




FEMA

W-17026

September 1, 2017

MEMORANDUM FOR: Write Your Own (WYO) Company Principal Coordinators,
WYO Vendors, the National Flood Insurance Program (NFIP) Direct,
and Independent Adjusting Firms

FROM: 
David I. Maurstad
Assistant Administrator for Federal Insurance
Federal Insurance and Mitigation Administration

SUBJECT: NFIP Adjuster Fee Schedule – 2017 Revision

The Federal Emergency Management Agency (FEMA) has revised the NFIP Adjuster Fee Schedule for claims with dates of loss on or after August 24, 2017. Both the NFIP System of Record (SOR) systems and WYOs will need to make system updates to account for the new fee schedule.

Recognizing that the NFIP SOR will take some time to update and the fact that WYOs will update their systems at different times, the NFIP SOR is prepared to accept claim data using either fee schedule (the current 2012 schedule or the new 2017 schedule) with the September 2017 data and subsequent submissions until the NFIP SOR system updates are complete.

Since claims are processed by the NFIP SOR a month following the activity, a claim reported on August 28 will be submitted to FEMA by the WYO and processed on the NFIP SOR during the September cycle. A claim reported on September 1 will be submitted to FEMA by the WYO and processed on the NFIP SOR during the October cycle.

If a WYO is *able* to update its system with the new fee schedule before the FEMA SOR is updated with the 2017 Adjuster Fee Schedule, the system will accept the claim transactions. When the NFIP SOR is updated with the 2017 Adjuster Fee Schedule, FEMA will re-edit the claim transactions to recalculate the adjuster fee, resolve the variance, and remove the Transaction Record Reporting and Processing (TRRP) error.

If a WYO is *unable* to update its system with the new schedule before the FEMA SOR is updated with the 2017 Adjuster Fee Schedule, the system will accept and process these claim transactions as they do today. When the WYO is able to update its system with the 2017 Adjuster Fee Schedule, FEMA will re-edit the claim transactions to correct the adjuster fee

amount. The re-editing will generate a financial variance and TRRP error, requiring the Company to submit correction transactions to correct the adjuster fee.

While the SOR is being updated to include the new 2017 NFIP Adjuster Fee Schedule, errors will be tracked on the WYO Company Variance Report. However, the WYO Companies will not be reported or penalized for exceeding the applicable tolerance threshold.

Once we have a firm date for completion of the NFIP SOR updates, we will send out specific instructions to the WYOs for submitting the required follow-up transactions for balancing.

The financial exhibit has been updated to accept submissions with the new fee schedule and is attached. A cover letter, also attached, provides further details regarding the financial submission process.

Attached is the revised fee schedule, Exhibit V-I. There are no changes to the separate Increased Cost of Compliance (ICC) fee schedule.

Please distribute this information to the appropriate personnel in your organization. If you have questions, please contact Tony Hake, Federal Insurance and Mitigation Administration. Mr. Hake's email address is Lloyd.Hake@fema.dhs.gov.

Attachments:

2017 Final Adjuster Fee Schedule
FY2017 Fee Schedule Cover Sheet
FY2017 Financial Exhibit

cc: Vendors, IBHS, FIPNC, Government Technical Representative

Required Routing: Accounting, Data Processing, Claims, and Marketing

September 01, 2017

WYO Company Principal Coordinator:

Effective August 24, 2017, the Federal Emergency Management Agency revised the adjuster fee schedule for claims with dates of loss as of August 24, 2017, and later. Consequently, the NFIP IT S&S has implemented revisions to the fiscal year 2017 financial statement exhibits which are required for submission of the monthly financial results.

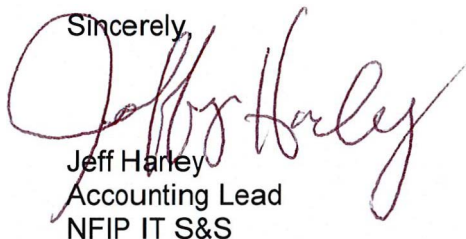
Financial Exhibit Revisions:

Exhibit V-J, new fee schedule for claims with dates of loss of August 24, 2017 and later.

A revised set of financial statement spreadsheet formats will be delivered via email to your respective financial representative. If you require additional copies, please forward your request to the following email address: financials@fema.dhs.gov.

If you have questions or need additional information, please contact me at (703) 462-8854.

Sincerely,



Jeff Harley
Accounting Lead
NFIP IT S&S

NFIP ADJUSTER FEE SCHEDULE

For Claims with Dates of Loss on or after August 24, 2017

Claim Range*	Fee
<i>Erroneous Assignment</i>	\$95
<i>Claim withdrawn</i>	\$95
<i>Closed Without Payment (CWOP)</i>	\$395
.01 - 1,000.00	\$525
1,000.01 – 5,000.00	\$800
5,000.01 – 10,000.00	\$1,035
10,000.01 – 15,000.00	\$1,175
15,000.01 – 25,000.00	\$1,275
25,000.01 – 35,000.00	\$1,475
35,000.01 – 50,000.00	\$1,750
50,000.01 – 125,000.00	3.4% but not less than \$1,750
125,000.01 – 300,000.00	2.6% but not less than \$4,250
300,000.01 – 1,000,000.00	2.4% but not less than \$7,800
1,000,000.01 and higher	2.2% but not less than \$24,000

*Claim Range – based on gross loss

NFIP ADJUSTER FEE SCHEDULE GUIDANCE

○ Gross Loss

Gross loss means the agreed cost to repair or replace before the following is applied:

- depreciation (recoverable or non-recoverable),
- policy deductible(s),
- salvage buy-back

The gross loss shall not exceed any or all of the following policy limitations:

- Building and personal property policy limits stated in the Declarations Page
- Program Limits building and/or personal property
- Special Limits (\$2,500)
- Loss Avoidance Measures for Sandbags, Supplies, and Labor (\$1,000);
- Property Removed to Safety (\$1,000)
- Pollution Damage – General Property form (\$10,000)
- Policy Exclusions

○ Claim Withdrawn

Fee \$95 - Occurs when a policyholder withdraws a claim after the NFIP Direct or WYO carrier (or the WYO carrier's service provider/vendor) assigns the claim to an adjusting firm AND before the adjusting firm conducts the inspection. Once the

NFIP ADJUSTER FEE SCHEDULE

For Claims with Dates of Loss on or after August 24, 2017

adjuster inspects the loss, the adjuster is required to provide a full report and bill as a CWOP.

