

**Version**

**2.0**

MARYLAND INSURANCE ADMINISTRATION

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MIS Department

# Severe Event Data Collector User Guide

MARYLAND INSURANCE ADMINISTRATION

# **Severe Event Data Collector User Guide**

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## Home Page

This is the site home page.

The screenshot shows the home page of the Maryland Insurance Administration's Severe Event Data Collector (SEDC) application. At the top, there is a navigation bar with links for Maryland.gov, eGov Support, Phone Directory, State Agencies, and Online Services. Below this is a blue banner featuring the Maryland state seal and the text "MARYLAND INSURANCE ADMINISTRATION". To the right of the banner is a photo of Governor Larry Hogan and Lt. Governor Boyd K. Rutherford. A secondary navigation bar contains links for HOME, SEVERE EVENTS LIST, SEVERE EVENT REPORT, VIEW REPORT, ABOUT, and CONTACT US. A "Log In" link is located in the top right corner of the main content area.

**Home Page.**

Severe Event Data Collector ("SEDC")

**Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07**

**WHO IS REQUIRED TO FILE?**

All insurers authorized in the State of Maryland to write property and casualty insurance, the Maryland Automobile Insurance Fund, the Injured Workers Insurance Fund, and the Joint Insurance Association must report claims data. Data must be submitted for each Line of Business and zip code. You can select whether to file by company or by the entire group. Once you select to file as part of a group, you cannot file by individual company.

**HOW TO FILE?**

File your claims data using this SEDC portal. Failure to file your data timely may result in administrative penalties.

**File On-Line:**

All companies must file their report electronically by the due date for each reporting period. All carriers have received their user ID and password via electronic mail. If you have not received this information, please email [pcinform.mia@maryland.gov](mailto:pcinform.mia@maryland.gov) or contact us at 410-468-2200. Each user ID and password are unique. You may not use the user ID and password of one company to file on behalf of another. You should print the report you filed for your records as well as the confirmation for your records.

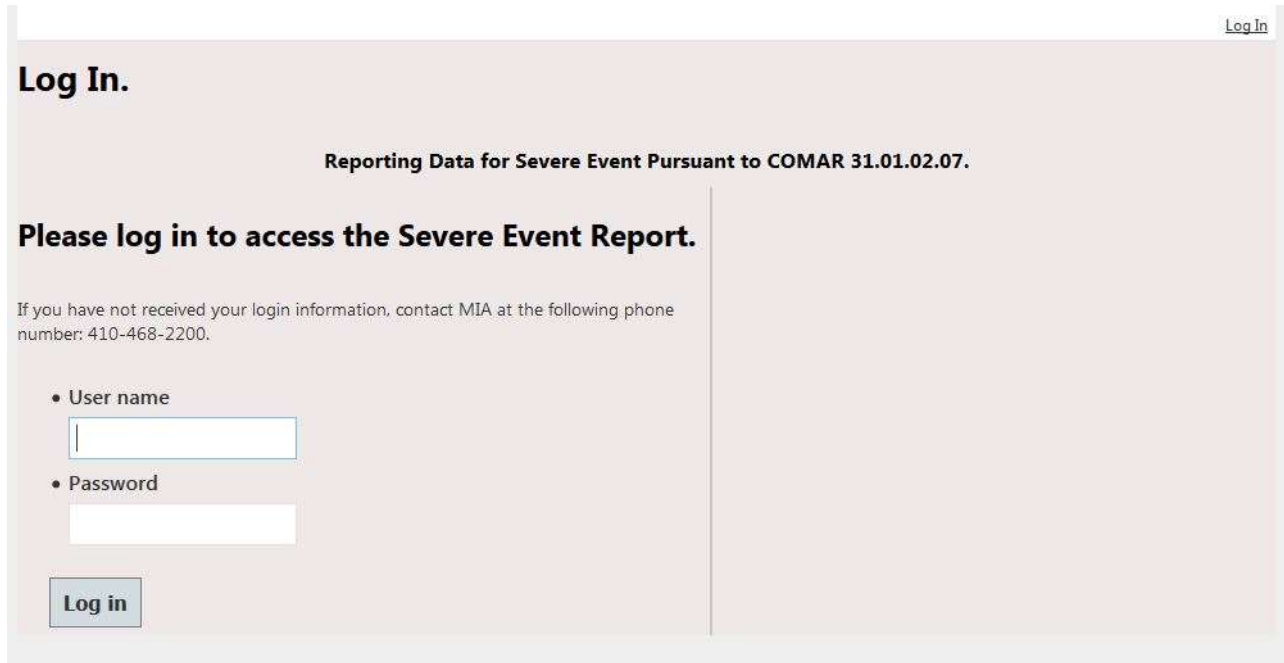
[Contact MIA](#) | [Privacy](#) | [Disclaimer](#)

