

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

Question:

What has changed in this data call compared to data collected for 2022?

Answer:

There were several changes to this year's request.

1. The NCRF Code was added as a requested data element.
2. This year, 7 years of policy data will be collected.
3. For zone rated vehicles garaged out-of-state, a field was added to collect the two-digit regional zone for the zone farthest away from the principal garaging zip code. This field (Out of State Zone) is intended for vehicles rated under Rule 35.B.2 of the Manual.
4. The field for "Number of Vehicles on Policy" has been removed.

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 in the NCRF Commercial Auto Manual, which (depending on statistical agent) may not be the same as the codes used for statistical reporting.

For Territory code, all should be 3 digits in length. Valid territory codes (non-zone rated risks) are 011-024.

For zone-rated vehicles, the valid Zone codes are 201-237 and 240-249 if the risk originates in the Charlotte Zone (05) and 901-937 and 940-949 if the risk originates anywhere else in North Carolina.

The BI split limit codes and the PD split limit codes are on page R-3 and R-4 of your manual. For single limits, they should use the same codes on the BI (R-3) or PD page (R-4).

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. Any claims with only outstanding case reserves does need to be included in the request.

Question:

Please explain what is intended by "capped" losses.

Answer:

Indemnity loss should be capped as follows:

- a. 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.
- b. Property Damage (PD) claims should be capped at \$25,000 per occurrence.
- c. ALAE is uncapped and should be included as appropriate with the BI and PD indemnity losses.
- d. Total limit losses should be capped at policy limits, with ALAE uncapped.
- e. 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:

Although this data is not required, it may be provided. This data 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.