○ **Closed Without Payment (CWOP)**

Fee \$395 - Must include an adjuster site visit/inspection with the policyholder or their representative, photographs, and completed required forms.

- ***Less Than Deductible*** – Invoice the claim based on the gross estimate before application of depreciation (recoverable or non-recoverable) and the deductible, subject to policy limits, special limits, and exclusions.
- ***No Coverage*** - When it is determined that no claim payment is due, e.g., the damage was not caused by flood or the damaged property is not covered by the policy, close the file as a CWOP. The adjuster's narrative report must contain sufficient explanation and documentation of the facts regarding the reason no payment is due.
- ***Telephone Contact Only*** – Fee \$95 – Invoice at the Erroneous Assignment or Claim Withdrawn rate.

○ **Erroneous Assignment**

Fee \$95 - Occurs when a loss is assigned to more than one adjuster or more than one adjusting firm. The adjuster removed from the claim will receive a fee based on an erroneous assignment.

○ **Special Allocated Loss Adjustment Expense (SALAE) Type 2:**

The WYO Companies and NFIP Direct have authority up to \$500, in the aggregate for SALAE Type 2 expenses. However, the WYO Companies and NFIP Direct must request and receive approval from FEMA for SALAE Type 2 expenses exceeding \$500.

- On claims Closed without Payment (CWOP), adjusters may submit a request to the WYO Company or NFIP Direct for mileage when the distance traveled exceeds 100 miles round trip. Use the published Internal Revenue Service standard mileage reimbursement rate as of the date of the inspection. Adjusters must clearly document mileage, and pro-rate between multiple assignments in the same area.
- For adjuster expenses in excess of the NFIP Adjuster Fee Schedule, adjusters must provide an explanation and justification of the SALAE including the reason(s) it was necessary for the adjuster to incur the excess expense, details of the activity, and what effect this activity or work had on the adjustment. Provide documentation (invoices, time-and-expense billing rates, activity log, etc.) and thoroughly explain any unusual circumstances.

NFIP ADJUSTER FEE SCHEDULE

For Claims with Dates of Loss on or after August 24, 2017

○ Supplements

The adjuster is paid the **greater** of the following:

- The CWOP fee of \$395; or
- The difference between the paid adjusting fee at the time the claim was closed and the new revised fee for the entire revised claim.

The NFIP will not consider supplemental billings for inadequate or incorrect scope of repairs or avoidable estimating errors. The NFIP will consider supplemental billing for hidden or progressive flood related damage as appropriate.

Example #1:

- Building Limit - \$250,000; Personal Property Limit - \$100,000

- Original claim adjustment before application of depreciation and deductible:

Building	\$180,000
Personal Property	\$70,000

Fee: Total billable/gross claim \$180,000 + \$70,000 =
\$250,000 x 2.6% = **\$6,500.00 original claim payable fee.**

- Revised claim adjustment (includes original claim) before application of depreciation and deductible:

Building	\$240,000
Personal Property	\$95,000

Fee: Total revised billable/gross claim \$240,000 + \$95,000
= \$335,000 x 2.4% = \$8,040.00 minus previous paid fee of
\$6,500 = **\$1,540.00 supplemental payable fee.**

Example #2:

- Building Limit \$250,000 and Personal Property Limit \$100,000

- Original claim adjustment before application of depreciation and deductible:

Building	\$180,000
Personal Property	\$70,000

NFIP ADJUSTER FEE SCHEDULE

For Claims with Dates of Loss on or after August 24, 2017

Fee: Total billable/gross claim \$180,000 + \$70,000 =
\$250,000 x 2.6% = \$6,500.00 payable fee.

- Revised claim adjustment (includes original claim) before application of depreciation and deductible:

Building \$190,000

Personal Property \$75,000

Fee: Total billable/gross claim \$190,000 + \$75,000 =
\$265,000 x 2.6% = \$6,890 minus previous paid fee of
\$6,500 = \$390.

The adjuster in this instance would receive the CWOP fee of \$395, which is greater.

○ State Taxes

Texas requires the addition of state tax to the adjuster invoice. Add the tax to the payable fee.

IMPORTANT: The NFIP, through the WYO Companies and/or NFIP Direct, reserves the right to withhold compensation and/or reduce the amount of compensation, on adjustment work deemed:

- a. Not to comply with NFIP standards;**
- b. Improperly prepared, requiring the claim to be substantially readjusted;**
- c. Not timely adjusted, requiring reassignment.**

Revised 09/01/2017

EXHIBIT I
INCOME STATEMENTCOMPANY NAME :
COMPANY NUMBER :
PERIOD ENDING :

REVENUE	CURRENT MONTH	FISCAL YEAR-TO-DATE
100. NET WRITTEN PREMIUM	\$ 0	\$ 0
105. CHANGE IN UNEARNED PREMIUM	0	0
110. EARNED PREMIUM	\$ 0	\$ 0
EXPENSES		
115. NET PAID LOSSES	0	0
120. ALLOCATED LAE (LINE 500)	0	0
125. OTHER LOSS & LAE ITEMS (LINE 660)	0	0
130. CHANGE IN LOSS & LAE RESERVES (LINES 325 THRU 340 COL.C)	0	0
135. NET LOSS & LAE INCURRED	0	\$ 0
140. EXPENSE ALLOWANCE (LINE 430)	0	0
150. MISCELLANEOUS EXPENSE	0	0
155. TOTAL EXPENSES	\$ 0	\$ 0
160. OPERATING INCOME (LOSS)	0	0
165. INTEREST INCOME (LINE 710)	0	0
170. NET POLICY SERVICE FEES	0	0
173. NET RESERVE FUND	0	0
174. NET HFIAA SURCHARGE	0	0
175. NET INCOME (LOSS)	\$ 0	\$ 0

PREPARER'S NAME :
PHONE NUMBER :WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EXHIBIT II
RECONCILIATION OF PAYABLE/RECEIVABLE BALANCE

