

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
INSURANCE DIVISION - PROPERTY BUREAU**

**INSTRUCTIONS FOR REPORTS REQUIRED UNDER REGULATION 90 (11 NYCRR 218)
PROHIBITION OF GEOGRAPHICAL REDLINING IN WRITING PRIVATE PASSENGER
AUTOMOBILE AND FIRE OR FIRE AND EXTENDED COVERAGE INSURANCE POLICIES**

The report consists of the following five (5) worksheets:

1. Affirm - (The Affirmation and Insurer Information Sections)
2. Agents - (Agents and Brokers)
3. CommFire - (Commercial Lines: Fire, & Fire and Extended Coverage)
4. PersAuto - (Private Passenger Automobile)
5. PersFire - (Personal Lines: Fire, & Fire and Extended Coverage)

The format was prepared using Microsoft Excel. **ABSOLUTELY DO NOT:**

- Insert any rows or columns in the report.
- Change any of the worksheet names, format or ranges.

This is **very important** as your submission is reviewed automatically by predetermined ranges and positions and the information is gathered in a database based on those predetermined ranges and positions.

The file is protected and you are allowed to make entries only in the shaded areas. It is strongly recommended that you immediately save the file to your computer before inputting any data.

INSTRUCTIONS:

1) "Affirm" Tab:

Enter the INSURER and CONTACT information as follows:

In Cell:	Enter:
C2	Data reporting period
C3	Group number. If none, enter 0000
C4	Five-digit NAIC number
C5	Company's name as it appears on its Annual Statement
C6	PO Box or street address
C7	City
C8	State (use two-letter postal abbreviation, e.g. NY)
C9	ZIP code
	Courtesy title of the contact person to whom the Department should address any questions or comments concerning the report (e.g. Mr. Ms. Mrs. etc.)
C12	Ms. Mrs. etc.)
C13	First name of the contact person
C14	Last name of the contact person.
	Any suffix to the contact person's name such as Jr., Sr., II, CPCU, etc.
C15	etc.
C16	Title of the contact person.
C17	Telephone number of contact person.
C18	FAX number of contact person.
C19	E-mail address of contact person.

The completed "Affirmation" must be signed by an officer of the company; a scanned copy of this worksheet page must be submitted with the report; a hard copy is not required. A separate affirmation form must be submitted for each reporting company.

2) **"Agents" Tab:**

Column Title:	Description/Definition:
Number at Start of Year	The number of producers (agents and brokers) authorized to service policies on behalf of the company at the start of the data reporting period.
Number Terminated During Year	The number of producers terminated during the data reporting period.
Number Added During Year	The number of producers added during the data reporting period.
Number at End of Year	The number of producers authorized to service policies on behalf of the company at the end of the data reporting period.

3) **"CommFire", "PersAuto" and "PersFire" Tabs:**

For Private Passenger Automobile:

Assigned Risk business, Motor Home, trailers and Motorcycle policies should be excluded from the policy count.

Please note that for companies writing Private Passenger Automobile business, the data provided in the "PersAuto" tab should be consistent with that provided under the report submitted under §3425. Please also note that, for companies with multiple rating programs approved under §2352, while the §3425 reports are required to be filed separately for each program, Regulation 90 only requires a single report for the company as a whole.

For Personal Fire:

1 Figures should reflect only Fire or Fire and Extended Coverage (this includes Dwelling Fire policies).

2 Homeowners' policies should be excluded.

For Commercial Fire:

1 Figures should include only Fire or Fire and Extended Coverage.

2 Fire portions of SMP or other package policies should be excluded.

For Private Commercial Fire, Passenger Automobile, Personal Fire:

1. Figures should include only direct business, not reinsurance.

2. Figures reported to the Department for Cancellations by the Insurer should not include Cancellations for Nonpayment of Premium (§218.7(b)(1) of Regulation 90) nor Cancellations Within 60 Days of Issue (Circular Letter # 19 -1996).

Column Title:	Description/Definition:
Opening In-Force	Policies in force at the start of the reporting period.

New Policies Written	New policies written during the reporting period.
Cancelled By Company	The number of policies cancelled by the company (other than for nonpayment of premium) during the reporting period.
Non-renewed By Company	The number of policies nonrenewed by the company during the reporting period.
Closing In-Force	Policies in force at the end of the reporting period. Please note that this column is NOT intended to reconcile with the policy numbers in the other 4 columns; however, for the "Personal Auto" tab, it <u>should</u> be the same as the "Policies-In-Force" number at year-end provided in the company's §3425 report.

For Unknown Counties:

In the County section of the report there is a line provided for these instances, just before the State Totals line (see cell A76). It is entitled "UNKNOWN COUNTIES."

For Unknown ZIP Codes:

There is no line provided specifically for unknown ZIP codes, but since information is requested for only a limited number of ZIP codes, there is a line provided for "OTHER ZIP CODES NOT LISTED" just before the State "TOTAL (BY ZIP CODE)" line. Unknown ZIP codes should be included in this line with all other NY State ZIP codes not detailed in the ZIP code section of the report.

4) What To Submit To The Department:

The completed Excel file and scanned Affirmation page should be submitted to the Department via e-mail as an attachment addressed to: Reg90Report@dfs.ny.gov

The subject line of the email containing the submissions should contain the Company's name (abbreviated is acceptable), NAIC code, and "Regulation 90 Report (YEAR)".

As an alternative, you may save the completed file(s) on a blank CD-R and mail it in a CD mailer along with the signed "Affirmation" to the address below.

Note that the Department does not require a printed copy of any part of the report.

New York State Department of Financial Services
 One State Street
 Property Bureau - 6th Floor
 New York, NY 10004
 Attn: MARS Unit - Regulation 90 Report

If you experience any difficulties in using this file, contact Ms. Khatune Ghani by phone at (212) 480-5649, or by e-mail at Khatune.Ghani@dfs.ny.gov

5) Due Date : Annually, May 1st.