Maryland Insurance Administration  
200 St. Paul Place, Baltimore, MD 21202  
410-468-2000 • 1-800-492-6116 (toll free) • 1-800-735-2258 (TTY)

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## Login Screen

This is the login screen. If you have never signed in to Severe Event Data Collector Application or cannot remember your password, please email [pcinform.mia@maryland.gov](mailto:pcinform.mia@maryland.gov).



The screenshot shows a login interface with a light beige background. In the top right corner, there is a small "Log In" link. The main heading is "Log In." Below it, the text reads "Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07." A large instruction says "Please log in to access the Severe Event Report." Below this, a note states: "If you have not received your login information, contact MIA at the following phone number: 410-468-2200." There are two input fields: "User name" and "Password". At the bottom left, there is a "Log in" button.

**Log In.**

Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07.

**Please log in to access the Severe Event Report.**

If you have not received your login information, contact MIA at the following phone number: 410-468-2200.

- User name

- Password

**Log in**

## Severe Event Data Collector Selection Screen

This screen displays the list of active severe events for which you can enter data. The available severe events are in a drop down list. When you select a severe event, you will be redirected to the first part of a four part data entry. Only the severe events that are active, are within the reporting period will be displayed, and those that you have not already submitted reports for or you are not referenced as part of a group.

Welcome, MIA02305 [Log Out](#)

### Severe Event Selection Report

Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07

#### Company Information

**Company Name:** Allstate Fire and Casualty Insurance Company  
**NAIC/License #:** 29688  
**FEIN #:** 94-2199056  
**User Login:** MIA02305

Select a Severe Event to file

If you do not see the Severe Event and/or filing period in the drop-down list that you wish to report on, one of the following possibilities may have occurred:

- The Severe Event may not be active;
- The filing period for the Severe Event may not be within its reporting period;
- You may already have filed the report. or
- Another company from your group (applies to group filing only) may have already filed the report on your behalf.

# Severe Event Data Collector Input Screen, Part 1

This screen is where you select whether your report will be an individual or group report (if you are part of a group and have group members to select).

Welcome, MIA02305 [Log Out](#)

## Severe Event - Part 1 — Event Information

**Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07**

<b>Part 1 - Event Information</b>	Part 2 - Contact Information	Part 3 - Claim Information	Part 4 - Summary
-----------------------------------	------------------------------	----------------------------	------------------

**Severe Event Name:** Hurricane Bruseida  
**Bulletin #:** [Bulletin # 11-16](#)  
[Bulletin # 12-16](#)  
**Description:** This is a test hurricane.  
**Filing Period:** 1/1/2016 - 4/27/2016  
**Report by Date:** 5/25/2016

**Company Information**

**Company Name:** Allstate Fire and Casualty Insurance Company  
**NAIC/License #:** 29688  
**FEIN #:** 94-2199056  
**User Login:** MIA02305  
**Date Created:** 4/21/2016  
**Created By:** MIA02305  
**Date Modified:** 5/23/2016  
**Modified By:** MIA02305

**Select Type of Report**

Individual

Allstate Fire and Casualty Insurance Company, NAIC/License # 29688, FEIN # 94-2199056

Group

**Note:**

- You must select at least one (other) company besides yourself to file a group report.
- The companies that have inactive checkboxes are already referenced in another report for this period and cannot be selected.

