INSTRUCTIONS FOR
PART 4203 – INSURANCE DATA REPORTING REQUIREMENTS
SUBPART A: COST CONTAINMENT REPORTING

https://www.ilga.gov/agencies/JCAR

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Frequently Asked Questions/Clarifications

1. **Exemptions –** Companies having no cost containment data to file MUST notify the Department they have no data to file each year. The Department does not grant blanket exemptions. See page 6 for details.

   Companies with less than $50,000 in direct written premium and less than $50,000 in direct losses incurred on lines 1, 4, 5.1, 5.2, 11, 12, 17.1, 17.2, 17.3, 19.2, 19.4 and 21.1 of their 2025 Illinois State Page Exhibit will be given an automatic filing exemption this year.

2. **Extenuating Financial Circumstances** – If your company meets the financial criteria to respond to this data call but has documented extenuating financial circumstances, such as the company is in rehabilitation, receivership, or a non-voluntary run-off, please complete the Exemption Request form.

3. **FEIN Number** – The FEIN number cannot include the hyphen to be uploaded into the database. It will cause an error and the file will not upload.

4. **Class Code OTHR** – All other coverage not required to be listed by class code, contained in each line of the company's State Page exhibit for the filing year, is required to be listed as OTHR. The sum of the Written Premium should closely match the amount submitted on the NAIC State Page. If the class code for **all** Illinois business within any line is classified as OTHR, then no record is required, an exemption request should be submitted. For example, antique/collectible vehicles, motor homes, and travel trailers should be reported as OTHR but if the company only writes antique/collectible business then no record is required.

5. **Multi-State records (MS)** – MS records are required even if your company only does business in the State of Illinois, with the exception of the HEQ class code. If the class code for **all** Illinois business within any line is classified as OTHR, no record is required, and an exemption request should be submitted. Multi-State records should include Illinois business.

6. **Surplus Lines** – Surplus Lines coverage should be reported as OTHR. If your company only writes Surplus Lines coverage no record is required. An exemption request should be submitted.

7. **Earthquake Data** - If an insurer is unable to separate homeowner endorsements for earthquake (HEQ) from the residential earthquake data (REQ), the data should be reported as part of REQ using the instructions for reporting earthquake data in Section 4203.70. Earthquake data from an endorsement to a homeowner or residential fire policy should be reported under the HEQ using the instructions for reporting earthquake endorsement data in Section 4203.80. Please note, a corresponding MS record is not required for the HEQ class code.

Section 4203.20: Purpose and Scope

The purpose is to establish *form and data reporting requirements* for the specific information required to be reported to the Director of Insurance by Section 215 ILCS 5/1204 of the Illinois Insurance Code (215 ILCS 5/1204) and to establish the medium upon which such information shall be transmitted to the Director by Part 4203 of the Illinois Administrative Code (50 Ill Adm. Code Part 4203).

Compliance with this data call shall apply to each company licensed to write property or casualty insurance in this State pursuant to Section 4, Class 2 and/or Class 3 of the Illinois Insurance Code (215 ILCS 5/4).

Section 4203.30: Data Collection Procedures

a) Scope of Procedure

These procedures are applicable to all companies licensed to write direct property and liability business written by insurers licensed by the State of Illinois. Each insurer will report its business written separately for Illinois-only and multi-state (including Illinois) for each line, sub-line, class, or endorsement specified in Part 4203 – Subpart A. Where zip code reporting is required, each line, sub-line, or class shall be reported separately for each zip code. Zip code reporting will be required for **Illinois** personal line business. Only data for the voluntary market should be reported.

Multi-state (MS) records:

- For each class code reflecting business written in Illinois the company must submit a matching MS record with the exception of HEQ data.

- Multi-state records should include Illinois premiums & losses. That is, they must reflect the amount of business written in Illinois plus all other states.

OTHR records:

- No records are required for any line of business if OTHR is the only classification code being reported.

b) Methods of Compiling Annual Experience

Experience for each class or type of business required in the data call will be provided on a calendar year basis. The calendar year data represents a comparison of losses with exposures and premiums for the same 12-month period. Data will be reported for the current year minus one year. For example, for the 2021 data call, data will be reported for 2020, evaluated as of December 31, 2020.

c) Experience Method by Line

1) For all lines, each insurer will report the premium and loss data for the last experience year. (For example, 2020 data will be reported in year 2021.)

2) When reporting the required data, please note the following clarifications:

    - Records where the amount fields are zero filled will not be accepted. The data file elements should only contain actual data.

    - Data for commercial auto does include school buses or garage risks under “OTHR” class code.

- The “Other Liability” line includes classes from liquor liability, day care centers, lawyers’ professional liability, and excess/umbrella coverage.

- Data from Beach Plans and Assigned Risk Plans will not be reported. Insurers will not report any FAIR Plan data.

- The report for Illinois-only/multi-state private passenger automobile excludes no-fault data. Antique/collectible vehicles, motor homes, motorcycles, and travel trailers should be reported under “OTHR” class code.

- Data for earthquake coverage provided via an endorsement to a homeowner or residential fire policy will be reported separately from standalone earthquake policies. The classification code for earthquake data from these endorsements, if identifiable, will be HEQ. In these situations, the coding rules for homeowner and residential fire lines will apply. Data for earthquake coverage provided by a standalone policy will be reported with class code REQ using the coding rules of the earthquake line. If an insurer cannot distinguish between the earthquake classes, it will code all earthquake data as REQ.

d) Preparation and Completion of Statistical Reports

- Insurers may report data directly or through a statistical agent. Statistical agents reporting data for more than one insurer will report each insurer’s data on separate records.

- Insurers will report their data within the required period using the codes and record formats provided in Section 4203.60 through Section 4203.100.

- Only direct insurance business will be reported. The data filings are not to include premiums received from or losses paid to other insurers. Reinsurance premiums and losses are not to be reported under this data call.

- The data must be in a Comma Separated Values (.csv) format. Templates for each data type can be obtained at: https://insurance.illinois.gov/Applications/CCANNFIL/FileImportHelp.aspx

- Partial submissions: The Department does not accept partial submissions. All data for each line of business must be submitted as a complete submission. In the event partial data is submitted for a line of business, the data by that insurer will need to be deleted and replaced by the resubmitted data.

  WARNING – Please contact the Department at DOI.InnovMktAnalysis@illinois.gov for a request to remove previously submitted data before the revised data can be uploaded. Duplicate data will NOT be loaded.

- Exemption: Companies having no cost containment data to file MUST send a letter or email (DOI.InnovMktAnalysis@illinois.gov) to the Department confirming they have no data to file each year.

  A written exemption request must include the following information:

Exemption Request	
Company Name	
NAIC Company Code (5 digit)	
FEIN	
Filing date	
Contact Name	
Contact Phone Number	
Contact Email	
Line of Business for Exemption	
Reason	

STATISTICAL AGENTS MUST submit, by separate cover or email, a list of all companies for which lines of business are being requested for an exemption. (See Section 4203.30a. for an explanation on which companies have to file.)

e) Reporting of Exposures

A count of written exposures will be reported for each line, type of business, and classification with exception of OTHR class code. Section 4203.50 provides the exposure basis for each class code.

f) Reporting of Premiums

The premium reported will be the premium charged for the policies within each line of business and classification. Premiums will be reported on both a written and earned basis. Excess Insurance premiums will be addressed in Section 4203.30s. Dividends should be included in written and earned premium.

Written Premium: Defined as the full annual premium for a policy or contract.

Earned Premium: The pro-rata of the written premium associated with the period of time the policy has been in force, that period already expired.

EXAMPLES – PREMIUMS:

If a one-year term policy is written on June 15, 2011, (with a June 15, 2011, effective date and expiration date June 15, 2012) with an annual premium of $240, the 2011 written premium is $240.

