of La Porte, Morgan's Point, Pasadena, Seabrook, and Shore Acres in Territory 1 that are located in the Catastrophe Area, subject to Wind Exclusion Endorsement.

Columns	Codes	Type or Description
156–161		Tropical Cyclone Deductible Amount (HO and Tenants, including Condominium Owners) (Report actual dollar amount of the deductible applicable to tropical cyclones.)
162–165 (YOC)		Year of Construction (HO and DW) Four-digit year the dwelling was constructed. Report "0000" for tenant forms and other contents-only policies.
166–168 (ALE)		Amount of Insurance—Loss of Use Coverage (HO and DW) Nearest thousands of dollars. If the amount of insurance is less than \$1,500, then code "01." If loss of use limit is greater than \$998,499, then report "999." If no loss of use coverage, then report "0" in the amount field. If a previously reported loss record must be reversed, report this field as a credit of the previously reported value. See Rule 12 for instructions on coding negative quantities.
169–172 (HO PP)		Amount of Insurance—Personal Property Coverage (HO) Homeowner policies only. For tenant and condo forms, report personal property limit under INS (pos. 33–37). For dwelling policies, report personal property limit under ALINS (pos. 73–75). Nearest thousands of dollars. If the amount of insurance is less than \$1,500, then code "01." If personal property limit is greater than \$9,998,499, report "9999." If a previously reported loss record must be reversed, report this field as a credit of the previously reported value. See Rule 12 for instructions on coding negative quantities.

Columns	Codes	Type or Description
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173 (NCC)**New Claim Count**

1	Newly reported claim
0	Previously reported as a newly reported claim
-1	Reversal of previously reported new claim

Claims previously reported, including in an earlier record for the current month, must use New Claim Count "0."

New claims which were previously reported in error and need to be reversed must use New Claim Count "-1."

See Rule 12 for instructions on coding negative quantities.

174 (CS)**Claim Status****Claim open at the end of the month**

1	Claim open , not previously reported as closed
4	Claim open , previously reported as closed

Claim closed with payment (CWIP) at the end of the month

	- claim closed at the end of the month; and - one or more indemnity payments made to the insured and not recovered fully from the insured*,**.
2	Claim CWIP , not previously reported as closed
5	Claim CWIP , previously reported as closed

Claim closed without payment (CWOP) at the end of the month

	- claim closed at the end of the month; and - indemnity payments made to the insured (if any) were all recovered fully from the insured*,**.
3	Claim CWOP , not previously reported as closed
6	Claim CWOP , previously reported as closed

* Indemnity payments made to the insured in the current month or in any earlier month are considered for the purpose of determining claim status.

** Recoveries from any source other than the insured are not considered as amounts recovered for the purpose of determining claim status.

Columns	Codes	Type or Description
175–176 (CLAIMID)	*	Claim Identifier Alphanumeric code assigned by the company to identify the claim for statistical reporting across all reporting periods. For multiple claims reported on the same policy having the same occurrence date, each claim must have a different claim identifier.
177 (RCC)	1	Reopened Claim Count Newly reopened claim, first loss record of the month
	0	Not a newly reopened claim; or Newly reopened claim, any record other than the first loss record of the month
	–1	Reversal of claim previously reported as newly reopened
A claim is considered " newly reopened " in any month where the claim is being reported again after having last been reported as closed .		

See Rule 12 for instructions on coding negative quantities.

178–200	Skip
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Section E:
Record Layout
for Cancellation, Nonrenewal,
and Declination Notices

Section E: Record Layout for
Cancellation, Nonrenewal, and Declination Notices

<u>Columns</u>	<u>Code</u>	<u>Type or Description</u>
<u>1 (SP)</u>		<u>Stat Plan</u>
	<u>5</u>	<u>Residential – Dwellings, Homeowners</u>
<u>2–4 (NDT)</u>		<u>Notification Date</u>
		<u>This is the date on which the notice providing the reasons for cancellation, nonrenewal, or declination was sent to the policyholder or applicant.</u>
<u>2</u>		<u>Month</u>
	<u>1–9</u>	<u>January–September</u>
	<u>0</u>	<u>October</u>
	<u>=</u>	<u>November</u>
	<u>&</u>	<u>December</u>
<u>3–4</u>		<u>Year</u>
	<u>*</u> <u>–</u>	<u>Last two digits of Year; for example, "17" for 2017</u>
<u>5–6 (AT)</u>		<u>Action Type</u>
	<u>80</u>	<u>Cancellation</u>
	<u>81</u>	<u>Nonrenewal</u>
	<u>82</u>	<u>Declination</u>
<u>7–11</u>		<u>NAIC Company Number</u>
	<u>*</u> <u>–</u>	<u>Report the five-digit NAIC company number.</u>
<u>12–14 (CNO)</u>		<u>Company Number</u>
	<u>*</u> <u>–</u>	<u>Assigned by TICO</u>

