

Schools Excess Liability Fund

Liability Loss Data Information Specifications Request for Detail Information- Electronic Data File Submission

The data outlined in this request for general liability, auto liability, errors and omissions and employment practices loss data, will be utilized for SELF's underwriting process and actuarial study. Please provide SELF an electronic data file in an Excel or comma separated value (CSV) format. The requested file is a data file, and should not contain formatting, macros, formulas, hidden columns or rows, report headers, footers, subtotals or grand totals, blank rows, or any other Excel "features".

Please pay particular attention to #4 below regarding the capping of losses. This has been a recurring issue and we appreciate your assistance in ensuring the full amount of the loss is being reported in your data.

It is important to pay careful attention to the following:

1. Data must be evaluated **as of June 30, 2011.**
2. General liability loss data ***should be provided for the entire claim history*** – all the years you maintain in your risk management/claims information system.
3. Claims data transferred from any prior third party administrators ***shall be incorporated into the data submission as well.***
4. **Loss amounts should include the full amount of the claim and not be limited to any excess insurance recovery** (please do not cap payment, reserve, or recovery amounts).
5. Losses should be detailed on ***an occurrence/claimant/coverage basis.*** Losses with multiple occurrences, claimants and/or coverages that fall under one master claim should not be aggregated prior to submission.
6. The file should include ***all open and closed general and automobile liability claims*** including "Incident Only" (aka "Information Only", "Record Only", or "Notice Only"). Do not include ***Property losses*** (Auto – Collision, Building – Contents, Burglary, etc.)
7. ***Closed claims cannot have reserve amounts.*** By definition, a closed claim cannot have a case reserve. Therefore, closed claims with reserve amounts will not be accepted.
8. ***All paid, reserve, and incurred amounts must be "positive" numbers.*** A negative amount may be listed only if it pertains to a subrogation or excess recovery ("Subro Recovery Amount" and "Excess Recovery Amount").
9. Per SELF's governing documents, members are required to submit loss data. ***If the data is not submitted in a timely fashion or in the proper format matching the following criteria, the member may be penalized.***

ELECTRONIC DATA FILE AND RECORD LAYOUT

Please provide this information via our secure FTP server at www.selfjpa.org and only in the format requested. Provide us with Excel or comma separated files (CSV). These files can be 'zipped' if preferred.

Please utilize the following specifications when submitting your information to us. Each record must consist of the 32 data fields described below. If there is no data for a specific field, please indicate by leaving blank (null), do not use spaces, "NULL", "UNKNOWN", or " / / " as placeholders. **Note that only fields 3 (Location Name), 8 (Claimant First Name), and 18 (Date Closed) can be left blank and only under specific circumstances. All numeric (amount) fields must be coded with a dollar amount. If there is no amount, code as "\$0.00"; do not leave blank.** If using dollar signs ('\$') and/or commas (',') in an amount field causes problems with your submission process, they can be omitted. **The first row of the file must contain a header identifying the columns exactly as specified below.** If using spaces (" ") in column names causes problems with your submission process, you may substitute underscores ("_") instead.

A template of the file with the correct header and sample claim row can be found on the under the Data Collection tab on our Website.

The required fields are as follows:

<u>No.</u>	<u>Field Name</u>	<u>Format</u>	<u>Description</u>
1	Evaluation Date	mm/dd/yyyy	The date the loss data was evaluated and should always be the last day of the month being reported.
2	Entity Name	text (80)	Name of the member entity, district, or employer. For members of a JPA or SIG this field should contain the member/entity name, <u>not</u> the name of the JPA or group. The individual employer/entity name will be used to determine the group.
3	Location Name	text (80)	Name of the location, school, or division (if the same as Department Name, then leave blank). Do not include location numbers.
4	Department Name	text (80)	Name of department. Do not include department numbers.
5	Master Claim Number	text (40)	Claim or file number. If an occurrence, claimant or coverage uses a different claim or file number than the master, you must list the master claim number.
6	Original Claim Number	text (40)	If the claim has been transferred from another TPA or entity, or is the excess or pool layer loss amount on another claim, include the original master claim or file number. Otherwise code the same as field 5 (Master Claim Number) above
7	Multiple Occurrence	text (1)	Code as M = multiple occurrence or S = single occurrence.