There are several acceptable ways to calculate earned premium. One such example for the calendar experience would use the half-month method. For a one-year period, the premium would be earned over 24 half months, the total term of the policy. With a policy period beginning in June 2011, running into June 2012 the policy would earn $13/24^{th}$ during the year 2011. The period from January 1, 2012 to June 2012 represents $11/24^{th}$ of a year. Therefore, the 2011 earned premium would be $130.00 (i.e., $240 x (13/24)) and the 2012 earned premium would be $110 (i.e., $240 x (11/24)).

g) Reporting of Losses

Separate fields are provided for paid and outstanding losses. Losses will be reported net as to third party recoveries (under salvage and subrogation). For Illinois Cost Containment, paid losses are all sums paid to claimants or policyholders in direct settlement of loss covered by the policies. For Illinois Cost Containment, outstanding losses are the amounts of loss reserves established for paying claims for the reporting period that has not been paid as of the cut-off date. Losses covered by an excess policy will be reported separately as addressed in Section 4203.30t.

EXAMPLES – LOSSES:

A one-year policy is issued with an effective date of November 15, 2008. A loss occurs on July 1, 2009, and a reserve (outstanding loss) amount of $1,000,000 is established. As of December 31, 2009, and March 31, 2010, no payments have been made, and the reserve remains the same. On September 1, 2010, a partial payment of $200,000 is made. As of December 31, 2010, no additional payment has been made, but the reserve has been revised to $500,000. On August 1, 2011, a second and final payment of $450,000 is made. At this time, the claim is closed (and the reserve becomes zero.) The data would be reported as follows:

Calendar Year: (loss is slotted to year based on when claim paid)

Report (Filing Year)	Data Year	Paid	Outstanding
2010 Report (evaluated as of 12/31/09)	2009	0	1,000,000
2011 Report (evaluated as of 12/31/10)	2010	200,000	500,000
2012 Report (evaluated as of 12/31/11)	2011	450,000	0

NOTES:

- All losses will be separated into paid and outstanding losses for each period.
- Under the calendar year data reporting, insurers should report paid losses that were actually paid that year.

h) Reporting of Allocated Loss Adjustment Expenses

Allocated Loss Adjustment Expense (ALAE) includes all expenses of the company that can be identified with and hence allocated to a claim. Insurers will report the

amount of paid and outstanding ALAE for the private passenger auto liability, medical malpractice, other liability, and commercial auto liability lines. In addition, ALAE will be collected for business owners insurance and excess insurance.

In those situations, where an insurer cannot separate indemnity to claimants and ALAE, the insurer will enter the combined loss and ALAE total in the paid loss or outstanding loss field(s) and will identify this option by coding the corresponding paid ALAE or outstanding ALAE field(s) with the word 'combined'.

i) Reporting Paid Claims Count

Insurers will report the count of their paid claims. A claim closed without a loss payment is NOT to be reported. A claim involving only allocated loss adjustment expense is NOT to be reported in the paid claim count. A claim count is to be reported only for those cases where a loss payment has been made or a loss reserve has been established. A paid claim is defined as a claim for which a payment has been made. In cases where a claim is partially paid with an associated case reserve still maintained, insurers have the option to report the claim count as either paid or outstanding – but not both ways. An insurer must endeavor to be consistent period to period in their reporting. A case involving loss payments or loss reserves under more than one cost containment classification will have a claim count under each classification.

j) Reporting Outstanding Claims Count

Insurers will report the count of outstanding claims. An outstanding claim is defined as a claim for which a case loss reserve exists as of the evaluation date. In cases where a claim is partially paid with an associated case reserve still maintained, insurers have the option to report the claim count as either paid or outstanding, but not both ways. A case involving loss payments or loss reserves under more than one cost containment classification will have a claim count under each classification.

k) Run-off Business

Companies with no written or earned premiums, but with paid or outstanding losses or ALAE in a line, class, subclass, or endorsement for Illinois-only data must report data for that line, class, subclass, or endorsement for both Illinois-only and multi-state. If the aforementioned situation occurs in only the multi-state data, the insurer will not be required to report that data. Insurers need not submit a record (for either Illinois-only or multi-state) for any line, class, or endorsement if written premiums, earned premiums, and paid and outstanding losses in the Illinois-only data are all zeroes.

l) Three Year Prepaid Policies

Premiums for three-year prepaid policies will be reported as three separate annual policies.

m) Other Prepaid Policies

The procedure outlined in Section 4203.30m, applies to other policies not having a one-year term with proper recognition of policy term and using a prorated allocation formula. In all cases, policy periods will be annual or less.

n) Treatment of Installment Payments

Premiums for policies written on an installment basis will be reported as though they were prepaid policies.

o) Installment Charge Premium

Additional premium resulting from the application of installment charges will be reported as premium.

p) Divisible Package Premiums

Insurers will report premiums separately by each classification used in developing the total package premium.

q) Rounding Rule

Data will be reported in whole numbers. All decimals will be rounded to the nearest integer. (Decimals less than .5 will be rounded down to the nearest whole number while decimals .5 and above will be rounded up to the nearest whole number.)

r) Reporting Excess Insurance Premiums

Written and earned premiums for excess insurance will be entered in the appropriate fields for this type of coverage (classification). Premiums for excess insurance are defined as that premium charged for coverage in excess of the primary policy limits added by a different policy (e.g. umbrella policy or through an endorsement to the policy).

s) Reporting Excess Insurance Losses

Paid losses and outstanding losses for excess insurance losses will be entered in the appropriate fields for this type of coverage (classification). An excess loss is defined as a loss resulting in an incurred cost to the insurer in excess of the primary policy limits and covered by a different policy or an endorsement to the policy. (Examples include umbrella policies and excess limits endorsements.)

Section 4203.40: General Submission Guidelines

a) Guidelines for Data Collection

Insurers are responsible for developing or obtaining any software required to convert and/or translate their internal file structures and formats to those prescribed by Part 4203-Subpart A.

Note: There is one filing date each year. Data must be submitted no later than November 30th of each year. Companies must upload their data to the Cost Containment Annual Data Reporting application located at: https://insurance.illinois.gov/Applications/CCANNFIL/Default.aspx

b) Penalties

Failure to comply with any of these specifications may subject the insurer to those penalties described in Section 1204 of the Illinois Insurance Code [215 ILCS 5/1204].

c) Omit Leading Zeros

Since fields are not fixed-length, leading zeros and spaces should be omitted. *Exception*-Do Not omit zeros if they are part of a nine-digit FEIN.

d) Handling of the Negative Numbers

Negative numbers will be submitted using a dash before the number, without a space between the negative sign and the number. (For example, a negative one-hundred dollar premium would be coded **-100**.)

e) Data Reported by Illinois-only and Multi-State

1) All required data will be reported in the aggregate for:
   A) Illinois-only, **and**
   B) Multi-state including Illinois.

2) All data contained in this data call shall be submitted on a calendar year basis.

f) Required Data Elements

Data shall be reported for the following nine elements:

1) number of written exposures,
2) amount of direct written premiums,
3) amount of direct earned premiums,
4) amount of paid losses,
5) amount of outstanding losses,

6) amount of paid allocated loss adjustment expenses,
7) amount of outstanding allocated loss adjustment expenses,
8) number of paid claims, and
9) number of outstanding claims**.**

Note: Records where the amount fields are zero filled will not be accepted. The program will only allow records that include actual data.

g) Required Lines or Coverages of Insurance

The Department requires that data be submitted for classes within the following nine lines or coverage types of insurance.

Coverage Type	**Line of Business**
Fire	01.0
Homeowners Multiple Peril	04.0
Business Owners Packages	05.0 (Include Lines 05.1 and 05.2 total as 05.0)
Medical Malpractice	11.0
Earthquake	12.0
Other Liability	17.0 (Include Lines 17.1, 17.2, and 17.3 as 17.0)
Private Passenger Automobile (excludes no-fault)	19.2
Commercial Automobile Liability (excludes no-fault)	19.4
Private Passenger Auto Physical Damage	21.1

h) Reported by Zip Code

All Illinois data reported for line 01.0, 04.0, 19.2, and 21.1 must be reported by zip codes. All other data within the data call is to be reported on a statewide basis.

Note: Zip code applies in where the insured property is located for homeowners and residential fire and where the vehicle is garaged for private personal automobile. For Illinois-only data that does not fall within the range of Illinois zip codes (60001 through 62999), the code 99999 will be used.

i) Reported by Form Type

A separate record is needed for each line, class, or type of coverage for each form type used in writing a policy. Note there are three possible form types, as identified in the *Form Type* field. The insurer would generate a record for each form type used.