Section E: Record Layout for
Cancellation, Nonrenewal, and Declination Notices

Columns	Code	Type or Description
<u>15–16 (TOP)</u>		<u>Type of Policy</u>
	<u>01</u>	<u>Tenants</u>
	<u>02</u>	<u>Condominium owners (Condo)</u>
	<u>03</u>	<u>Owner-occupied homeowners (HO)</u>
	<u>04</u>	<u>Dwelling</u>
	<u>05</u>	<u>Mobile homeowners (MHO)</u>
	<u>06</u>	<u>Private flood – Stand-alone Flood Policies on Residential Dwellings (primary coverage)</u>
<u>17 (RSI)</u>		<u>Reason Source Indicator</u>
		<u>Indicate whether at least one of the reasons for the action type relied in whole or in part on aerial imagery or other third-party information.</u>
	<u>0</u>	<u>Reasons do not include use of aerial imagery and do not include use of other third-party information</u>
	<u>1</u>	<u>Reasons include use of aerial imagery but do not include use of other third-party information</u>
	<u>2</u>	<u>Reasons do not include use of aerial imagery but include use of other third-party information</u>
	<u>3</u>	<u>Reasons include use of aerial imagery and include use of other third-party information</u>
<u>18 (60D)</u>		<u>60-Day Indicator</u>
		<u>Indicate if cancellation notice was sent during the first 60 days of the initial policy term.</u>
	<u>Y</u>	<u>Cancellation notice sent within the first 60 days</u>
	<u>N</u>	<u>Cancellation notice sent after the first 60 days</u>
	<u>0</u>	<u>For action types other than cancellations, enter "0" (zero)</u>
<u>19–23 (ZIP)</u>		<u>ZIP Code</u>
	<u>*</u> <u>–</u>	<u>Code the five-digit ZIP code.</u>
<u>24–29 (AED)</u>		<u>Action Effective Date</u>
	<u>*</u> <u>–</u>	<u>This is the date the Action Type is effective. For declinations, report the Notification Date. For flat cancellations, report the effective date of the policy. For all other actions, report the date coverage ends. Use YYYYMM format.</u>

Section E: Record Layout for
Cancellation, Nonrenewal, and Declination Notices

Columns	Code	Type or Description
<u>30-35 (NPC)</u>		<u>Notified Policy Count</u>
	<u>*</u>	<u>The number of policies or applications for which the given combination of notification date, action type, type of policy, reason source indicator, 60-day indicator, ZIP code, action effective date, and reason code list applies. Pad on the left with zeroes as needed to reach the full field width of 6.</u>
<u>36-45 (RCL)</u>		<u>Reason Code List</u>
		<u>Concatenate all letter codes that apply from the following list in alphabetical order. Pad on the right with zeroes as needed to reach the full field width of 10.</u>
	<u>A</u>	<u>Failure to pay premiums when due</u>
	<u>B</u>	<u>Increase in hazard</u>
	<u>C</u>	<u>Inspection report not accepted</u>
	<u>D</u>	<u>Claims history</u>
	<u>E</u>	<u>Exposure to loss – liability</u>
	<u>F</u>	<u>Exposure to loss – wildfire</u>
	<u>G</u>	<u>Exposure to loss – wind/hail/hurricane</u>
	<u>H</u>	<u>Exposure to loss – insurer's concentration of risk</u>
	<u>J</u>	<u>Insurer withdrawing from the market</u>
	<u>K</u>	<u>Location of risk</u>
	<u>L</u>	<u>Credit or insurance score</u>
	<u>M</u>	<u>Condition of property – roof</u>
	<u>N</u>	<u>Condition of property – tree overhang</u>
	<u>P</u>	<u>Condition of property – insufficient defensible space</u>
	<u>Q</u>	<u>Condition of property – maintenance/occupancy/vacancy</u>
	<u>R</u>	<u>Condition of property – other</u>
	<u>S</u>	<u>Value of home</u>
	<u>T</u>	<u>Agent no longer appointed with insurer</u>
	<u>X</u>	<u>Assumption Reinsurance (TWIA only)</u>
	<u>Y</u>	<u>At insured's request</u>
	<u>Z</u>	<u>Other, insurer's action</u>
<u>46-70</u>		<u>Skip</u>