**Select the Companies to Include in this Group Report:**

Select	Company Name	NAIC/License #	FEIN #
<input type="checkbox"/>	Allstate Fire and Casualty Insurance Company	29688	94-2199056
<input type="checkbox"/>	Allstate Indemnity Company	19240	36-6115679
<input checked="" type="checkbox"/>	Allstate Insurance Company	18232	36-0719665
<input type="checkbox"/>	Allstate Property and Casualty Insurance Company	17230	36-3341779
<input checked="" type="checkbox"/>	Encompass Home and Auto Insurance Company	11252	01-0657022
<input type="checkbox"/>	Encompass Indemnity Company	15130	59-2366357
<input checked="" type="checkbox"/>	Encompass Insurance Company	10358	52-1952957
<input type="checkbox"/>	Encompass Insurance Company of America	10071	36-3076913
<input type="checkbox"/>	Esurance Insurance Company	25712	71-0486465
<input checked="" type="checkbox"/>	Esurance Property and Casualty Insurance Company	30210	22-2853425
<input type="checkbox"/>	North Light Specialty Insurance Company	13167	26-2331872

## Severe Event Data Collector Input Screen, Part 2

This screen allows you to input the Staff Contact responsible for providing this Severe Event information. In addition, if you have no claims to file for this reporting period, check the check box before continuing.

[Welcome, MIA02305](#)   [Log Out](#)

### Severe Event Report, Part 2 — Contact Information

**Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07**

Part 1 - Event Information	Part 2 - Contact Information	Part 3 - Claim Information	Part 4 - Summary
----------------------------	------------------------------	----------------------------	------------------

**Severe Event Name:** Hurricane Bruselda  
**Bulletin #:** [Bulletin # 11-16](#)  
[Bulletin # 12-16](#)  
**Description:** This is a test hurricane.  
**Filing Period:** 1 (1/28/2016 - 4/27/2016)  
**Report by Date:** 5/25/2016

**Company Information**

**Company Name:** Allstate Fire and Casualty Insurance Company  
**NAIC/License #:** 29688  
**FEIN #:** 94-2199056  
**Filing As Group?:** Yes  
 Allstate Insurance Company (19232)  
**Companies Included:** Encompass Home and Auto Insurance Company (11252)  
 Encompass Insurance Company (10358)  
 Esurance Property and Casualty Insurance Company (30210)

**User Login:** MIA02305  
**Date Created:** 4/21/2016  
**Created By:** MIA02305  
**Date Modified:** 5/23/2016  
**Modified By:** MIA02305



**SEVERE EVENT DATA COLLECTOR USER GUIDE**

**NOTE:** You may update your contact information here, but it will only be associated with this report. If you want to permanently change your contact information, please contact Maryland Insurance Administration by email at [pcinform.mia@maryland.gov](mailto:pcinform.mia@maryland.gov). Thank you.

**Staff Contact Responsible for providing this Severe Event Information**

First Name: \*   
Middle Initial:   
Last Name: \*

**Staff Contact Mailing Address**

Address Line 1:   
Address Line 2:   
City:   
State:   
Zip Code:   
Email Address: \*   
Confirm Email: \*   
Phone \* / Ext:

**Nothing to Report**

No Claims to File for This Reporting Period:

\* Required Fields

## Severe Event Data Collector Input Screen, Part 3

This screen allows you to input severe event data for each Line of Business and Zip Code. Note the following:

- Please review your claims reported before you submit your filing. All fields are required.
- Ensure the Check Box is checked for each row you wish to enter data, or it will not be saved.
- If zero (0) is entered for 'Percentage Now Closed' field, you must enter 'Comments' in the field next to the field.
- If zero (0) is entered for 'Average Time to Close Claim (Days)' field, you must enter 'Comments' in the field next to the field.
- In the 'Zip Code/County' field, enter the 5-digit zip code and select the correct zip code/county combination from the list. If no results are displayed, the zip code you entered is not a valid zip code for Maryland.
- In addition, please SAVE your work regularly if you are entering many rows of data. This will ensure your session does not time out.
- For claims outside Maryland, please check "Outside of Maryland" and include the city and state in the comments section.