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

	CURRENT MONTH	FISCAL YEAR-TO-DATE
200. BEGINNING PAYABLE/REC. BALANCE (LINE 315, COL. B)	0	0
205. NET INCOME (LOSS) (LINE 175)	0	0
210. LOC FUNDS RECEIVED (LINE 800)	0	0
215. DISBURSEMENT TO NFIP (LINE 805)	0	0
220. ENDING PAYABLE/RECEIVABLE BALANCE (LINE 315, COL. A)	0	0

EXHIBIT III
BALANCE SHEET ITEMS

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

	A	B	C	D
	CURRENT MONTH	PRIOR MONTH	INCREASE (DECREASE) (COLS.A-B)	BEGINNING OF FISCAL YEAR
300. CASH	0	0	0	0
305. CASH - NOT TRANSFERRED TO RESTRICTED ACCT.**	0	0	0	0
310. CASH - NOT TRANSFERRED FROM RESTRICTED ACCT.**	0	0	0	0
312. CLAIMS PAYABLE**	0	0	0	0
315. PAYABLE TO (RECEIVABLE FROM) NFIP	0	0	0	0
320. UNEARNED PREMIUM RESERVES	0	0	0	0
325. LOSS RESERVES (CASE)	0	0	0	0
330. LOSS RESERVES (IBNR)	0	0	0	0
335. LAE RESERVES-CASE (ALLOCATED)	0	0	0	0
336. LAE RESERVES-IBNR (ALLOCATED)	0	0	0	0
340. LAE RESERVES (UNALLOCATED)	0	0	0	0
345. PREMIUM SUSPENSE (UNDER 60 DAYS)	0	0	0	0
346. PREMIUM SUSPENSE (60 DAYS OR OVER)	0	0	0	0
TOTALS	0	0	0	0

PLEASE SHOW DEBITS AS POSITIVE NUMBERS & BRACKET ALL CREDITS.
THE COLUMNS MUST ADD TO ZERO (-0-).

* UPON TREASURY DEPARTMENT'S REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING
AGED DETAIL FOR THE REPORTED BALANCE. COMPANIES WILL BE NOTIFIED WHEN
SUCH A REQUEST IS MADE.

EXHIBIT IV
EXPENSE ALLOWANCE CALCULATION

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

EXPENSE ALLOWANCE	CURRENT MONTH	FISCAL YEAR-TO-DATE
400. NET WRITTEN PREMIUM	0	0
(Do Not Use for Premium)		
405. EXPENSE ALLOWANCE % A	0.0%	0.0%
410. EXPENSE ALLOWANCE FOR NET WRITTEN PREMIUM A	0	0
* 411. NET WRITTEN PREMIUM (Use 10/1/2008 data month and later)	0	0
412. EXPENSE ALLOWANCE % B	30.9%	30.9%
413. EXPENSE ALLOWANCE FOR NET WRITTEN PREMIUM B	0	0
414. SUBTOTAL EXPENSE ALLOWANCE	0	0
415. CANCELLATION PREMIUM REFUND ADJUSTMENT BASE	0	0
420. COMMISSION ALLOWANCE %	15%	15%
425. CANCELLATION COMMISSION RETENTION	0	0
426. EXPENSE ALLOWANCE ADJUSTMENT FOR BONUS COMMISSION	0	0
427. RATING ORGANIZATION EXPENSE AND RETAINED EXPENSE ALLOWANCE	0	0
428. STATE SALES TAX ON INSURANCE SERVICES	0	0
429. PRIOR TERM REFUND EXPENSE ALLOWANCE DUE THE NFIP	0	0
430. TOTAL EXPENSE ALLOWANCE \$	0	\$ 0

EXHIBIT V-A
FEE SCHEDULE - ALLOCATED LAE
(USE FOR CLAIMS WITH DATE OF LOSS OF 9/30/90 AND PRIOR)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER CLOSED	C FEE	D FEE PD (BxC)
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	70.00	0
0.01- 200.00	0	70.00	0
200.01- 400.00	0	90.00	0
400.01- 600.00	0	110.00	0
600.01- 800.00	0	130.00	0
800.01- 1000.00	0	150.00	0
1000.01- 1500.00	0	180.00	0
1500.01- 2000.00	0	200.00	0
2000.01- 2500.00	0	220.00	0
2500.01- 3000.00	0	240.00	0
3000.01- 3500.00	0	260.00	0
3500.01- 4000.00	0	280.00	0
4000.01- 4500.00	0	300.00	0
4500.01- 5000.00	0	320.00	0
5000.01- 6000.00	0	350.00	0
6000.01- 7000.00	0	370.00	0
7000.01- 8000.00	0	380.00	0
8000.01- 9000.00	0	400.00	0
9000.01- 10000.00	0	420.00	0
10000.01- 15000.00	0	460.00	0
15000.01- 20000.00	0	490.00	0
20000.01- 25000.00	0	520.00	0
25000.01- 30000.00	0	550.00	0
30000.01- 35000.00	0	580.00	0
35000.01- 40000.00	0	610.00	0
40000.01- 45000.00	0	640.00	0
45000.01- 50000.00	0	670.00	0
50000.01- 75000.00	0	800.00	0
75000.01-100000.00	0	950.00	0
100000.01-125000.00	0	1100.00	0
125000.01-150000.00	0	1250.00	0
150000.01-175000.00	0	1400.00	0
175000.01-200000.00	0	1550.00	0
200000.01- LIMITS	0	1700.00	0

500-A. **TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-A \$ 0

**UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.
WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EXHIBIT V-B
FEE SCHEDULE - ALLOCATED LAE
(USE FOR CLAIMS WITH DATE OF LOSS OF 10/1/90 THROUGH 10/31/96)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER CLOSED	C FEE	D FEE PD (BxC)
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	125.00	0
MINIMUM FOR UPTON-JONES	0	800.00	0
\$ 0.01- \$600.00	0	150.00	0
600.01- 1000.00	0	175.00	0
1000.01- 2000.00	0	225.00	0
2000.01- 3500.00	0	275.00	0
3500.01- 5000.00	0	350.00	0
5000.01- 7000.00	0	425.00	0
7000.01- 10000.00	0	500.00	0
10000.01- 15000.00	0	550.00	0
15000.01- 25000.00	0	600.00	0
25000.01- 35000.00	0	675.00	0
35000.01- 50000.00	0	750.00	0
50000.01-100000.00	0	1000.00	0
100000.01-150000.00	0	1300.00	0
150000.01-200000.00	0	1600.00	0
200000.01- LIMITS	0	2000.00	0
EXCESS MILEAGE			0