Section F:
Additional Instructions for Cancellation,
Nonrenewal, and Declination Notices

This section provides additional information on some of the fields for reporting reason codes.

Reason source indicator

When the insurer's decision to cancel, nonrenew, or decline relied in whole or in part on information sourced from aerial imagery or other third parties, note that as appropriate in the reason source indicator field. Insurance Code §551.002 requires that the insurer's written statement to applicants and policyholders must state the source of the information on which the insurer relied.

Reason codes

See the record layout for the full list of reasons and their codes. The following provides additional information for some of the reasons.

- 1) Increase in hazard—Use for a cancellation reason if the following happened:
 - a) The policy was canceled due to an increase in hazard covered by the policy that was within the control of the insured and would have produced an increase in the premium rate of the policy. Insurance Code §551.104(c)
 - b) The policy had been in effect less than 60 days and the insurer identifies a condition that: (A) creates an increased risk of hazard; (B) was not disclosed in the application for insurance coverage; and (C) is not the subject of a prior claim. Insurance Code §551.104(g)(1)
- 2) Inspection report not accepted—Use for a cancellation reason if before the effective date of the policy, the insurer does not accept a copy of a required inspection report that was completed by an inspector and is dated within 90 days of the effective date of the policy. Insurance Code §551.104(g)(2)
- 3) Exposure to loss – liability—Use if the reason for action is due to 1) the insured or applicant's personal liability risk under the liability sections of the policy or 2) the characteristics or activities of the insureds or applicants. Do not use to reflect first-party claims history.
- 4) Exposure to loss – insurer's concentration of risk—Use if the insurer is not writing new business or renewing policies because of the insurer's excessive exposure in a particular area or subline. Do not use if the reason is due to wildfire or wind/hail/hurricane exposure.
- 5) Insurer withdrawing from the market—Use if the insurer has filed a withdrawal plan with TDI that has been approved. Do not use any other reason codes in conjunction with this one.

- 6) Location of risk—Use if insurer does not write in certain areas and none of the "exposure to loss" reasons apply.
- 7) Credit or insurance score—Use if the policy was nonrenewed or declined because of the insured's or applicant's credit score. Insurance Code §559.052(a)(2) prohibits insurers from denying, cancelling, or nonrenewing a residential property policy solely on the basis of credit information without considering other applicable underwriting factors independent of credit. If credit or insurance score is a reason, there must also be another reason.
- 8) Condition of property—If the Action Type is due to the condition of the property, use all applicable reasons codes related to condition of the property. If the nonrenewal or declination is due to not writing particular types of roofs (for example, wood-shake roofs), then code this as "Other, insurer's action" as opposed to "Condition of property."
- 9) Value of home—Use this code when the property exceeds the limit set in the insurer's underwriting guidelines.
- 10) Insured's request—Use for a cancellation reason if:
 - a) The insured's representative cancels the policy because of the insured's death.
 - b) The insured no longer has an insurable interest in the property (for example, they sold it).
 - c) For any other reason as long as the cancellation was at the insured's request.
- 11) Other, insurer's action—Use if:
 - a) The insured submitted a fraudulent claim. Insurance Code §551.104(b)(2)
 - b) TDI determined that the continuation of a policy would violate the law. Insurance Code §551.104(b)(3)
 - c) The insured failed to pay their membership dues required by the insurer as a condition for coverage.
 - d) For any reason not otherwise listed.

Type of policy

The following table shows how the policy form, construction, and line of business codes in the premium and loss records map to the type of policy codes for the reporting of reason codes.