Welcome, MIA02305 [Log Out](#)

### Severe Event Report, Part 3 Part 3 — Claim Information

**Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07**

Part 1 - Event Information	Part 2 - Contact Information	Part 3 - Claim Information	Part 4 - Summary
----------------------------	------------------------------	----------------------------	------------------

**Severe Event Name:** Hurricane Bruselda  
**Bulletin #:** [Bulletin # 11-16](#)  
[Bulletin # 12-16](#)  
**Description:** This is a test hurricane.  
**Filing Period:** 1 (1/28/2016 - 4/27/2016)  
**Report by Date:** 5/25/2016

**Company Information**

**Company Name:** Allstate Fire and Casualty Insurance Company  
**NAIC/License #:** 29688  
**FEIN #:** 94-2199056  
**Filing As Group?:** Yes  
 Allstate Insurance Company (19232)  
 Encompass Home and Auto Insurance Company (11252)  
 Encompass Insurance Company (10358)  
 Esurance Property and Casualty Insurance Company (30210)

**Companies Included:**

**User Login:** MIA02305  
**Date Created:** 4/21/2016  
**Created By:** MIA02305  
**Date Modified:** 5/23/2016  
**Modified By:** MIA02305

**SEVERE EVENT DATA COLLECTOR USER GUIDE**

**NOTE:**

- Please review your claims reported before you submit your filing. All fields are required.
- Ensure the Check Box is checked for each row you wish to enter data, or it will not be saved.
- If zero (0) is entered for 'Percentage Now Closed' field, you must enter 'Comments' in the field next to the field.
- If zero (0) is entered for 'Average Time to Close Claim (Days)' field, you must enter 'Comments' in the field next to the field.
- In the 'Zip Code/County' field, enter the 5-digit zip code and select the correct zip code/county combination from the list. If no results are displayed, the zip code you entered is not a valid zip code for Maryland.
- In addition, please SAVE your work regularly if you are entering many rows of data. This will ensure your session does not time out.
- For claims outside Maryland, please check "Outside of Maryland" and include the city and state in the comments section.

	Line of Business	Outside of Maryland	Zip Code/County	Number of Claims	Percentage Now Closed	Comments for Percentage Now Closed	Amount Paid to Date	Average Time to Close Claim (Days)	Comments for Avg Time to Close Claim
<input checked="" type="checkbox"/> (1)	Homeowners Claims	<input type="checkbox"/>	21894 - Anne Arundel	93	83	percent now closed	98110.19	3.20	time to close claim
<input checked="" type="checkbox"/> (2)	Commercial Claims - Property Loss <input checked="" type="checkbox"/> Claims Include Loss of Use/Business Interruption?	<input checked="" type="checkbox"/>	Comments for Outside of Maryland: in VA	1	100		400.00	1.00	
<input checked="" type="checkbox"/> (3)	Commercial Claims - Other Other: Unusual building type	<input checked="" type="checkbox"/>	Comments for Outside of Maryland: in WV	10	83		15000.01	2.00	
<input checked="" type="checkbox"/> (4)	Farm Owners	<input type="checkbox"/>	21112 - Anne Arundel	4444	100		567777.89	899.00	
<input type="checkbox"/> (5)		<input type="checkbox"/>							

Totals: 4,932 96.8 % \$ 5,712,128.19 899.40

<<Previous Page Save & Continue>> Save Only Reset Logout

## Severe Event Data Collector Input Screen, Part 4

This screen allows you to review all the data prior to submitting your report.