Possible codes are:

C = claim-made
O = occurrence
T = claims-made tail coverage

Section 4203.50: Required Data Types (Lines, Classes, and Coverages)

Within the lines of insurance, in Section 4203.40g, the Department requires data for specified lines, classes, or coverages. The following tables summarize the data that must be filed in Illinois pursuant to this Part.

Note: NA fields should be left blank.

17.0 (includes Lines 17.1, 17.2, and 17.3) – Other Liability

Class or Data Type	Classification Code	Exposure Base
DAY CARE CENTERS		
Day care center liability – day nurseries	82115	Square feet
Day care center liability – day care centers	41714	Person-months
Day care center liability individual insurer program not rated using one of the exposure Base(s) noted above.	81714	NA
LAWYERS PROFESSIONAL LIABILITY		
Lawyers professional liability – lawyers	81400	Person-months
Lawyers professional liability – Employed law clerks, investigators, abstractors, and paralegals	81420	Person-months
Lawyer's professional liability individual insurance program not rated using one of the exposure base(s) noted above.	81401	NA
LIQUOR LIABILITY		
Clubs	70412	Receipts
Package stores, and other retail establishments	59211	Receipts
Manufacturers, wholesalers, and distributors	50911	Receipts
Restaurants, taverns, hotels, motels incl: package sales	58161	Receipts
Temporary licenses	58168	NA
Owners or lessors of premises used by others	58169	NA
Liquor liability – not otherwise classified	11111	NA
Liquor liability individual insurer programs not rated using one of the exposure base(s) above.	81111	NA

EXCESS INSURANCE		
Commercial Automobile	9772	NA
Personal Umbrella	99930	NA
Commercial Umbrella	99935	NA
Excess Insurance – All Other	88888	NA
OTHER		
All other coverage contained in line 17.1 and 17.2 of the company's state page exhibit for the filing year	OTHR	NA

11.0 – Medical Malpractice

Class or Data Type	Classification		Exposure Base
	MD[1]	DO[2]	
CARDIAC SURGERY			
Surgery – cardiac	80141	NA	person-months
Surgery – cardiovascular disease	80150	84150	person-months
CARDIAC – OTHER			
Cardiovascular disease – minor surgery	80281	84281	person-months
Cardiovascular disease – no surgery	80255	84255	person-months
CRITICAL CARE MEDICINE			
Intensive care medicine – Applies to any general practitioner or specialist Employed in intensive care hospital Unit	80283	84283	person-months
DENTISTS			
Oral surgery with anesthesia	80210	NA	person-months
Oral surgery without anesthesia	80211	NA	person-months
EMERGENCY ROOM SURGERY			
Emergency medicine – including major surgery	80157	84157	person-months
EMERGENCY ROOM – OTHER			
Emergency room – no major surgery	80102	84102	person-months
GENERAL PRACTITIONER (FAMILY PRACTICE)			
Family physician or general practitioner – no surgery	80420	84420	person-months

Family physician or general practitioner – minor surgery	80421	84421	person-months
Surgery – general practice or Family practice	80117	NA	person-months
Surgery – general practice or Family practice	80117	NA	person-months
GENERAL SURGERY Surgery – general (not otherwise Classified) – Does not apply to Family or general practitioner or to any specialist who occasionally performs major surgery.	80143	84143	person-months
NEUROSURGERY Surgery – neurology – including child	80152	84152	person-months
Neurology – including child – minor Surgery	80288	84288	person-months
OBSTETRICS/GYNECOLOGY SURGERY Surgery – gynecology	80167	84167	person-months
Surgery – obstetrics	80168	NA	person-months
Surgery – obstetrics – gynecology	80153	84153	person-months
OBSTETRICS/GYNECOLOGY OTHER Gynecology – minor surgery	80277	84277	person-months
Gynecology – no surgery	80244	84244	person-months
ORTHOPEDIC SURGERY Surgery – orthopedic	80154	84154	person-months
PHYSICIANS, SURGEONS, AND DENTISTS Physicians, Surgeons, and Dentists not otherwise classified.	94999	94999	person-months
Physicians, Surgeons, and Dentists Individual programs not rated using one of the exposure base(s) noted above.	90430	NA	person-months
PLASTIC SURGERY Surgery – plastic – not otherwise classified	80156	84156	person-months
Surgery – plastic – otorhinolaryngology	80155	84155	person-months

THORACIC SURGERY			
Surgery – thoracic	80144	84144	person-months
VASCULAR SURGERY			
Surgery – vascular	80146	NA	person-months
OTHER			
All other coverage contained in line 11.0 of the company's state page exhibit for the filing year	OTHR		NA

[1] MD=Medical Doctor [2] DO=Doctor of Osteopathy

19.4 – Commercial Auto Liability

Class or Data Type	Classification Code	Exposure Base
Fleet and non-fleet combined trucks, tractors, and trailers – zone rated	1A 1B 1C	car-months (BI)[1] receipts number of miles
Fleet and non-fleet combined trucks, tractors, and trailers – all other, regardless of miles	2A	car-months (BI)[1]
Fleet and non-fleet taxicabs, and public livery, regardless of mileage, including limousines	3A 3B 3C	car-months (BI)[1] receipts number of miles
OTHER		
All other coverage contained in line 19.4 of the company's state page exhibit for the filing year	OTHR	NA

[1] BI = Bodily Injury

19.2– Private Passenger Auto Liability

Class or Data Type	Classification Code	Exposure Base
PPA Liability	LIAB	car-months (BI)[1]
OTHER		
All other Coverage contained in line 19.2 of the company's state page exhibit for the filing year	OTHR	NA

[1] BI = Bodily Injury

04.0 – Homeowner Multi - Peril

Class or Data Type	Classification Code	Exposure Base
HO-1	HO-1	house-months
HO-2	HO-2	house-months
HO-3	HO-3	house-months
HO-4	HO-4	house-months
HO-5	HO-5	house-months
HO-6	HO-6	house-months
HO-8	HO-8	house-months
Mobile Homes	Mobile	house-months
HOMEOWNER ENDORSEMENTS		
Home Day Care endorsement	323	house-months
Earthquake endorsement	HEQ	house-months
OTHER		
All other coverage contained in line 04.0 of the company's state page exhibit for the filing year	OTHR	NA

05.0 (includes Lines 5.1 and 5.2)– BUSINESS OWNERS PACKAGE

Class or Data Type	Classification Code	Exposure Base
Business Owners Package (B.O.P.)	77777	NA
OTHER		
All other coverage contained in line 05.1 and 05.2 of the company's state page exhibit for the filing year	OTHR	NA

21.1– PRIVATE PASSENGER AUTO PHYSICAL DAMAGE

Class or Data Type	Classification Code	Exposure Base
PPA Physical Damage	PHYD	car-months(comp)[1]
OTHER		
Other Coverage contained in line 21.1 of the company's state page exhibit for the filing year	OTHR	NA

[1] comp = Comprehensive

12.0 – EARTHQUAKE (REQ ONLY)

Class or Data Type	Classification Code	Exposure Base
Residential Earthquake	REQ	NA
OTHER		
All other coverage contained in line 12.0 of the company's state page exhibit for the filing year	OTHR	NA

01.0 – FIRE

Class or Data Type	Classification Code	Exposure Base
Building and Contents – owner-occupied, 1-4 units	9A	house-months
Contents only	9B	house-months
Building only – non-owner-occupied	9C	house-months
Earthquake endorsement	HEQ	house-months
OTHER All other coverage contained in line 01.0 (including Commercial Fire) of the company's state page exhibit for the filing year	OTHR	NA

Section 4203.60: Line Item Matrix for Cost Containment Reporting

The tables on the following pages should assist users in understanding the Illinois Cost Containment requirements. This section provides the required fields for each line or type of insurance.

