

Record Format Submission of Voluntary Premium Writings

Field Description	Type	Length	Decimals	Starting
Company Number	Numeric	5	0	1
Policy Number	Alphanumeric	20		6
Process Transaction Century	Numeric	2	0	26
Process Transaction Year	Numeric	2	0	28
Process Transaction Month	Numeric	2	0	30
Process Transaction Day	Numeric	2	0	32
Transaction Type	Alphanumeric	1		34
Premium - Allied Lines	Numeric	9	0	35
Premium - Farm Owner	Numeric	9	0	44
Premium - Home Owner	Numeric	9	0	53
Premium - Mobile Home	Numeric	9	0	62
Premium - Commercial	Numeric	9	0	71
Building Coverage	Numeric	9	0	80
Contents Coverage	Numeric	9	0	89
Other Coverage	Numeric	9	0	98
Submission Century	Numeric	2	0	107
Submission Year	Numeric	2	0	109
Submission Month/Quarter	Numeric	2	0	111
Type	Alphanumeric	1		113
Resubmission	Alphanumeric	1		114
Location – Street Number, Street Name, Directional, Apt/Bldg/Condo/Unit	Alphanumeric	78		115
Location - City	Alphanumeric	20		193
Location - County	Alphanumeric	15		213
Location - State	Alphanumeric	2		228
Location - Zip	Alphanumeric	9		230
Filler	Alphanumeric	13		239
Hurricane Deductible Amount	Numeric	9	0	252
Wind Deductible Amount	Numeric	9	0	261
Premium - Building	Numeric	9	0	270
Premium - Contents	Numeric	9	0	279
Total Building and Contents Premium	Numeric	9	0	288
Policy Type	Alphanumeric	3		297
Construction	Alphanumeric	3		300
Wind Only	Alphanumeric	1		303
Filler 2	Alphanumeric	20		304

DESCRIPTION OF EACH FIELD

ASSESSABLE INSURER NAIC NUMBER

Alphanumeric

POLICY NUMBER

Alphanumeric, right justified, policy number, leave out leading zero's

PROCESS TRANSACTION DATE

Century	2 Positions numeric
Year	2 Positions numeric
Month	2 Positions numeric – valid range is (01-12)
Day	2 Positions numeric

TRANS TYPE – TRANSACTION TYPE – 1 Position numeric values are:

1 New Policy	4 Minus endorsement
2 Renewal	5 Reinstatement
3 Plus endorsement	7 Cancellation

PREMIUMS – Must be right justified. Numeric whole dollars only. No negative amounts. Commercial – CMP type policies report line 5.1 and 5.2. BOP type policies report total premium. Allied Lines report EC only. Wind Only type policies report wind premiums only.

COVERAGE AMOUNT A, B, and C – Must be right justified. Whole dollars only – policy coverage amount.

COVERAGE LOCATION Street Number, Street Name, Directional, Apt/Bldg/Condo/Unit #, City Name, County Name/Code

This field should be reported as continuous data, similar to postal format, starting in position 115 (123 Main Street W Unit 501) May report Federal county code starting at position 213. (3 digits - Left Justify) State Code (FL, 09) only.

SUBMISSION	Century	2 Positions numeric
	Year	2 Positions numeric
	Month	2 Positions numeric – valid range is (01-12). Month (01-12), Quarter (03,06,09,12), If annual (12).
	Type	1 Positions alpha – valid values (M,Q,A) M = Month, Q = Quarter (03,06,09,12), A = Annual (12).

RESUBMISSION 1 Position alpha; values are: blank or R = Resubmission.

TOTAL PREMIUM **Must be right justified.** Whole dollars only: Based on policy forms or coverage provisions on your policy, place the total premium in the column for predominate coverage. EXAMPLE = HO-3 should go under "BUILDING", HO-4 and HO-6 should go under "CONTENTS". Allied Lines report Extended Coverage only.

FILLER 1 Blanks

DEDUCTIBLES Whole dollars. If %, calculate amount based on limit of liability.

POLICY TYPE Values are: HO3, HO4, HO6, DP1, DP3, CMP, BOP, OTH (Other)

CONSTRUCTION 3 Positions numeric - valid range 01-09. FHCF Fire Classification.
Map your predominate construction to one of these below:

001 = Frame	004 = Masonry noncombustible	007 = Superior masonry/heavy timber
002 = Joisted Masonry	005 = Modified fire resistive	008 = Superior noncombustible
003 = Noncombustible	006 = Fire resistive	009 = Superior masonry noncombustible

WIND ONLY 1 Position alphanumeric; values are Y = yes, N = no.

FILLER 2 Blank

Each Data File must have a LABEL containing the company name, company NAIC number and submission date. The data must be saved as an ASCII text file. **Your data file submission must be in the record format described above.**

Below is a list of Citizens Coastal Account's eligible counties and their corresponding federal county code. If your submission(s) have any other spelling or abbreviation other than what is listed, that record(s) will be excluded from the submission(s) and will not receive credit.

COUNTY NAME	FEDERAL COUNTY CODE
BAY	005
BREVARD	009
BROWARD	011
CHARLOTTE	015
COLLIER	021
DADE	025
DUVAL	031
ESCAMBIA	033
FLAGLER	035
FRANKLIN	037
GULF	045
HERNANDO	053
INDIAN RIVER	061
LEE	071
LEVY	075
MANATEE	081
MIAMI-DADE	886*
MONROE	087
NASSAU	089
OKALOOSA	091
PALM BEACH	099
PASCO	101
PINELLAS	103
SANTA ROSA	113
SARASOTA	115
ST JOHNS	109
ST LUCIE	111
VOLUSIA	127
WAKULLA	129
WALTON	131

* This is an "artificial" county code to accommodate those submissions that do not reflect the change in county name from Dade to Miami-Dade.