Welcome MIA0205 Log Out

### Severe Event Summary — Summary

**Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07**

Part 1 - Event Information	Part 2 - Contact Information	Part 3 - Claim Information	Part 4 - Summary
----------------------------	------------------------------	----------------------------	------------------

**Severe Event Name:** Hurricane Bruseida  
**Bulletin #:** Bulletin # 11-16  
 Bulletin # 11-16  
**Description:** This is a test hurricane.  
**Filing Period:** 1/1/2016 - 4/27/2016  
**Report by Date:** 5/25/2016

**Company Information**

**Company Name:** Allstate Fire and Casualty Insurance Company  
**NAIC/License #: 29688**  
**FEN #: 34-219056**  
**Filing As Group:** Yes  
 Allstate Insurance Company (19232)  
**Companies Included:** Encorpas Home and Auto Insurance Company (11252)  
 Encorpas Insurance Company (10758)  
 Eurance Property and Casualty Insurance Company (20210)  
**User Login:** MIA0205  
**Date Created:** 4/21/2016  
**Created By:** MIA0205  
**Date Modified:** 5/21/2016  
**Modified By:** MIA0205

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**Staff Contact Responsible for providing this Severe Event Information**

**First Name:** John  
**Middle Initial:** A  
**Last Name:** Does

**Staff Contact Mailing Address**

**Address Line 1:** 100 S. Baltimore St  
**Address Line 2:** Suite 101  
**City:** Baltimore  
**State:** MD  
**Zip Code:** 21201  
**Email Address:** j.does@maryland.gov  
**Phone / Fax:** 410-488-0001 / 0001

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**Claims:**

Line of Business	Outside of Maryland	Zip Code/County ID or Outside of MD Comments	Number of Claims	Percentage New Closed	Comments for Percentage New Closed	Amount Paid to Date	Average Time to Close Claim (Days)	Comments for Avg Time to Close Claim
Commercial Claims - Other Other Unusual Subtype	Yes	21-20	22	10.00		25930.01	2.00	
Commercial Claims - Property Loss (Claims Exclude Line of Business Information)	Yes	20-VA	1	100.00		490.00	1.00	
Farm Claims	No	21111 - Anne Arundel	444	100.00		587777.99	88.99	
Homeowners Claims	No	21144 - Anne Arundel	90	10.00	percent new closed	90120.19	3.20	Time to close claim

**Total Maryland Claims:**

**Number of Claims:** 4301

**Percentage Now Closed:** 88.80%

**Amount Paid to Date:** \$ 5,751,338.39

**Avg. Time to Close Claim (Days):** 100.49

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Please carefully review the data and click on the "Complete Report" button below to submit your report. You may also want to print this page for your records.

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[<<Previous Page](#)   
 [Complete Report](#)   
 [Make Modifications](#)   
 [Logout](#)

NOTE: Once you click on the "Complete Report" button, your report will be submitted and complete.

## Severe Events List

This screen lists all the events in the system.

[Welcome, M&D 800](#)    [Log Out](#)