Field	Excel Column	Other Liability, Medical Malpractice, Earthquake (REQ), BOP, Excess Insurance, & Commercial Auto	Homeowners & Fire	Private Passenger Auto Liability	Private Passenger Physical Damage
1	A	FEIN	FEIN	FEIN	FEIN
2	B	Filing Method	Filing Method	Filing Method	Filing Method
3	C	Line of Business	Line of Business	Line of Business	Line of Business
4	D	State ID	State ID	State ID	State ID
5	E	Class Code	Class Code	Class Code	Class Code
6	F	Statistical Year	Statistical Year	Statistical Year	Statistical Year
7	G	Not used	Zip Code[3]	Zip Code[3]	Zip Code[3]
8	H	Form Type[1]	Not used	BI Written premium	Comp Written Premium
9	I	Written Premium	Written Premium	BI Earned premium	Comp Earned Premium
10	J	Earned Premium	Earned Premium	BI Paid loss	Comp Paid loss
11	K	Paid Losses	Paid Losses	BI OS Loss	Comp OS Loss
12	L	Outstanding Losses	Outstanding Losses	BI PD ALAE	# Comp Wr. Exposure
13	M	Paid ALAE[1]	Written Exposures	BI OS ALAE	# Comp Paid Claims
14	N	OS ALAE[1]	# Paid Claims	# BI Written Exposure	# Comp OS Claims
15	O	Written Exposures[2]	# OS Claims	#BI Paid claims	Collision Wr. Premium
16	P	# Paid Claims		#BI OS claims	Collision Er. Premium
17	Q	# OS Claims		PD Written Premium	Collision Paid Loss
18	R			PD Earned Premium	Collision OS Loss
19	S			PD Paid Loss	# Collision Paid Claims
20	T			PD OS Loss	# Collision OS Claims
21	U			PD Paid ALAE	Other Written Premium
22	V			PD OS ALAE	Other Earned Premium

23	W			# PD Paid Claims	Other Paid Loss
24	X			#PD OS Claims	Other OS Loss
25	Y			UM/UIM Written Prem	# Other Paid claims
26	Z			UM/UIM Earned Prem	# Other OS claims
27	AA			UM/UIM Paid Loss	
28	AB			UM/UIM OS Loss	
29	AC			UM/UIM Paid ALAE	
30	AD			UM/UIM OS ALAE	
31	AE			# UM/UIM Paid Claims	
32	AF			# UM/UIM OS Claims	
33	AG			Med Pay Written Prem	
34	AH			Med Pay Earned Prem	
35	AI			Med Pay Paid Loss	
36	AJ			Med Pay OS Loss	
37	AK			Med Pay Paid ALAE	
38	AL			Med Pay OS ALAE	
39	AM			# Med Pay Paid Claims	
40	AN			# Med Pay OS Claims	
41	AO			Other Written Prem	
42	AP			Other Earned Prem	
43	AQ			Other Paid Loss	
44	AR			Other OS Loss	
45	AS			Other Paid ALAE	
46	AT			Other OS ALAE	
47	AU			# Other Paid Claims	
48	AV			# Other OS Claims	
49	AW			# SL Written Exposures[4]	
50	AX			SL Written Prem[4]	

51	AY			SL Earned Prem[4]	
52	AZ			BI – SL Paid Loss[4]	
53	BA			BI – SL OS Loss[4]	
54	BB			BI – SL Paid ALAE[4]	
55	BC			BI – SL OS ALAE[4]	
56	BD			# BI – SL Paid Claims[4]	
57	BE			# BI SL OS Claims[4]	
58	BF			PD – SL Paid Loss[4]	
59	BG			PD – SL OS Loss[4]	
60	BH			PD – SL Paid ALAE[4]	
61	BI			PD – SL OS ALAE[4]	
62	BJ			# PD – SL Paid Claims[4]	
63	BK			# PD – SL OS Claims[4]	

[1] This field should be left blank for earthquake data.
[2] This field should be zero for earthquake, BOP, and excess insurance data.
[3] This field should be left blank for multi-state data.
[4] This field only applies to private passenger auto liability data written on single limit policies.

Due to space limitations, the following abbreviations were used in this table.

Wr Prem = Written Premium
E Prem = Earned Premium
Pd = Paid
OS = Outstanding
ALAE = Allocated Loss Adjustment Expenses
BI = Bodily Injury
PD = Property Damage
Med Pay = Medical Payments
UM/UIM = Uninsured/Underinsured Motorists
SL = Single Limit
Comp = Comprehensive
Coll = Collision

Section 4203.70: Record Description – Other Liability/Excess Insurance, Medical Malpractice, Earthquake, Commercial Auto Liability, and Business Owners Packages.

a) Data for other liability, medical malpractice, earthquake, commercial auto liability, and business owners packages (BOP), are to be reported on a calendar year basis.

b) In the medical malpractice, other liability, commercial auto liability, BOP, and excess insurance: the insurer will submit one record for each class and form type for multi-state and one record for each class and form type for Illinois data. Multi-state records are not accepted for line of business 12.0 (Earthquake) with class code of REQ. OTHR does require a MS record for 12.0.

c) All stand-alone residential and commercial earthquake data should be reported. All residential earthquake coverage should be reported as REQ. Commercial Earthquake Coverage should be reported as OTHR. The # of Written Exposures, Amount of Paid ALAE, and Amount of Outstanding ALAE fields should be zero. For REQ data, the Form Type must NOT be blank, please select the most appropriate type. If the company only writes commercial earthquake business, then no records need to be filed. (Section 4203.30, bullet 2).

   If an insurer is unable to separate homeowner endorsements for earthquake (HEQ) from the residential earthquake data (REQ), the data should be reported as part of REQ. Earthquake data from an endorsement to a homeowner or residential fire policy should be reported under the HEQ code using the instructions in Section 4203.80.

d) Commercial auto includes data for school businesses or garage risks.

1) **FEIN** – This alphanumeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen; for example, 55555555.)

2) **Filing Method** – This one-character, alphanumeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:

   1 = American Association of Insurance Services (AAIS)
   2 = Insurance Services Office, Inc. (ISO)
   3 = Property Casualty Insurance Association of America (PCIAA)
   4 = National Independent Statistical Services (NISS)
   6 = Company Direct – 100 Percent
   7 = Other

3) **Line of Business** – This alphanumeric field identifies the line or general classification to which the data belongs. Possible codes are:

   05.0 = BOP (Business Owners Package)
   11.0 = Medical Malpractice

12.0 = Earthquake
17.0 = Other/Excess Liability
19.4 = Commercial Auto Liability

4) **State Identifier** – This field identifies the geographical source of the data. Possible codes are:

12 = Illinois-Only
MS = Multi-state (Multi-state records are still required even if your company only does business in the State of Illinois.)

5) **Class Code** – The data call required specific data for each Type of Insurance and class code identified below.

05.0 = BOP (Business Owners Package)

- 77777 = Business Owners Package (B.O.P)
- OTHR = All other coverage contained in line 05.1 and 05.2

11.0= Medical Malpractice

Cardiac – Other

- 80281 = cardiovascular disease – minor surgery by MD
- 84281 = cardiovascular disease – minor surgery by DO
- 80255 = cardiovascular disease – no surgery by MD
- 84255 = cardiovascular disease – no surgery by DO

Cardiac – Surgery

- 80141 = surgery – cardiac by MD
- 80150 = surgery – cardiovascular disease by MD
- 84150 = surgery – cardiovascular disease by DO

Critical Care Medicine

- 80283 = intensive care medicine – applies to any general practitioner or specialist employed in intensive care hospital unit by MD
- 84283 = intensive care medicine – applies to any general practitioner or specialist employed in intensive care hospital unit by DO

Dentists

- 80210 = Oral surgery with anesthesia
- 80211 = Oral surgery without anesthesia

Emergency Room – Other

- 80102 = emergency room – no major surgery by MD
- 84102 = emergency room – no major surgery by DO

Emergency Room – Surgery

- 80157 = emergency medicine – including major surgery by MD
- 84157 = emergency medicine – including major surgery by DO

General Surgery

- 80143 = surgery – general – not otherwise classified. Does not apply to family or general practitioner or to any specialist who occasionally performs major surgery by MD
- 84143 = surgery – general – not otherwise classified. Does not apply to family or general practitioner or to any specialist who occasionally performs major surgery by DO