500-B. **TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-B \$ 0

**UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

EXHIBIT V-C
FEE SCHEDULE - ALLOCATED LAE
(USE FOR CLAIMS WITH DATE OF LOSS OF 11/01/96 THROUGH 04/30/97)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	125.00	0
\$ 0.01- \$600.00	0	150.00	0
600.01- 1000.00	0	175.00	0
1000.01- 2000.00	0	225.00	0
2000.01- 3500.00	0	275.00	0
3500.01- 5000.00	0	350.00	0
5000.01- 7000.00	0	425.00	0
7000.01- 10000.00	0	500.00	0
10000.01- 15000.00	0	550.00	0
15000.01- 25000.00	0	600.00	0
25000.01- 35000.00	0	675.00	0
35000.01- 50000.00	0	750.00	0
50000.01-100000.00	0	3.0%	0
100000.01-250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
250000.01- LIMITS	0	2.1% BUT NOT LESS THAN \$5,750.00	0
OTHER FEMA-AUTHORIZED LAE*			0
500-C. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-C			\$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

EXHIBIT V-D
FEE SCHEDULE - ALLOCATED LAE
(USE FOR CLAIMS WITH DATE OF LOSS OF 05/01/97 THROUGH 08/31/04)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	125.00	0
\$ 0.01- \$600.00	0	150.00	0
600.01- 1000.00	0	175.00	0
1000.01- 2000.00	0	225.00	0
2000.01- 3500.00	0	275.00	0
3500.01- 5000.00	0	350.00	0
5000.01- 7000.00	0	425.00	0
7000.01- 10000.00	0	500.00	0
10000.01- 15000.00	0	600.00	0
15000.01- 25000.00	0	750.00	0
25000.01- 35000.00	0	900.00	0
35000.01- 50000.00	0	1200.00	0
50000.01-100000.00	0	3.0%	0
100000.01-250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
250000.01- LIMITS	0	2.1% BUT NOT LESS THAN \$5,750.00	0

500-D. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-D \$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

EXHIBIT V-E
 INCREASED COST OF COMPLIANCE (ICC) FEE SCHEDULE - ALLOCATED LAE
 (USE FOR ICC CLAIMS WITH DATE OF LOSS OF 06/01/97 THROUGH 08/31/04)

COMPANY NAME : 0
 COMPANY NUMBER : 0
 PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	125.00	0
\$ 0.01- \$600.00	0	150.00	0
600.01- 1000.00	0	175.00	0
1000.01- 2000.00	0	225.00	0
2000.01- 3500.00	0	275.00	0
3500.01- 5000.00	0	350.00	0
5000.01- 7000.00	0	425.00	0
7000.01- 10000.00	0	500.00	0
10000.01- 15000.00	0	600.00	0

(Use the following Entry Range only for ICC total claims payments greater than \$15,000 but not more than \$20,000, and with a Loss Date of 05/01/00 to 04/30/03).

15000.01- 20000.00	0	750.00	0
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(Use the following Entry Range only for ICC total claims payments greater than \$15,000 but not more than \$30,000, and with a Loss Date of 05/01/2003 to 8/31/04).

15000.01- 20000.00	0	750.00	0
25000.01- 30000.00	0	900.00	0

500-E. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-E \$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

REVISED EXHIBIT V-F

FEE SCHEDULE - ALLOCATED LAE

(USE FOR CLAIMS WITH DATE OF LOSS OF 09/01/2004 THROUGH 8/31/2008)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	60.00	\$ 0
CWP	0	225.00	0
\$ 0.01- 1000.00	0	300.00	0
1000.01- 2500.00	0	425.00	0
2500.01- 5000.00	0	500.00	0
5000.01- 7500.00	0	575.00	0
7500.01- 10000.00	0	650.00	0
10000.01- 15000.00	0	750.00	0
15000.01- 25000.00	0	850.00	0
25000.01- 35000.00	0	1000.00	0
35000.01- 50000.00	0	1250.00	0
50000.01- 100000.00	0	3.0%	0
100000.01- 250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
250,000.01 and up	0	2.1% BUT NOT LESS THAN \$5,750.00	0

Use the following Allocated LAE Fees for Expedited Claim Handling for Hurricanes Katrina and Rita with dates of loss beginning August 24, 2005.

500-F1	Process 1	0	750.00	0
500-F1S	Process 1 Site Visit	0	400.00	0
500-F2	Process 2	0	750.00	0
500-F2S	Process 2 Site Visit	0	400.00	0
500-F4	Special Adjusting Process (FEMA Approval Required)	0		0

500-F. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-F \$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

EXHIBIT V-G
INCREASED COST OF COMPLIANCE (ICC) FEE SCHEDULE - ALLOCATED LAE
(USE FOR ICC CLAIMS WITH DATE OF LOSS OF 9/01/04 AND LATER)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	60.00	\$ 0
CWP	0	225.00	0
\$ 0.01- \$1000.00	0	300.00	0
1000.01- 2500.00	0	425.00	0
2500.01- 5000.00	0	500.00	0
5000.01- 7500.00	0	575.00	0
7500.01- 10000.00	0	650.00	0
10000.01- 15000.00	0	750.00	0
15000.01- 25000.00	0	850.00	0
25000.01- 30000.00	0	1000.00	0
500-J. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-J			\$ 0
500-I. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-I			0
500-H. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-H			0
500-G. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-G			0
500-F. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-F			0
500-E. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-E			0
500-D. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-D			0
500-C. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-C			0
500-B. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-B			0
500-A. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-A			0
500. **TOTAL ALLOCATED LAE FEES PAID			\$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