<u>Code for premium transactions in Section C</u>	<u>Form (Policy)—Section C – not including mobile or manufactured homes and not including private stand-alone flood policies</u>	<u>Code for reason code reporting in Section E</u>	<u>Type of Policy—Section E</u>
The following codes from Section C are for field 50 (FM) Form (Policy)			
<u>1</u>	<u>HO Policy A – Form 1</u>	<u>03</u>	<u>HO</u>
<u>2</u>	<u>HO Policy B – Form 2</u>	<u>03</u>	<u>HO</u>
<u>3</u>	<u>HO Policy C – Form 3</u>	<u>03</u>	<u>HO</u>
<u>4</u>	<u>Tenants Form B – Form 1w/V&MM</u>	<u>01</u>	<u>Tenants</u>
<u>5</u>	<u>Tenants Form C</u>	<u>01</u>	<u>Tenants</u>
<u>9</u>	<u>HO Policy A – Enhanced (HO Policy A+)</u>	<u>03</u>	<u>HO</u>
<u>A</u>	<u>Independent HO Basic Policy Form</u>	<u>03</u>	<u>HO</u>
<u>B</u>	<u>Independent Tenant Broad Policy Form</u>	<u>01</u>	<u>Tenants</u>
<u>C</u>	<u>Independent Condo Broad Policy Form</u>	<u>02</u>	<u>Condo</u>
<u>D</u>	<u>Independent Dwelling Basic Policy Form</u>	<u>04</u>	<u>Dwelling</u>
<u>E</u>	<u>Independent Tenant Special Policy Form</u>	<u>01</u>	<u>Tenants</u>
<u>F</u>	<u>HO 00 02 (ISO Homeowners 2 – Broad Form)</u>	<u>03</u>	<u>HO</u>
<u>G</u>	<u>HO 00 03 (ISO Homeowners 3 – Special Form)</u>	<u>03</u>	<u>HO</u>
<u>H</u>	<u>HO 00 04 (ISO Homeowners 4 – Contents Broad Form)</u>	<u>01</u>	<u>Tenants</u>

Section F: Additional Instructions for
Cancellation, Nonrenewal, and Declination Notices

<u>Code for premium transactions in Section C</u>	<u>Form (Policy)—Section C – not including mobile or manufactured homes and not including private stand-alone flood policies</u>	<u>Code for reason code reporting in Section E</u>	<u>Type of Policy—Section E</u>
<u>I</u>	<u>HO 00 05 (ISO Homeowners 5 – Comprehensive Form)</u>	<u>03</u>	<u>HO</u>
<u>J</u>	<u>HO 00 06 (ISO Homeowners 6 – Unit Owners Form)</u>	<u>02</u>	<u>Condo</u>
<u>K</u>	<u>HO 00 08 (ISO Homeowners 8 – Modified Coverage Form)</u>	<u>03</u>	<u>HO</u>
<u>L</u>	<u>Independent HO Broad Policy Form</u>	<u>03</u>	<u>HO</u>
<u>M</u>	<u>Independent HO Special Policy Form</u>	<u>03</u>	<u>HO</u>
<u>N</u>	<u>Independent Condo Special Policy Form</u>	<u>02</u>	<u>Condo</u>
<u>O</u>	<u>Independent Dwelling Special Policy Form</u>	<u>04</u>	<u>Dwelling</u>
<u>P</u>	<u>Independent Dwelling Broad Policy Form</u>	<u>04</u>	<u>Dwelling</u>
<u>Q</u>	<u>ISO Dwelling Property 1 – Basic Form</u>	<u>04</u>	<u>Dwelling</u>
<u>I</u>	<u>ISO Dwelling Property 2 – Broad Form</u>	<u>04</u>	<u>Dwelling</u>
<u>U</u>	<u>ISO Dwelling Property 3 – Special Form</u>	<u>04</u>	<u>Dwelling</u>
<u>V</u>	<u>Independent Personal Liability Policy Form (HO)</u>	<u>03</u>	<u>HO</u>
<u>W</u>	<u>Form 1 (AAIS Basic Form)</u>	<u>03</u>	<u>HO</u>
<u>X</u>	<u>Form 2 (AAIS Broad Form)</u>	<u>03</u>	<u>HO</u>
<u>Y</u>	<u>Form 3 (AAIS Special Form)</u>	<u>03</u>	<u>HO</u>
<u>Z</u>	<u>Form 4 (AAIS Contents Broad Form)</u>	<u>01</u>	<u>Tenants</u>

Section F: Additional Instructions for
Cancellation, Nonrenewal, and Declination Notices