Neurosurgery

- 80152 = surgery – neurology – including child by MD
- 84152 = surgery – neurology – including child by DO
- 80288 = neurology – including child – minor surgery by MD
- 84288 = neurology – including child – minor surgery by DO

Obstetrics/Gynecology – Other

- 80277 = gynecology – minor surgery by MD
- 84277 = gynecology – minor surgery by DO
- 80244 = gynecology – no surgery by MD
- 84244 = gynecology – no surgery by DO

Obstetrics/Gynecology – Surgery

- 80167 = surgery – gynecology by MD
- 84167 = surgery – gynecology by DO
- 80168 = surgery – obstetrics by MD
- 80153 = surgery – obstetrics – gynecology by MD
- 84153 = surgery – obstetrics – gynecology by DO

Orthopedic Surgery

- 80154 = surgery – orthopedic by MD
- 84154 = surgery – orthopedic by DO

Physicians and Surgeons

- 80420 = family physician or general practitioner – no surgery by MD
- 84420 = family physician or general practitioner – no surgery by DO
- 80421 = family physician or general practitioner – minor surgery by MD
- 84421 = family physician or general practitioner – minor surgery by DO
- 80117 = surgery – general practice or family practice by MD

Physicians, Surgeons, and Dentists

- 94999 = physicians, surgeons, and dentists classes not specifically listed
- 90430 = physicians, surgeons, and dentists individual insurer programs not rated using one of the exposure bases noted above

Plastic Surgery

- 80156 = surgery – plastic – not otherwise classified by MD
- 84156 = surgery – plastic – not otherwise classified by DO
- 80155 = surgery – plastic – otorhinolaryngology by MD
- 84155 = surgery – plastic – otorhinolaryngology by DO

Vascular Surgery

- 80146 = surgery – vascular by MD
- 80144 = surgery – thoracic by MD
- 84144 = surgery – thoracic by DO

Other

- OTHR = All other coverage contained in line 11.0

12.0= Earthquake

- REQ = Residential Earthquake
- OTHR = All other coverage contained in line 12.0

17.0= Other Liability

Day care

- 82115 = day care center liability – day nurseries
- 41714 = day care center liability – day care centers
- 81714 = day care center liability individual insurance not rated using one of the exposure bases noted above.

Lawyer

- 81400 = lawyers professional liability – lawyers
- 81420 = lawyers professional liability – employed law clerks, investigators, abstractors and paralegals
- 81401 = lawyers professional liability individual insurance not rated using one of the exposure bases noted above.

Liquor

- 70412 = clubs
- 59211 = package stores and other retail establishments
- 50911 = manufacturers, wholesalers, and distributors
- 58161 = restaurants, taverns, hotels, motels including package sales
- 58168 = temporary licenses
- 58169 = owners or lessors of premises used by others
- 11111 = liquor liability – not otherwise classified
- 81111 = liquor liability individual insurer programs not rated using one of the exposure bases noted above.

Excess Coverage

- 9772 = commercial auto
- 99930 = personnel umbrella
- 99935 = commercial umbrella
- 88888 = excess insurance – all other

Other

- OTHR = All other coverage contained in line 17.1 and 17.2

19.4= Commercial Auto Liability

- 1A = fleet and non-fleet combined trucks, tractors, and trailers – zone rated
- 1B = fleet and non-fleet combined trucks, tractors, and trailers – zone rated
- 1C = fleet and non-fleet combined trucks, tractors, and trailers – zone rated
- 2A = fleet and non-fleet combined trucks, tractors, and trailers – all other, regardless of miles
- 3A = fleet and non-fleet taxicabs, and public livery, regardless of mileage, including limousines
- 3B = fleet and non-fleet taxicabs, and public livery, regardless of mileage, including limousines
- 3C = fleet and non-fleet taxicabs, and public livery, regardless of mileage, including limousines
- OTHR = All other coverage contained in line 19.4

6) **Statistical Data Year** – This four-character alphanumeric field reflects the experience year.

7) **Field Currently Not Used.**

8) **Form Type** – This alphanumeric field reflects the form type that was used in providing coverage. The insurer will report a separate record for each form type for each class and geographic location (Illinois-only or Multi-state). Possible codes are:

   C = claims-made
   O = occurrence
   T = claims-made tail coverage

9) **Amount of Written Premium** – This field reflects the amount of total written premiums corresponding to each of the class codes identified in field 5 of this document. (Refer to Section 4203.30f.)

10) **Amount of Earned Premium** – This field reflects the total amount of earned premiums corresponding to each of the class codes identified in field 5 of this document. (Refer to Section 4203.30f.)

11) **Amount of Paid Losses** – This field reflects the amount of paid losses corresponding to each of the class codes identified in field 5 of this document. (Refer to Instruction Section 4203.30h. for the Cost Containment definition of paid losses. If the insurer is unable to separate paid losses from Allocated Loss Adjustment Expenses (ALAE), the insurer will follow the instructions provided in Section 4203.30g.

12) **Amount of Outstanding Losses** – This field reflects the amount of outstanding losses corresponding to each of the class codes identified in field 5 of this document. (Refer to Section 4203.30g**.** for the Cost Containment definition of outstanding losses and Section 4203.30h. for special instructions for those situations where separating outstanding losses and outstanding ALAE are not possible).

13) **Amount of Paid Allocated Loss Adjustment Expense (ALAE)** – This field reflects the amount of paid ALAE for each of the class codes. If an insurer is unable to separate paid ALAE from the paid losses, the combined paid losses and paid ALAE will be reported in the paid losses field for the line. The code "combined" will appear in the paid ALAE field. For the earthquake data, the Amount of Paid Allocated Loss Adjustment Expenses field should be zero. (Refer to Section 4203.30h.)

14) **Amount of Outstanding Allocated Loss Adjustment Expense (ALAE)** – This field reflects the amount of outstanding ALAE for each of the class codes. If an insurer is unable to separate outstanding ALAE from the outstanding losses, the combined outstanding losses and outstanding ALAE will be reported in the outstanding losses field for the line. The code "combined" will appear in the ALAE field. For the earthquake data, the Amount of Outstanding Allocated Loss Adjustment Expenses field should be zero. (Refer to Section 4203.30h.)

15) **Number of Written Exposures** – This field reflects the count of written exposures for each of the class codes. The number of written exposures field for BOP, Earthquake, and Excess Insurance will be zero. (Refer to Section 4203.30e.)

16) **Number of Paid Claims** – This field reflects the paid claims count corresponding to each of the class codes. (Refer to Section 4203.30i.)

17) **Number of Outstanding Claims** – This field reflects the outstanding claims count corresponding to each of the class codes. (Refer to Section 4203.30j.)

Section 4203.80: Record Description – Homeowner and Fire

a) Data for the homeowner and fire lines will be reported on a calendar basis. Only voluntary business will be reported.

b) In the homeowner line, the insurer will code one record for each class code for multi-state data and one record for each class code for each zip code for Illinois-only data. Multi-state records are not required for class codes not written in Illinois.

   If an insurer is unable to separate homeowner endorsements for earthquake (HEQ) from the residential earthquake data (REQ), the data should be reported as part of REQ using the instructions for reporting earthquake data in Section 4203.70. In like manner, earthquake data from an endorsement to a residential fire policy should be reported under the HEQ code.

c) A detailed description of each data field:

   1) **FEIN** – This alphanumeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen, for example 555555555).