### Severe Events List

Listing of all Severe Events

Status	Event Name	Bulletin #/URL	Description	Period 1	Period 2	Period 3
Active	Test Event 1a This is a long long Event name for a	Bulletin Title 1- This is a very long long long BU Bulletin Title 1a Bulletin Title 2a	This is test event 1a This is a very long long description. It is suppose to be up to 255 characters. I want it to wrap in the box automatically. I am still writing to see if it will stop me from typing more than 255 characters. It should be almost at the	From Date: 11/7/2016 To Date: 1/1/2016 Report By: 5/21/2016	From Date: 2/7/2016 To Date: 4/25/2016 Report By: 5/25/2016	From Date: 4/26/2016 To Date: 7/1/2016 Report By: 7/15/2016
Active	Hurricane Ernesto	Bulletin # 11-30 Bulletin # 12-20	This is a test hurricane.	From Date: 1/28/2016 To Date: 4/27/2016 Report By: 5/20/2016	From Date: 4/28/2016 To Date: 7/27/2016 Report By: 8/25/2016	From Date: 7/28/2016 To Date: 10/27/2016 Report By: 11/18/2016
Inactive	Test Test Test Baltimore	2nd Bulletin Test Test Test Baltimore	Baltimore Test Test Test Test	From Date: 2/8/2016 To Date: 5/7/2016 Report By: 3/8/2016	From Date: 3/8/2016 To Date: 5/9/2016 Report By: 5/10/2016	From Date: 5/11/2016 To Date: 5/12/2016 Report By: 11/30/2016
Active	May 10th Test Event	Study performed on Testing	This is the May 10th test description to describe the type of event	From Date: 3/9/2016 To Date: 3/10/2016 Report By: 5/11/2016	From Date: 5/11/2016 To Date: 5/12/2016 Report By: 5/13/2016	From Date: 5/13/2016 To Date: 5/14/2016 Report By: 5/15/2016
Inactive	May 11th Test Event	Bulletin #1	This is the description to the May 11th test event.	From Date: 5/12/2016 To Date: 5/13/2016 Report By: 5/16/2016	From Date: 5/15/2016 To Date: 5/16/2016 Report By: 5/20/2016	From Date: 5/18/2016 To Date: 5/19/2016 Report By: 5/26/2016
Active	May 12th Test Event for the M&A	Bulletin #1 M&A 121-588-34	This is the May 12th test event for the M&A.	From Date: 5/20/2016 To Date: 5/21/2016 Report By: 5/16/2016	From Date: 5/15/2016 To Date: 5/27/2016 Report By: 5/21/2016	From Date: 5/28/2016 To Date: 6/16/2016 Report By: 7/1/2016

## Severe Event View Report

This screen allows you to view all completed reports that you filed. If you are referenced in another report as part of a group, you will not be able to see that report. Select a report from the drop down list to view.

Welcome, MGA02305 [Log Out](#)

### Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07

Please select a report from the list to view the Severe Event information.

If you do not see the Severe Event and/or filing period in the drop-down list that you wish to view, one of the following two possibilities may have occurred:

- You may not have filed the report for the specified period; or
- Another company from your group (applies to group filing only) may have filed the report on your behalf. You cannot view a report filed by another company that included you in the report as a group filing.

Reporting Event:

Bulletin #:  
Description:  
Filing Period:  
Report by Date:

#### Company Information

Company Name: Allstate Fire and Casualty Insurance Company  
NAIC/License #: 29688  
FEIN #: 94-2199056  
Filing As Group?:  
Companies Included:  
User Login: MGA02305  
Date Created:  
Created By:  
Date Submitted:  
Date Modified:  
Modified By:

Here is a sample view report.

[Welcome, MIA02305](#) - [Log Out](#)

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**Reporting Data for Severe Event Pursuant to COMAR 31.01.02.07**

Please select a report from the list to view the Severe Event information.

If you do not see the Severe Event and/or filing period in the drop-down list that you wish to view, one of the following two possibilities may have occurred:

- You may not have filed the report for the specified period, or
- Another company from your group (applies to group filing only) may have filed the report on your behalf. You cannot view a report filed by another company that included you in the report as a group filing.

**Reporting Event:** Hurricane Brokeida, Period 1 (1/28/2016 - 4/27/2016) ▾

**Bulletin #:** [Bulletin # 11-16](#)  
[Bulletin # 12-16](#)

**Description:** This is a test hurricane.

**Filing Period:** 1 (1/28/2016 - 4/27/2016)

**Report by Date:** 5/20/2016

**Company Information**

**Company Name:** Allstate Fire and Casualty Insurance Company

**NAIC/License #:** 25688

**FEDN #:** 94-2199058

**Filing As Group:** Yes

**Companies Included:** Allstate Insurance Company (19232)  
Encompass Home and Auto Insurance Company (13252)  
Encompass Insurance Company (10358)  
Esurance Property and Casualty Insurance Company (30210)