8	Claimant First Name	text (40)	First name of the claimant. Must be mixed case and only include the claimant's first name. If the claimant is a business or entity, please leave blank.
9	Claimant Last Name	text (40)	Last name of the claimant. Must be mixed case and not include the claimant's first name. If the claimant is a business or entity, please list business/entity name.
10	Type of Coverage	text (3)	Code as ABI = Auto Bodily Injury, APD = Auto Property Damage, ALO = Auto Liability Other, EAO = Errors and Omissions, EPL = Employment Practices Liability, OBI = Other Bodily Injury, OPI = Other Personal Injury, OPD = Other Property Damage, or OLO = Other Liability Other. No other codes will be accepted.
11	Cause of Loss Code	text (4)	Alphanumeric Cause of Loss code.
12	Cause Description	text (80) accepted).	Ex.: Fall. Only include description (no codes accepted).
13	Text Description	text (255)	Free form text description of the claim. This field should list the actual description of the injury or event as listed by the employer. Do not include quotes ('), double quotes ("), or carriage return or end-of-line characters (CRLF).
14	Litigated Flag	text (1)	Code "Y" if the claimant is represented by an attorney or the employer retained legal representation or "N" if there are no attorneys involved.
15	Date of Loss	mm/dd/yyyy	Date the incident, injury or illness occurred or was alleged.
16	Date Reported	mm/dd/yyyy	Date claim was reported by the employee to his or her employer. Also known as date of knowledge.
17	Date Received	mm/dd/yyyy	Date claim was received or reported to the claims administrator/adjuster.
18	Date Closed	mm/dd/yyyy	Date this claim was closed (if not closed then leave blank).
19	Status	text (2)	Code as OP = Open, CL = Closed, RO = Re-Opened, or RC = Re-Closed. No other codes will be accepted.
20	Paid BIPI	,\$,##0.00	Amount paid to date on the occurrence for bodily injury (BI) and personal injury (PI) losses. This amount shall be exclusive of any recovery amounts.
21	Paid PD	,\$,##0.00	Amount paid to date on the occurrence for property damage (PD) losses. This amount shall be exclusive of any recovery amounts.
22	Paid ALAE	,\$,##0.00	Amount paid to date for adjusting expenses. This amount shall be exclusive of any recovery amounts.
23	Paid Legal Expense	,\$,##0.00	Amount paid to date for legal expenses. This amount shall be exclusive of any recovery amounts.
24	Total Paid	,\$,##0.00	Total paid on this occurrence to date. Must total the sum of fields 20+21+22+23.

25	Reserved BIPI	,\$,##0.00	Current case reserve on the occurrence for bodily injury (BI) and personal injury (PI) losses.
26	Reserved PD	,\$,##0.00	Current case reserves on the occurrence for property damage (PD) losses.
27	Reserved ALAE	,\$,##0.00	Current case reserves for adjusting expenses.
28	Reserved Legal Expense	,\$,##0.00	Current case reserves for legal expenses.
29	Total Reserved	,\$,##0.00	Total current case reserves on this occurrence. Must total the sum of fields 25+26+27+28.
30	Total Incurred	,\$,##0.00	Total Incurred losses for this occurrence. This amount shall be exclusive of any subro or excess recovery amounts. Must equal the sum of fields 20+21+22+23+25+26+27+28. Must also be the sum of 24 (Total Paid) + 29 (Total Reserved).
31	Subrogation Recovery	,\$,##0.00	Amount recovered for subrogation recovery on this occurrence. This amount shall not be deducted from the paid to date, reserve, or total incurred amounts.
32	Excess Recovery	,\$,##0.00	Amount recovered from excess carrier on this occurrence. This amount shall not be deducted from the paid to date, reserve, or total incurred amounts.

Respond to this request by August 1, 2011. Members not submitting COMPLETE AND USABLE data by August 1st will have a penalty applied to their invoice.

If you have any difficulty in generating the data submission in the format we've requested, or if there is any part of this request that is not clear to you, please call 1.800.780.5207 or 1.916.290.4600 or e-mail us at info@selfjpa.org.

Please upload your electronic liability data submissions at our secure site at www.selfjpa.org.

PLEASE NOTE: SUBMISSION OF THIS DATA DOES NOT FULFILL THE REPORTING REQUIREMENTS UNDER THE MEMORANDUM OF COVERAGE. PLEASE REFER TO THE MEMORANDUM OF COVERAGE FOR SPECIFIC REPORTING REQUIREMENTS. IT CAN BE FOUND ON OUR WEBSITE AT WWW.SELFJPA.ORG.

Paper loss runs and/or Adobe Acrobat files are not acceptable