   2) **Filing Method** – This one-character alphanumeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:

      1 = American Association of Insurance Services (AAIS)
      2 = Insurance Services Office, Inc. (ISO)
      3 = Property Casualty Insurance Association of America (PCIAA)
      4 = National Independent Statistical Services (NISS)
      5 = Company Direct – Partial
      6 = Company Direct – 100 Percent
      7 = Other

   3) **Line of Business** – This alphanumeric field identifies the general business line to which the data belongs. The possible codes are:

      04.0 = Homeowners
      01.0 = Fire

   4) **State Identifier** – This field identifies the geographical source of the data. Possible codes are:

      12 = Illinois-only
      MS = Multi-state (**Multi-state records** are still required even if your company only does business in the State of Illinois. However, **Multi-State records are not required for HEQ data.**)

5) **Class Code – Classification Code** – This alphanumeric field identifies the class of insurance being reported in the line. The insurer should report one record for multi-state data and one record for each class by zip code for Illinois-only data. It is not necessary to report a record that sums all zip code data for a class. Possible codes for the classification field are:

   04.0 = Homeowners
   - HO-1
   - HO-2
   - HO-3
   - HO-4
   - HO-5
   - HO-6
   - HO-8
   - Mobile
   - 323=Day care endorsement
   - HEQ=Homeowner earthquake endorsement
   - OTHR=All other coverage contained in line 04.0

   01.0= Residential/Commercial Fire
   - 9A =Residential fire, building & contents (owner-occupied 1-4 units)
   - 9B =Residential fire (contents only)
   - 9C =Residential fire (building only for non-owner-occupied)
   - HEQ=Homeowner earthquake endorsement
   - OTHR=All other coverage contained in line 01.0 (including Commercial)

6) **Statistical Data Year** – This four-character alphanumeric field reflects the experience year.

7) **Zip Code** – This alphanumeric field identifies the zip code where the insured property is located. Possible codes are:

   Actual zip code = identifies the actual zip code (Possible Illinois zip codes range from 60001 through 62999). Only residential zip codes should be used.

   99999 = code for Illinois-only data where zip code does not fall within the acceptable Illinois range**.**

   Note: There should be one record for each represented zip code for each of the classes HO-1, HO-2, HO-3, HO-4, HO-5, HO-6, HO-8, Mobile, 323, 9A, 9B, 9C, and OTHR for Illinois-only data. Multi-state data should have one record for each class code.

   For the HEQ, Illinois-only data by zip code is required while multi-state reporting is not required.

8) **Field Not Currently Used.**

9) **Amount of Written Premium** – This field reflects the amount of written premiums corresponding to each of the class codes HO-1 through HO-8, Mobile, 323, HEQ, OTHR, 9A, 9B, and 9C. (Refer to Section 4203.30g.)

10) **Amount of Earned Premium** – This field reflects the amount of earned premium corresponding to each of the class codes HO-1 through HO-8, Mobile, 323, HEQ, OTHR, 9A, 9B, and 9C. (Refer to Section 4203.0f.)

11) **Amount of Paid Losses** – This field reflects the paid losses corresponding to each of the class codes HO-1 through HO-8, Mobile, 323, HEQ, OTHR, 9A, 9B, and 9C. (Refer to Section 4203.30g.)

12) **Amount of Outstanding Losses** – This field reflects the outstanding losses corresponding to each of the class codes HO-1 through HO-8, Mobile, 323, HEQ, OTHR, 9A, 9B and 9C. (Refer to Section 4203.30g.)

13) **Number of Written Exposures** – This field reflects the count of written exposures for each of the class codes HO-1 through HO-8, Mobile, 9A, 9B, 9C, HEQ, and 323. (Refer to Section 4203.30e.)

14) **Number of Paid Claims** – This field reflects the paid claims count corresponding to each of the class codes HO-1 through HO-8, Mobile, 323, HEQ, OTHR, 9A, 9B, and 9C. (Refer to Section 4203.30i.)

15) **Number of Outstanding Claims** – This field reflects the outstanding claims count corresponding to each of the class codes HO-1 through HO-8, Mobile, 323, HEQ, OTHR, 9A, 9B, and 9C. (Refer to Section 4203.)

Section 4203.90: Record Description – Private Passenger Auto Liability

a) Data for the private passenger automobile liability line will be reported on a calendar year basis and will include only the voluntary market. No-fault data should be excluded. Antique/collectible vehicles, motor homes, motorcycles, and travel trailers should be reported under "OTHR" class code.

b) In the private passenger auto liability line, the insurer will submit one record for each class code for multi-state data and one record for each class code for each zip code for Illinois-only data for all the required years. Insurers are also required to report premium and written exposure data for each class code by zip code using the calendar year method of compiling annual experience.

c) The applicable bodily injury and property damage data for split limit policies will be reported in fields 8-24. The applicable data for single premium/combined single limit policies will be reported in fields 49-63. Written exposures, written premium, and earned premium for single limit policies will be reported in fields 49-51. Losses, loss adjustment expenses, and claim counts will be reported for bodily injury and property damage using the instructions in fields 51-63.

1) **FEIN** – This alphanumeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen, for example 555555555).

2) **Filing Method** – This one-character alphanumeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:

1 = American Association of Insurance Services (AAIS)
2 = Insurance Services Office, Inc. (ISO)
3 = Property Casualty Insurance Association of America (PCIAA)
4 = National Independent Statistical Service (NISS)
5 = Company Direct – Partial
6 = Company Direct – 100 Percent
7 = Other

3) **Line of Business** – This alphanumeric field identifies the general business line to which the data belongs. The code is:

19.2=Private Passenger Auto Liability

4) **State Identifier** – This field identifies the geographical source of the data. Possible codes are:

12 = Illinois-only
MS = Multi-State (**Multi-state records** are still required even if your company only does business in the State of Illinois.)

5) **Class Code – Classification Code** – This alphanumeric field identifies the class of insurance being reported in the line. The insurer should report one record for each class code per Illinois zip code. Multi-state data should have one record for each class code. It is not necessary to report a record that sums all zip code data for a class. Possible codes for the classification field are:

   19.2 = Private passenger auto liability
   - LIAB
   - OTHR = all other coverage contained in line 19.2

6) **Statistical Data Year** – This four-character alphanumeric field reflects the experience year.

7) **Zip Code** – This alphanumeric field identifies the zip code where the automobile is garaged for private personal automobile. Possible codes are:

   Actual Zip Code = Identifies the record as Illinois business. (Possible Illinois zip codes range from 60001 through 62999) Only residential zip codes should be used!

   99999 = Code for Illinois-only data where the zip code does not fall within the acceptable Illinois range.

   Note: There should be one record for each represented zip code within each class code LIAB and OTHR for Illinois-only data. Multi-state data should have one record for each matching class code. Each insurer will also report premium and written exposure data by zip code on this line.

   The zip code field will be blank for multi-state data.

8) **Amount of PPA Liability Bodily Injury (BI) Written Premium** – This field reflects the amount of written premiums for BI. (Refer to Section 4203.30f.)

9) **Amount of PPA Liability BI Earned Premium** – This field reflects the amount of **earned premiums** for BI. (Refer to Section 4203.30f.)

10) **Amount of PPA Liability BI Paid Losses** – This field reflects the paid losses for BI. (Refer to Section 4203.30g.)

11) **Amount of PPA Liability BI Outstanding Losses** – This field reflects the outstanding losses for BI. (Refer to Section 4203.30g.)

12) **Amount of PPA Liability BI Paid Allocated Loss Adjustment Expenses (ALAE)** – This field reflects the ALAE for BI. If an insurer is unable to separate paid ALAE from the paid loss, the combined loss and ALAE will be reported in the paid loss field for the line. The code “combined” will appear in the paid ALAE field. (Refer to Section 4203.30h.)

13) **Amount of PPA Liability BI Outstanding Allocated Loss Adjustment Expenses (ALAE)** – This field reflects the ALAE for BI. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined loss and ALAE will be reported in the outstanding loss field for the line. The code "combined" will appear in the outstanding ALAE field. (Refer to Section 4203.30h.)

14) **Number of PPA Liability BI Written Exposures** – This field reflects the count of written exposures for the line. PPA liability written exposures are based on the bodily injury component. (Refer to Section 4203.30e.)

15) **Number of PPA Liability BI Paid Claims** – This field reflects the paid claims count for BI. (Refer to Section 4203.30i.)

16) **Number of PPA Liability BI Outstanding Claims** – This field reflects the outstanding claims count for BI. (Refer to Section 4203.30j.)

17) **Amount of PPA Liability Property Damage Written Premium** – This field reflects the amount of written premiums for property damage liability. (Refer to Section 30f.)

18) **Amount of PPA Liability Property Damage Earned Premium** – This field reflects the amount of earned premiums for property damage liability. (Refer to Section 4203.30f.)

