

FREQUENTLY ASKED QUESTIONS – NCRF COMMERCIAL AUTO DATA CALL (CEDED ONLY)

Question: How do I submit my data to the NCRF?

Answer: The data call is submitted to the NCRB's IDC website via a text file.

Question: If I have more than one garaging location, how do I report Zip Code?

Answer:

Zip Code should be reported by vehicle based on the garaging location of each vehicle. For example, a policy with one vehicle in Charlotte and one vehicle in Raleigh should be reported as two records, with one Charlotte zip code and one Raleigh Zip Code.

Question: Where can I find the codes to be reported for Territory, Zone, Class Code, and Limit Code?

Answer:

- These codes can be found here ([NCRF Informational Tables](#))

Question: Should all policies and claims be included, even policies where there are no reported claims?

Answer:

Yes, we need detail from every policy and every claim ceded to the NC Reinsurance Facility, whether or not there are claims associated with each policy.

Question: What is the difference between paid and incurred claim amounts?

Answer:

Paid claims include any claims which have had payments on them; Incurred claims include all paid claims, as well as claims that are pending (and have reserves, but not necessarily payments made).

Question: Do we need to include claims with no payment, or where a payment was denied?

Answer:

Claims with no payment can be excluded from this request unless those claim(s) have outstanding case reserves. "Reserve only" claims would be included in the incurred totals.

Question: Please explain what is intended by "capped" losses.

Answer:

Indemnity loss should be capped as follows:

- Bodily Injury (BI) claims should be capped at \$30,000 per claimant and \$60,000 per occurrence. So if there was an accident with 2 BI claimants; the first got \$25,000 and the second got \$35,000, the reported capped BI loss for that occurrence would be \$55,000. The claim count would be 2. These values would be included in the aggregate values being reported.
- Property Damage (PD) claims should be capped at \$25,000 per occurrence.
- ALAE is uncapped and should be included as appropriate with the BI and PD indemnity losses.
- Total limit losses should be capped at policy limits, with ALAE uncapped.
- Don't include IBNR.

Question: What is meant by 15, 27, etc. evaluation of the loss details?

Answer:

- Claims with accident dates from 1/1/2016 through 12/31/2016, evaluated at 3/31/2017 = 15 months
- Claims with accident dates from 1/1/2016 through 12/31/2016, evaluated as of 3/31/2018 = 27 months
- The 2017 and 2018 accident dates will need to be valued at 15 months, 27 months, 39 months, 51 months, and 63 months.
- The accidents from 1/1/2022 through 12/31/2022 would have a 15 month evaluation at 3/31/2023 - but the other "valuations" (27, 39, etc.) have not yet occurred, so no data would be reported there.

Question: Should figures be combined for all policies?

Answer:

All policies should be grouped based on the other policy characteristics (territory, coverage, limit code, etc.). Policies do not need to be reported individually.

Question:

Should we report Medical Payment, Uninsured Motorists (UM), or Underinsured Motorist (UIM) policies and/or claims?
Should we report policy level coverages such as hired or Non Owned auto coverage?

Answer:

Please exclude these coverages from the calendar year 2023 data submission. They may be required in future iterations of this data call.

Question: For earned exposures, should we include trailers and/or hired/non-owned vehicles in the earned exposures?

Answer:

Yes, include all vehicle types as part of the exposure.