EXHIBIT V-H**FEE SCHEDULE - ALLOCATED LAE**

(USE FOR CLAIMS WITH DATE OF LOSS OF 09/01/2008 THROUGH 10/24/2012)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	70.00	\$ 0
CLOSED WITHOUT PAYMENT (CWOP)	0	275.00	0
\$ 0.01- 1000.00	0	375.00	0
1000.01- 5000.00	0	600.00	0
5000.01- 10000.00	0	800.00	0
10000.01- 15000.00	0	925.00	0
15000.01- 25000.00	0	1025.00	0
25000.01- 35000.00	0	1175.00	0
35000.01- 50000.00	0	1400.00	0
50000.01- 100000.00	0	3% BUT NOT LESS THAN \$1,600.00	0
100000.01- 250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
250,000.01 and up	0	2.1% BUT NOT LESS THAN \$5,750.00	0

500-H. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-H \$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

EXHIBIT V-I

FEE SCHEDULE - ALLOCATED LAE

(USE FOR CLAIMS WITH DATE OF LOSS OF 10/25/2012 AND 08/23/17)

COMPANY NAME : 0
 COMPANY NUMBER : 0
 PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	90.00	\$ 0
CLAIM WITHDRAWN	0	90.00	0
CLOSED WITHOUT PAYMENT (CWOP)	0	370.00	0
\$ 0.01- 1000.00	0	490.00	0
1000.01- 5000.00	0	750.00	0
5000.01- 10000.00	0	970.00	0
10000.01- 15000.00	0	1100.00	0
15000.01- 25000.00	0	1200.00	0
25000.01- 35000.00	0	1390.00	0
35000.01- 50000.00	0	1640.00	0
50000.01- 100000.00	0	3.4% BUT NOT LESS THAN \$1,760.00	0
100000.01- 250000.00	0	2.6% BUT NOT LESS THAN \$3,400.00	0
250000.01- 1000000.00	0	2.4% BUT NOT LESS THAN \$6,500.00	0
1000000.01 and up	0	2.1% BUT NOT LESS THAN \$24,000.00	0

500-I. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-I \$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

EXHIBIT V-J

FEE SCHEDULE - ALLOCATED LAE

(USE FOR CLAIMS WITH DATE OF LOSS OF 08/24/2017 AND LATER)

COMPANY NAME : 0
 COMPANY NUMBER : 0
 PERIOD ENDING : 0

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	95.00	\$ 0
CLAIM WITHDRAWN	0	95.00	0
CLOSED WITHOUT PAYMENT (CWOP)	0	395.00	0
\$ 0.01- 1000.00	0	525.00	0
1000.01- 5000.00	0	800.00	0
5000.01- 10000.00	0	1035.00	0
10000.01- 15000.00	0	1175.00	0
15000.01- 25000.00	0	1275.00	0
25000.01- 35000.00	0	1475.00	0
35000.01- 50000.00	0	1750.00	0
50000.01- 125000.00	0	3.4% BUT NOT LESS THAN \$1,750.00	0
125000.01- 300000.00	0	2.6% BUT NOT LESS THAN \$4,250.00	0
300000.01- 1000000.00	0	2.4% BUT NOT LESS THAN \$7,800.00	0
1000000.01 and up	0	2.2% BUT NOT LESS THAN \$24,000.00	0

500-J. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-J \$ 0

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPENSE.

Updated 08/29/20

EXHIBIT VI
OTHER LOSS & LAE CALCULATION

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

CURRENT
MONTH

FISCAL
YEAR-TO-DATE

UNALLOCATED L.A.E.PAID

* 600A.NET PAID LOSSES(LINE 115 CUR MONTH)	0	0
(Use 10/1/2008 data month and later)		
* 605A.CHANGE IN CASE RESERVES(LINE 325,COL C)		
(Use 10/1/2008 data month and later)	0	0
610. CASE INCURRED LOSSES	0	0
611. ULAE INCURRED LOSS %	1.5%	1.5%
612. SUBTOTAL ULAE INCURRED LOSS	0	0
613 ULAE NET WRITTEN PREMIUM %	0.9%	0.9%
614. SUBTOTAL ULAE NET WRITTEN PREMIUM	0	0
620A.UNALLOCATED LAE(6/1/08thru9/30/08)	0	0
620. UNALLOCATED LAE	0	0
* 620B.TOTAL UNALLOCATED LAE	0	0
<u>SALVAGE & SUBROGATION</u>		
625. NET SALVAGE RECEIVED	0	0
630. SALVAGE ALLOWANCE %	10%	10%
635. SALVAGE CREDIT	0	0
640. NET SUBROGATION RECEIVED	0	0
645. SUBROGATION ALLOWANCE %	25%	25%
650. SUBROGATION CREDIT	0	0
652. RECOVERY OF LOSSES PAID	0	0
Enter Recovery as a Debit		
SPECIAL ALLOCATED LAE		
<hr/>		
655. SPECIAL ALLOCATED LOSS ADJUSTMENT EXPENSE	0	0
660. TOTAL OTHER LOSS & LAE ITEMS (SUM OF LINES 620B, 635,650,655)	\$ 0	\$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EXHIBIT VII
INTEREST INCOME

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

	CURRENT MONTH	FISCAL YEAR-TO-DATE
700. TOTAL INTEREST RECEIVED	0	0
705. RESTRICTED ACCOUNT CHARGES	0	0
Enter Charges as a Debit		
710. TOTAL INTEREST INCOME \$	0	\$ 0

EXHIBIT VIII-A
LETTER OF CREDIT DRAWDOWNS

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

LOC DRAWDOWNS

DATE	AMOUNT
01	\$ 0
02	0
03	0
04	0
05	0
06	0
07	0
08	0
09	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	0
18	0
19	0
20	0
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
800. TOTAL	\$ 0

EXHIBIT VIII-B
CASH PAYMENTS TO THE NFIP

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

		PAYMENTS TO NFIP	
DATE		AMOUNT	
01		0	
02		0	
03		0	
04		0	
05		0	
06		0	
07		0	
08		0	
09		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	
21		0	
22		0	
23		0	
24		0	
25		0	
26		0	
27		0	
28		0	
29		0	
30		0	
31		0	
805. B	TOTAL	\$	0
805. C	CREDIT CARD PAYMENTS		0
805. D	INTERNET PAYMENTS		0
805. E	WIRE TRANSFER PAYMENTS		0
805	TOTAL PAYMENTS TO NFIP		0

WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EXHIBIT VIII-C
CREDIT CARD PAYMENTS TO NFIP

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

DATE		AMOUNT	
01		\$	0
02			0
03			0
04			0
05			0
06			0
07			0
08			0
09			0
10			0
11			0
12			0
13			0
14			0
15			0
16			0
17			0
18			0
19			0
20			0
21			0
22			0
23			0
24			0
25			0
26			0
27			0
28			0
29			0
30			0
31			
805-C	TOTAL CREDIT CARD PAYMENTS	\$	0

EXHIBIT VIII-D
INTERNET PAYMENTS TO NFIP

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

DATE	AMOUNT
01	\$ 0
02	0
03	0
04	0
05	0
06	0
07	0
08	0
09	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	0
18	0
19	0
20	0
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
805-D TOTAL INTERNET PAYMENTS	\$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EXHIBIT VIII-E
WIRE TRANSFER TO NFIP (GREATER THAN \$ 100,000)

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

	DATE	AMOUNT
	01	\$ 0
	02	0
	03	0
	04	0
	05	0
	06	0
	07	0
	08	0
	09	0
	10	0
	11	0
	12	0
	13	0
	14	0
	15	0
	16	0
	17	0
	18	0
	19	0
	20	0
	21	0
	22	0
	23	0
	24	0
	25	0
	26	0
	27	0
	28	0
	29	0
	30	0
	31	0
805-E	TOTAL WIRE TRANSFER PAYMENTS	\$ 0

EXHIBIT IX
RESTRICTED ACCOUNT DEPOSITS SUMMARY

COMPANY NAME : 0
COMPANY NUMBER : 0
PERIOD ENDING : 0

	DATE	AMOUNT
	01	0
	02	0
	03	0
	04	0
	05	0
	06	0
	07	0
	08	0
	09	0
	10	0
	11	0
	12	0
	13	0
	14	0
	15	0
	16	0
	17	0
	18	0
	19	0
	20	0
	21	0
	22	0
	23	0
	24	0
	25	0
	26	0
	27	0
	28	0
	29	0
	30	0
	31	0
900	TOTAL	0

WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

"SPREADSHEET CONTROL FORM"

WYO COMPANY NAME: 0

FILE NAME: ----- DATE SENT: -----

REPORTING MONTH/YEAR: 0

PREPARER'S NAME: 0

TELEPHONE NUMBER: 0

	CURRENT MTH.	FYTD
NET INCOME (LOSS) FOR REPORTING MONTH: (EXH. I, INCOME STATEMENT, LINE 175)	0 = =====	0 =====

PAYABLE TO (RECEIVABLE FROM) NFIP: EXHIBIT III, BALANCE SHEET, LINE 315, COLUMN A)	0	0 =====
---	---	------------

MONTHLY RECONCILIATION - NET WRITTEN PREMIUM

KEY IN GRAY SHADED AREAS ONLY

COMPANY NAME: _____ 0

CO. NAIC NUMBER: _____ 0

MONTH/YEAR ENDING _____ January-00

DATE SUBMITTED: **KEY DATE IN "H7"**

PREPARER'S NAME: _____ 0

TELEPHONE NO. _____ 0

**MONTHLY
FINANCIAL REPORT**

NET WRITTEN
PREMIUM: \$ _____ 0.00
(INCOME STATEMENT=
Line 100)

**UNPROCESSED
STATISTICAL:**

(+) PRIOR MONTH'S _____
(-) CURRENT MONTH'S _____

OTHER EXPLAIN:

<Enter Other 1> _____
<Enter Other 2> _____
<Enter Other 3> _____
<Enter Other 4> _____
<Enter Other 5> _____
<Enter Other 6> _____
<Enter Other 7> _____
<Enter Other 8> _____
<Enter Other 9> _____
<Enter Other 10> _____

TOTAL: \$ _____ 0.00

**MONTHLY STATISTICAL
TRANSACTION REPORT**

TRANS. CODE	RECORD COUNT	PREMIUM AMOUNT
11	_____	\$ _____
15	_____	_____
17	_____	_____
20	_____	_____
23	_____	_____
26	_____	_____
29	_____	_____
14 AND 81	_____	_____
99	_____	_____
12	_____	_____
TOTAL:	_____ 0	\$ _____ 0.00 *

*(ADD 11 THROUGH 23
LESS 26 AND 29)

COMMENTS:

MONTHLY RECONCILIATION - NET PAID LOSSES

COMPANY NAME:0

CO. NAIC NUMBER:0

MONTH/YEAR ENDINGJanuary-00

DATE SUBMITTED:KEY DATE IN "H7"

MONTHLY
FINANCIAL REPORT

MONTHLY STATISTICAL
TRANSACTION REPORT

100 NET PAID LOSSE: \$0
(INCOME STATEMENT-Line 115)

UNPROCESSED STATISTICAL:	TRANS. CODE	RECORD COUNT	LOSS/PAID RECOVERIES
140 (+) PRIOR MONTH'S	31		\$
150 (-) CURRENT MONTH'S	34		
160 SALVAGE NOT TO BE REPORTED BY TRANSACTION (EXPLAIN)	37		
	40		
	43		
170 OTHER-EXPLAIN:			
<Enter Other 1>	46 AND 61		
<Enter Other 2>			
<Enter Other 3>	49		
<Enter Other 4>			
<Enter Other 5>	64		
<Enter Other 6>			
<Enter Other 7>	84 AND 87		
<Enter Other 8>			
<Enter Other 9>	52 RECOVERY		
<Enter Other 10>			
<Enter Other 11>	SALVAGE		
<Enter Other 12>			
<Enter Other 13>	SUBROGATION		
<Enter Other 14>			
<Enter Other 15>	67 RECOVERY		
TOTAL:			
(SUM OF Lines 100,140, 160, AND 170 LESS 150)			
COMMENTS: If needed use additional sheet.	SALVAGE		
	SUBROGATION		
	TOTAL:	0	\$ 0.00 *
	*(ADD 31,34,40 THROUGH 64, LESS 52 AND 67)		