19) **Amount of PPA Liability Property Damage Paid Losses** – This field reflects the paid losses for property damage liability. (Refer to Section 4203.30g.)

20) **Amount of PPA Liability Property Damage Outstanding Losses** – This field reflects the outstanding losses for property damage liability. (Refer to Section 4203.30g.)

21) **Amount of PPA Paid Liability Property Damage ALAE** – This field reflects ALAE for property damage liability. If an insurer is unable to separate paid ALAE from the paid loss, the combined paid loss and ALAE will be reported in the paid loss field for the line. The code "combined" will appear in the paid ALAE field. (Refer to Section 4203.30h.)

22) **Amount of PPA Outstanding Liability Property Damage ALAE** – This field reflects outstanding ALAE for property damage liability. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined outstanding loss and outstanding ALAE, will be reported in the outstanding loss field for the line. The code "combined" will appear in the outstanding ALAE field. (Refer to Section 4203.30h.)

23) **Number of PPA Liability Property Damage Paid Claims** – This field reflects the paid claims count for property damage liability. (Refer to Section 4203.30i.)

24) **Number of PPA Liability Property Damage Outstanding Claims** – This field reflects the outstanding claims count for property damage liability. (Refer to Section 4203.30j.)

25) **Amount of PPA Liability UM/UIM Written Premium** – This field reflects the written premiums for UM/UIM. (Refer to Section 4203.30f.)

26) **Amount of PPA Liability UM/UIM Earned Premium** – This field reflects the earned premiums for UM/UIM. (Refer to Section 4203.30f.)

27) **Amount of PPA Liability UM/UIM Paid Losses** – This field reflects the paid losses for UM/UIM. (Refer to Section 4203.30g.)

28) **Amount of PPA Liability UM/UIM Outstanding Losses** – This field reflects the outstanding losses for UM/UIM. (Refer to Section 4203.30g.)

29) **Amount of PPA Liability UM/UIM Paid ALAE** – This field reflects the ALAE for UM/UIM liability. If an insurer is unable to separate paid ALAE from the paid loss, the combined loss and ALAE will be reported in the paid loss field for the line. The code “combined” will appear in the paid ALAE field. (Refer to Section 4203.30h.)

30) **Amount of PPA Liability UM/UIM Outstanding ALAE** – This field reflects the outstanding ALAE for UM/UIM liability. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined loss and ALAE will be reported in the outstanding loss field for the line. The code “combined” will appear in the outstanding ALAE field. (Refer to Section 4203.30h.)

31) **Number of PPA Liability UM/UIM Paid Claims** – This field reflects the paid claims count for UM/UIM liability. (Refer to Section 4203.30i.)

32) **Number of PPA Liability UM/UIM Outstanding Claims** – This field reflects the outstanding claims count for UM/UIM liability. (Refer to Section 4203.30j.)

33) **Amount of PPA Liability Medical Payments Written Premium** – This field reflects the amount of written premiums for medical payments. (Refer to Section 4203.30f.)

34) **Amount of PPA Liability Medical Payments Earned Premium** – This field reflects the amount of earned premiums for medical payments. (Refer to Section 4203.30f.)

35) **Amount of PPA Liability Medical Payments Paid Losses** – This field reflects the paid losses for medical payments. (Refer to Section 4203.30g.)

36) **Amount of PPA Liability Medical Payments Outstanding Losses** – This field reflects the outstanding losses for medical payments. (Refer to Section 4203.30g.)

37) **Amount of PPA Liability Medical Payments Paid ALAE** – This field reflects ALAE for medical payments. If an insurer is unable to separate paid ALAE from the paid loss, the combined loss and ALAE will be reported in the paid loss field for the line. The code "combined" will appear in the paid ALAE field. (Refer to Section 4203.30h.)

38) **Amount of PPA Liability Medical Payments Outstanding ALAE** – This field reflects outstanding ALAE for medical payments. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined loss and ALAE will be reported in the outstanding loss field for the line. The code "combined" will appear in the paid ALAE field. (Refer to Section 4203.30h.)

39) **Number of PPA Liability Medical Payments Paid Claims** – This field reflects the paid claims count for medical payments. **(**Refer to Section 4203.30i.)

40) **Number of PPA Liability Medical Payments Outstanding Claims** – This field reflects the outstanding claims count for medical payments. (Refer to Section 4203.30j.)

Note: Fields 41 through 48 will be zero filled for the majority of private passenger auto liability insurers. The purpose of the other component is to capture any private passenger auto liability data from insurers that do not fall within bodily injury, property damage, UM/UIM, or medical payments.

41) **Amount of PPA Liability Other Written Premium** – This field reflects the amount of written premiums for other (not fitting any other private passenger auto liability field). (Refer to Section 4203.30f.)

42) **Amount of PPA Liability Other Earned Premium** – This field reflects the amount of earned premiums for other (not fitting any other private passenger auto liability field). (Refer to Section 4203.30f.)

43) **Amount of PPA Liability Other Paid Losses** – This field reflects the paid losses for other (not fitting any other private passenger auto liability field). (Refer to Section 4203.30g.)

44) **Amount of PPA Liability Other Outstanding Losses** – This field reflects the outstanding losses for other (not fitting any other private passenger auto liability field). (Refer to Section 4203.30g.)

45) **Amount of PPA Liability Other Paid ALAE** – This field reflects the paid ALAE for other (not fitting any other private passenger auto liability field). If an insurer is unable to separate paid ALAE from the paid loss, the combined loss and ALAE will be reported in the paid loss field for the line. The code "combined" will appear in the paid ALAE field. (Refer to Section 4203.30h.)

46) **Amount of PPA Liability Other Outstanding ALAE** – This field reflects the outstanding ALAE for other (not fitting any other private passenger auto liability field). If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined loss and ALAE will be reported in the outstanding loss field for the line. The code "combined" will appear in the outstanding ALAE field. (Refer to Section 4203.30h.)

47) **Number of PPA Liability Other Paid Claims** – This field reflects the paid claims count for other (not fitting any other liability field). (Refer to Section 4203.30i.)

48) **Number of PPA Liability Other Outstanding Claims** – This field reflects the outstanding claims count for other (not fitting any other liability field). (Refer to Section 4203.30j.)

Notes: Fields 49 through 63 provides the fields for an insurer to report its private passenger auto liability policies written with a single premium/combined single limit. For the purposes of these instructions and Part 4203 – Subpart A, the above is defined as:

- Any private passenger automobile liability insurance policy where a single premium is developed for the combined Bodily Injury and Property Damage coverage;
- A combined single sum of coverage is expressed for Bodily Injury Liability and Property Damage Liability;
- It is the inability to assign a specific portion of the premium to either coverage that puts these policies in this category.

The following fields will be zero filled if the company has no data to report based on the above description.

49) **Number of PPA Liability Single Limit (SL) Written Exposures** – This field reflects the count of exposures written under single limit policies. (Refer to Section 4203.30e.)

50) **Amount of PPA Liability for Single Limit (SL) Written Premium** – This field reflects the amount of written premiums for policies written under single limit policies. (Refer to Section 4203.30f.)

51) **Amount of PPA Liability for Single Limit (SL) Earned Premium** – This field reflects the amount of earned premiums for policies written under single limit policies. (Refer to Section 4203.30f.)

52) **Amount of PPA Liability BI Paid Losses for SL Policies** – This field reflects the amount of paid losses for bodily injury under single limit policies. (Refer to Section 4203.30g.)

53) **Amount of PPA Liability BI Outstanding Losses for SL Policies** – This field reflects the amount of outstanding losses for bodily injury under single limit policies. (Refer to Section 4203.30g.**)**

54) **Amount of PPA Liability BI Paid ALAE for SL Policies** – This field reflects the paid ALAE for bodily injury under single limit policies. If an insurer is unable to separate paid ALAE from the paid loss, the combined loss and ALAE will be reported in the paid loss field for the line. The code “combined” will appear in the paid ALAE field. (Refer to Section 4203.30h.)