<u>Code for premium transactions in Section C</u>	<u>Form (Policy)—Section C – not including mobile or manufactured homes and not including private stand-alone flood policies</u>	<u>Code for reason code reporting in Section E</u>	<u>Type of Policy—Section E</u>
<u>6</u>	<u>Form 5 (AAIS Special Building and Contents Form)</u>	<u>03</u>	<u>HO</u>
<u>7</u>	<u>Form 6 (AAIS Unit-Owners Form)</u>	<u>02</u>	<u>Condo</u>
<u>8</u>	<u>Form 8 (AAIS Limited Form)</u>	<u>03</u>	<u>HO</u>

<u>Code for premium transactions in Section C</u>	<u>Construction—Section C</u>	<u>Code for reason code reporting in Section E</u>	<u>Type of Policy—Section E</u>
<u>The following code from Section C is from field 53 (CT) Construction</u>			
<u>5</u>	<u>Mobile or Manufactured Home</u>	<u>05</u>	<u>MHO</u>

<u>Code for premium transactions in Section C</u>	<u>Line of Business—Section C</u>	<u>Code for reason code reporting in Section E</u>	<u>Type of Policy—Section E</u>
<u>The following code from Section C is from field 41-42 (LOB) Line of Business</u>			
<u>35</u>	<u>Private Flood – Stand-alone Flood Policies on Residential Dwellings (primary coverage)</u>	<u>06</u>	<u>Private flood</u>

Columns	Codes	Type or Description
<u>For Number of Actual Cancellations, Nonrenewals, and Declinations</u>		

Section G:
Record Layout
for Number of Actual Cancellations,
Nonrenewals, and Declinations

Columns	Codes	Type or Description
Record Layout		
<u>Columns</u>	<u>Code</u>	<u>Description</u>
<u>1 (SP)</u>	<u>6</u>	<u>Stat Plan</u> <u>Residential – Dwellings, Homeowners</u>
<u>2–4 (AED)</u>		<u>Action Effective Date</u> <u>This is the date the Action Type is effective. For</u> <u>declinations, report the Notification Date (from</u> <u>Section E). For flat cancellations, report the</u> <u>effective date of the policy. For all other actions,</u> <u>report the date the coverage ends.</u>
<u>2</u>	<u>1–9</u> <u>0</u> <u>-</u> <u>&</u>	<u>Month</u> <u>January–September</u> <u>October</u> <u>November</u> <u>December</u>
<u>3–4</u>	<u>*</u> <u>-</u>	<u>Year</u> <u>Last two digits of Year; for example, "17" for 2017</u>
<u>5–6 (AT)</u>	<u>80</u> <u>81</u> <u>82</u>	<u>Action Type</u> <u>Cancellation</u> <u>Nonrenewal</u> <u>Declination</u>
<u>7–11</u>	<u>*</u> <u>-</u>	<u>NAIC Company Number</u> <u>Report the five-digit NAIC company number.</u>
<u>12–14 (CNO)</u>	<u>*</u> <u>-</u>	<u>Company Number</u> <u>Assigned by TICO</u>
<u>15–16 (TOP)</u>	<u>01</u> <u>02</u> <u>03</u> <u>04</u> <u>05</u> <u>06</u>	<u>Type of Policy</u> <u>Tenants</u> <u>Condominium owners (Condo)</u> <u>Owner-occupied homeowners (HO)</u> <u>Dwelling</u> <u>Mobile homeowners (MHO)</u> <u>Private flood – Stand-alone Flood Policies on</u> <u>Residential Dwellings (primary coverage)</u>

Columns	Codes	Type or Description
<u>For Number of Actual Cancellations, Nonrenewals, and Declinations</u>		
<u>Columns</u>	<u>Code</u>	<u>Description</u>
<u>17-21 (ZIP)</u>	<u>*</u> <u>-</u>	<u>ZIP Code</u> <u>Code the five-digit ZIP code.</u>
<u>22-29 (APC)</u>	<u>*</u> <u>-</u>	<u>Actualized Policy Count</u> <u>The number of policies or applications for which</u> <u>the given combination of action effective date,</u> <u>action type, type of policy, and ZIP code applies.</u> <u>Pad on the left with zeroes as needed to reach the</u> <u>full field width of 8.</u>
<u>30-50</u>		<u>Skip</u>