MONTHLY RECONCILIATION - SPECIAL ALLOCATED LAE

COMPANY NAME: 0

CO. NAIC NUMBER: 0

MONTH/YEAR ENDING January-00

DATE SUBMITTED: KEY DATE IN "H7"

MONTHLY FINANCIAL REPORT

SPECIAL ALLOCATED LOSS ADJUSTMENT EXPENSES

\$ 0

(OTHER LOSS AND
LAE CALC. - Line 655)

UNPROCESSED STATISTICAL:

(+) PRIOR MONTH'S
(-) CURRENT MONTH'S

OTHER EXPLAIN:

<Enter Other 1>
<Enter Other 2>
<Enter Other 3>
<Enter Other 4>
<Enter Other 5>
<Enter Other 6>
<Enter Other 7>
<Enter Other 8>
<Enter Other 9>
<Enter Other 10>
<Enter Other 11>
<Enter Other 12>
<Enter Other 13>
<Enter Other 14>

TOTAL: \$ 0.00

MONTHLY STATISTICAL TRANSACTION REPORT

TRANS. CODE

RECORD COUNT

SALAE AMOUNT

71

74

\$

TOTAL: 0 \$ 0.00

COMMENTS:

MONTHLY RECONCILIATION - NET RESERVE FUND

COMPANY NAME: 0

CO. NAIC NUMBER: 0

MONTH/YEAR ENDING January-00

DATE SUBMITTED: KEY DATE IN "H7"

MONTHLY FINANCIAL REPORT

NET RESERVE
FUND: \$ 0
(INCOME STATEMENT=
Line 173)

UNPROCESSED STATISTICAL:

(+) PRIOR MONTH'S
(-) CURRENT MONTH'S

OTHER EXPLAIN:

REJECT/RESUBMIT
PRIOR MONTH CORT

TOTAL: \$ 0.00

MONTHLY STATISTICAL TRANSACTION REPORT

TRANS. CODE	RECORD COUNT	RFA PREMIUM AMOUNT
11		\$
15		
17		
20		
23		
26		
29		

TOTAL: 0 \$ 0.00 *

*(ADD 11 THROUGH 23
LESS 26 AND 29)

COMMENTS:

MONTHLY RECONCILIATION - NET FEDERAL POLICY FEE

COMPANY NAME: 0

CO. NAIC NUMBER: 0

MONTH/YEAR ENDING January-00

DATE SUBMITTED: **KEY DATE IN "H7"**

MONTHLY FINANCIAL REPORT

NET FEDERAL
POLICY FEE: \$ 0
(INCOME STATEMENT=
Line 170)

MONTHLY STATISTICAL TRANSACTION REPORT

UNPROCESSED STATISTICAL:

(+) PRIOR MONTH'S
(-) CURRENT MONTH'S

OTHER EXPLAIN:

<Enter Other 1>
<Enter Other 2>
<Enter Other 3>
<Enter Other 4>
<Enter Other 5>
<Enter Other 6>
<Enter Other 7>
<Enter Other 8>
<Enter Other 9>
<Enter Other 10>
<Enter Other 11>
<Enter Other 12>
<Enter Other 13>
<Enter Other 14>

TOTAL: \$ 0.00

TRANS. CODE	RECORD COUNT	FPF PREMIUM AMOUNT
11		\$
15		
17		
20		
23		
26		
29		
TOTAL:	0	\$ 0.00 *

*(ADD 11 THROUGH 23
LESS 26 AND 29)

COMMENTS:

MONTHLY RECONCILIATION - NET HFIAA SURCHARGE

COMPANY NAME: 0

CO. NAIC NUMBER: 0

MONTH/YEAR ENDING January-00

DATE SUBMITTED: **KEY DATE IN "H7"**

MONTHLY FINANCIAL REPORT

NET HFIAA
SURCHARGE: \$ 0
(INCOME STATEMENT=
Line 174)

MONTHLY STATISTICAL TRANSACTION REPORT

UNPROCESSED STATISTICAL:

(+) PRIOR MONTH'S
(-) CURRENT MONTH'S

OTHER EXPLAIN:

<Enter Other 1>
<Enter Other 2>
<Enter Other 3>
<Enter Other 4>
<Enter Other 5>
<Enter Other 6>
<Enter Other 7>
<Enter Other 8>
<Enter Other 9>
<Enter Other 10>
<Enter Other 11>
<Enter Other 12>
<Enter Other 13>
<Enter Other 14>

TOTAL: \$ 0.00

TRANS. CODE	RECORD COUNT	HFIAA PREMIUM AMOUNT
11		\$
15		
17		
20		
23		
26		
29		
TOTAL:	0	\$ 0.00 *

*(ADD 11 THROUGH 23
LESS 26 AND 29)

COMMENTS:

MONTHLY RECONCILIATION - CASE LOSS RESERVE

COMPANY NAME: 0

CO. NAIC NUMBER: 0

MONTH/YEAR ENDING January-00

DATE SUBMITTED: KEY DATE IN "H7"

NUMBER OF OPEN CLAIM
CASES WITH RESERVES

TOTAL AMOUNT
OF RESERVES \$ 0.00

(BALANCE SHEET ITEM - LINE 325
CURRENT MONTH COLUMN A)

HURRICANES KATRINA/RITA ALLOCATED LAE FINANCIAL WORKSHEET
******* SPECIAL ADJUSTING PROCESS - FEMA APPROVAL REQUIRED *******
(Use for Allocated LAE Fees for Expedited Claim Handling for Hurricanes
Katrina and Rita with dates of loss beginning August 24, 2005)

KEY IN GRAY SHADED AREAS ONLY

COMPANY NAME : YOUR COMPANY NAME
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

A ENTRY VALUE RANGE			B NUMBER	C FEE	C1 Percentage	D FEE PAID
ERRONEOUS ASSIGNMENT			0	60.00	\$	0
CWP			0	225.00		0
\$	0.01-	1000.00	0	300.00	75%	0
	1000.01-	2500.00	0	425.00	75%	0
	2500.01-	5000.00	0	500.00	75%	0
	5000.01-	7500.00	0	575.00	75%	0
	7500.01-	10000.00	0	650.00	75%	0
	10000.01-	15000.00	0	750.00	75%	0
	15000.01-	25000.00	0	850.00	75%	0
	25000.01-	35000.00	0	1000.00	75%	0
	35000.01-	50000.00	0	1250.00	75%	0
	50000.01-	100000.00	0	3% times 75%		
	100000.01-	250000.00	0	2.3% BUT NOT LESS THAN \$3,000 times 75%		
	250,000.01 and up		0	2.1% BUT NOT LESS THAN \$5,750 times 75%		
TOTAL Special Adjusting Process			0			0
(To Revised Exhibit V-F, Line 500-F4)						

*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPORTED EXPEN

ISE.