55) **Amount of PPA Liability BI Outstanding ALAE for SL Policies** – This field reflects the outstanding ALAE for bodily injury under single limit policies. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined loss and ALAE will be reported in the outstanding loss field for the line. The code “combined” will appear in the outstanding ALAE field. (Refer to Section 4203.30h.)

56) **Number of PPA Liability BI Paid Claims for SL Policies** – This field reflects the paid claims count for bodily injury under single limit policies. (Refer to Section 4203.30i.)

57) **Number of PPA Liability BI Outstanding Claims for SL Policies** – This field reflects the outstanding claims count for bodily injury under single limit policies. (Refer to Section 4203.30j.)

58) **Amount of PPA Liability Property Damage (PD) Paid Losses for SL Policies** – This field reflects the paid losses for property damage under single limit policies. (Refer to Section 4203.30g.)

59) **Amount of PPA Liability PD Outstanding Losses for SL Policies** – This field reflects the outstanding losses for property damage under single limit policies. (Refer to Section 4203.30g.)

60) **Amount of PPA Liability PD Paid ALAE for SL Policies** – This field reflects the paid ALAE for property damage under single limit policies. If an insurer is unable to separate paid ALAE from the paid loss, the combined loss and ALAE will be reported in the paid loss field for the line. The code “combined” will appear in the paid ALAE field. (Refer to Section 4203.30h.)

61) **Amount of PPA Liability PD Outstanding ALAE for SL Policies** – This field reflects the outstanding ALAE for property damage under single limit policies. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined loss and ALAE will be reported in the outstanding loss field for the line. The code “combined” will appear in the outstanding ALAE field. (Refer to Section 4203.30h.)

62) **Number of PPA Liability PD Paid Claims** – This field reflects the paid claims count for property damage under single limit policies. (Refer to Section 4203.30i.)

63) **Number of PPA Liability PD Outstanding Claims** – This field reflects the outstanding claims count for property damage under single limit policies. (Refer to Section 4203.30j.)

Section 4203.100: Record Description: Private Passenger Auto Physical Damage

a) Private passenger auto physical damage data are to be reported on a calendar year basis for only the voluntary market.

b) In the private passenger physical damage line, the insurer will code one record for each class code for multi-state data and one record for each class code per each zip code represented in the Illinois-only data. It is not necessary to submit an Illinois record that sums the Illinois-only data for all the zip codes.

c) A detailed description of each data field:

1) **FEIN** – This alphanumeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen, for example 555555555).

2) **Filing Method** – This one-character alphanumeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:

1 = American Association of Insurance Services (AAIS)
2 = Insurance Services Office, Inc. (ISO)
3 = Property Casualty Insurance Association of America (PCIAA)
4 = National Independent Statistical Services (NISS)
5 = Company Direct – Partial
6 = Company Direct – 100 Percent
7 = Other

3) **Line of Business** – This alphanumeric field identifies the general business line to which the data belongs. The code for private passenger auto physical damage is:
21.1 = Private Passenger Auto Physical Damage

4) **State Identifier** – This field identifies the geographical source of the data. Possible codes are:

12 = Illinois-only
MS = Multi-State (Multi-state records are still required even if your company only does business in the State of Illinois.)

5) **Class Code – Classification code** – This alphanumeric field identifies the class of insurance being reported in the line. The insurer should report one record for each class code per Illinois zip code. Multi-state data should have one record for each class code. It is not necessary to report a record that sums all zip code data for a class. Possible codes for the classification field are:

21.1 = Private passenger auto physical damage

- PHYD
- OTHR = All other coverage contained in line 21.1

6) **Statistical Data Year** – This four-character alphanumeric field reflects the experience year.

7) **Zip Code** – This alphanumeric field identifies the zip code where the automobile is garaged for private personal automobile. Possible codes are:

   Actual Zip Code – Identifies the record as Illinois-only business. (Possible Illinois zip codes range from 60001 through 62999) Only residential zip codes should be used!

   99999 = Code for Illinois-only data where zip code does not fall within the acceptable Illinois range**.**

   Note: There should be one record for each represented zip code within each class code, PHYD and OTHR, for Illinois-only data. Multi-state data should have one record for each class code. It is unnecessary to submit an Illinois record that sums the data for all the zip codes.

   The zip code field should be blank for multi-state data.

8) **Amount of PPA Physical Damage Comprehensive (Comp) Written Premium** – This field reflects the amount of written premiums for comprehensive. (Refer to Section 4203.30f.)

9) **Amount of PPA Comprehensive Earned Premium** – This field reflects the amount of earned premiums for comprehensive. (Refer to Section 4203.30f.)

10) **Amount of PPA Comprehensive Paid Losses** – This field reflects the paid losses for comprehensive. (Refer to Section 4203.30g**.)**

11) **Amount of PPA Comprehensive Outstanding Losses** – This field reflects the outstanding losses for comprehensive. (Refer to Section 4203.30g.)

12) **Number of PPA Comprehensive Written Exposures** – This field reflects the written exposure count for private passenger auto physical damage – using the comprehensive component. (Refer to Section 4203.20e.)

13) **Number of PPA Comprehensive Paid Claims** – This field reflects the paid claims count for comprehensive. (Refer to Section 4203.30i.**)**

14) **Number of PPA Comprehensive Outstanding Claims** – This field reflects the outstanding claims count for comprehensive. (Refer to Section 4203.30j**.**)

15) **Amount of PPA Collision Written Premium** – This field reflects the amount of written premiums for collision. (Refer to Section 4203.30f.)

16) **Amount of PPA Collision Property Damage Earned Premium** – This field reflects the amount of earned premiums for collision. (Refer to Section 4203.30f.)

17) **Amount of PPA Collision Paid Losses** – This field reflects the paid losses for collision. (Refer to Section 4203.30g.)

18) **Amount of PPA Collision Outstanding Losses** – This field reflects the outstanding losses for collision. (Refer to Section 4203.30g.)

19) **Number of PPA Collision Paid Claims** – This field reflects the paid claims count for collision. (Refer to Section 4203.30i.)

20) **Number of PPA Collision Outstanding Claims** – This field reflects the outstanding claim count for collision. (Refer to Section 4203.30j.)

Note: Fields 21 through 26 will be zero filled for the majority of private passenger auto physical damage insurers. The purpose of the other category is to capture any private passenger auto physical damage data from insurers that do not fall within the comprehensive or collision components.

21) **Amount of PPA Other Written Premium** – This field reflects the amount of written premiums for other (not fitting in comp or collision). (Refer to Section 4203.30f.)

22) **Amount of PPA Other Earned Premiums** – This field reflects the amount of earned premiums for other (not fitting in comp or collision). (Refer to Section 4203.30f.)

23) **Amount of PPA Other Paid Losses** – This field reflects the paid losses for other (not fitting in comp or collision). (Refer to Section 4203.30g.)

24) **Amount of PPA Other Outstanding Losses** – This field reflects the outstanding losses for other (not fitting in comp or collision). (Refer to Section 4203.30g.)

25) **Number of PPA Other Paid Claims** – This field reflects the paid claims count for other (not fitting in comp or collision). (Refer to Section 4203.30i.)

26) **Number of PPA Other Outstanding Claims** – This field reflects the outstanding claims count for other (not fitting in comp or collision). (Refer to Section 4203.30j.)

Section 4203.110: Matrix for Geographic Data Requirement by Line of Business

The following matrix will assist the insurer in providing data for meeting the Illinois Cost Containment requirement. The row headings represent the insurance line or type of insurance that are to be reported. The matrix on this page describes the Cost Containment geographic data requirement for each line.

Line Item Matrix for Reporting Cost Containment Data

Line of Business	Illinois	Illinois by zip code	Multi-state
Other Liability – Excess	yes	no	yes
Medical Malpractice	yes	no	yes
Commercial Auto Liab.	yes	no	yes
PPA Liability	no	yes	yes
Homeowners	no	yes	yes[1]
BOP	yes	no	yes
PPA Physical Damage	no	yes	yes
Earthquake (REQ)	yes	no	no
Fire	no	yes	yes

[1] HEQ data Exclusion: Data for Earthquake written as an endorsement to homeowners or residential fire policies are not required on a multi-state basis.