HFIAA Section 28 WYO RETAINED EXPENSE ALLOWANCE: WORKSHEET A

ADJUSTMENT TO FINANCIAL STATEMENT EXHIBIT IV - EXPENSE ALLOWANCE CALCULATION

Description		Current Month	Fiscal Year To Date	
HFIAA Section 28 Premium Refunds		HFIAA Section 28 Indicators		
	Cancellation Refunds	Indicator Y, Trans Code 26A, Reason Code 22, 24, 25 *See NOTE 1 Below	\$ -	\$ -
	Endorsement Refunds	Indicator Y, Trans Code 20A, New/Rollover Code Z	-	-
1	Total HFIAA Section 28 Premium Refunds		-	-
	Expense Allowance Rate		30.9%	30.9%
Gross HFIAA Section 28 Premium Refund Retained Expense Allowance			-	-
Deduct HFIAA Section 28 Expense Allowance Not Retained				
	HFIAA Section 28 Rewritten Policy Premium	Indicator Y, Trans Code 11A, New/Rollover Code Z	-	-
	HFIAA Section 28 Renewal Policy Premium	Indicator Y, Trans Code 17A (See NOTE 2 Below)	-	-
Total HFIAA Section 28 Rewritten and Renewal Premium			-	-
	Expense Allowance Rate		30.9%	30.9%
Subtotal HFIAA Section 28 Rewritten Premium Expense Allowance Not Retained			-	-
2	Cancellation Commission Retention Rate		-15%	-15%
Cancellation Commission Not Retained (1 X 2)			0	0
Net Retained Expense Allowance		Record on EXHIBIT IV Line #427	\$ -	\$ -

NOTE1: When using HFIAA Section 28 indicator 'Y' on cancellation transactions (26A) –

- Cancellation transactions with policy effective dates within October 1, 2013 thru September 30, 2014, the cancellation reason code must be 25.

- Cancellation transactions with policy effective dates within April 1, 2016 thru December 31, 2018, the cancellation reason code must be 22, 24 or 25.

NOTE2: When reporting renewal transactions (17A) –

- The New/Rollover/Transfer Indicator cannot be reported on a renewal transaction. The Indicator value reported on the prior term will be carried forward to the current term in the NFIP LSS system.

DSA HFIAA SECTION 28 RETAINED AGENT COMMISSION: WORKSHE

Intentionally Omitted

ET B

ULAE: WYO REMOVED PENDING OR PAID CLAIMS AND NET WRITTEN PREMIUM: WORKSHEET C

ADJUSTMENT TO FINANCIAL STATEMENT EXHIBIT VI - OTHER LOSSES & LAE

Description		Losses Removed HFIAA Loss Indicator Y	Losses Added Back HFIAA Loss Indicator Y	Current Month Net HFIAA Losses	Fiscal Year To Date
ULAE HFIAA Section 28 Process Losses					
Removed Losses		\$ -	0	\$ -	\$ -
Losses Added Back		-	0	-	-
Removed Case Reserves		-	0	-	-
Case Reserves Added Back		-	0	-	-
HFIAA Net Process Losses		-	-	-	-
ULAE Incurred Loss %		1.5%	1.5%	1.5%	1.5%
1	Subtotal ULAE Incurred Loss Retained	\$ -	\$ -	\$ -	\$ -
ULAE HFIAA Net Premiums				Current Month	Fiscal Year To Date
HFIAA Section 28 Premium Refunds (From Worksheet A)				\$ -	\$ -
HFIAA Rewritten Policy Premium (From Worksheet A)				-	-
HFIAA Renewal Policy Premium (From Worksheet A)				-	-
HFIAA Section 28 Net Premiums				-	-
ULAE Net Premium %				0.90%	0.90%
2	Subtotal ULAE Premium Amount Retained			\$ -	\$ -
3	Total WYO HFIAA Section 28 ULAE Retained	Record on EXHIBIT VI Line 620 Unallocated LAE		\$ -	\$ -

CERTIFICATION STATEMENTS

A. CERTIFICATION STATEMENT FOR MONTHLY FINANCIAL AND STATISTICAL RECONCILIATION REPORTS

I have reviewed the accompanying financial and statistical reconciliation reports of
0 as of 0 .
All information included in these statements is the representation of the
0 .

Based on my review (with the exception of the matter(s) described in the following paragraphs, if applicable), I certify that I am not aware of any material modifications that should be made to the accompanying reports.

SIGNED _____

DATE _____

B. CERTIFICATION STATEMENT FOR MONTHLY STATISTICAL TRANSACTION REPORT

I have review the accompanying statistical transaction report control totals in conjunction with appropriate statistical reconciliation reports for the
0 reporting period. All information
included in these reports is the representation of the
0 .

SIGNED _____

DATE _____

Certification Statement Instructions:**Part A - Financial and Statistical Reconciliation Reports**

The Certification Statement must be signed by a responsible financial officer your company has designated to act as a signatory for the Financial and Statistical Reconciliation Report. You must provide a hardcopy of the Certification Statement with the actual signature and date to be received at the NFIP Bureau no later than the 12th of each month. Soft copies of Certification Statements with the actual scanned signature and date signed are acceptable. Pretyped names are not acceptable.

Part B - Statistical Transaction Report

The Certification Statement Part B must be signed by a responsible financial officer your company has designated to act as a signatory for the Statistical Transaction Report. You must provide a hardcopy of the Certification Statement with the actual signature and date to be received at the NFIP Bureau no later than the 12th day of each month. Soft copies of Certification Statements with the actual scanned signature and date signed are acceptable. Pre-typed names are not acceptable.

For additional instructions on the forms completion, please refer to the "WYO Accounting Training Manual," Part B.