**User Login:** MIA02305

**Date Created:** 4/21/2016

**Created By:** SEAdmin

**Date Submitted:** 5/16/2016

**Date Modified:** 5/16/2016

**Modified By:** SEAdmin

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**Staff Contact Responsible for providing this Severe Event Information**

**First Name:** Johna

**Middle Initial:** A

**Last Name:** Does

**Staff Contact Mailing Address**

**Address Line 1:** 100 S. Baltimore St.

**Address Line 2:** Suite 1011

**City:** Baltimore

**State:** MD

**Zip Code:** 21201

**Email Address:** j.does@maryland.gov

**Phone / Ext:** 410-468-0001 / 1001

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**Claims:**

Line of Business	Outside of Maryland	Zip Code/Country (Or Outside of MD Comments)	Number of Claims	Percentage Now Closed	Comments for Percentage Now Closed	Amount Paid to Date	Average Time to Close Claim (Days)	Comments for Avg Time to Close Claim
Commercial Claims - Other <small>(Other than auto liability loss)</small>	Yes	IN WV	30	83.00		25000.00	2.00	
Commercial Claims - Property Loss <small>(Claims include loss of the business themselves)</small>	Yes	IN VA	1	100.00		490.00	1.00	
Farm Claims	No	21112 - Anne Arundel	4444	100.00		5877777.99	999.99	
Homeowners Claims	No	21144 - Anne Arundel	50	20.00	percent now closed	50110.19	3.20	time to close claim

# SEVERE EVENT DATA COLLECTOR USER GUIDE

<b>Total Maryland Claims:</b>	
<b>Number of Claims:</b>	4005
<b>Percentage Now Closed:</b>	96.80%
<b>Amount Paid to Date:</b>	\$ 5,753,338.19
<b>Avg. Time to Close Claim (Days):</b>	988.49

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[Logout](#)



## Severe Event About

This screen displays all the Terminology and Definitions as well as input criteria.

[Log In](#)

### About. Severe Event Report Application

**1. Lines of Business:** Terminology and definition

**Business Interruption Insurance:** means insurance that covers the loss of income, continuing fixed expenses, or extra expenses a business suffers after a disaster while its facility is either closed because of the disaster or in the process of being rebuilt after the disaster.

**Commercial Auto Insurance:** means liability and physical damage insurance that covers vehicles used for commercial purposes.

**Commercial Property Insurance:** means all property not categorized as residential property. This does not include claims for business interruption insurance.

**Farm Owners Insurance:** means insurance that provides liability coverage and a coverage for damage to physical structures and other property located on a farm.

**Homeowners Insurance:** means insurance for a residential property provided under a homeowner's insurance policy; condominium owner's policy; mobile homeowner's policy; renter's policy; or a noncommercial farm owner's policy.

**Private Passenger Auto Insurance:** means liability and physical damage insurance that covers a vehicle driven for personal use. This includes automobiles, motor cycles and recreational vehicles.

**Privately Issued flood Insurance:** means specific insurance coverage against property loss from flooding under any policy or endorsement, issued by an entity other than the National Flood Insurance Program (NFIP).

**Workers' Compensation Insurance:** means insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to the employer's employer for the tort of negligence. This includes associated employer's liability coverage.

**All other lines:** means any line of business or coverage that is not included in the above list for which claims attributable to the severe event subject to a data call were reported. This does not include mortgage/financial guaranty, title, fidelity, surety, medical malpractice or professional liability lines of insurance.

**2. Supply the following by zip code or county for each line of business:**

**Number of claims received:** This means all claims reported regardless of whether a payment was received.

**Amount paid on claims to date:** The dollar amount paid on claims to date.

**Number of claims closed with payment:** This includes all claims closed where a loss payment was made regardless of the date of loss or when the claim was received. This does not include claims closed where loss adjustment expense was incurred but no payment to the insured was made.

**Number of claims closed without payment:** This includes all claims closed where no loss payment was made regardless of the date of loss or when the claim was received. This means all claims closed where loss adjustment expense was incurred but no payment to the insured was made.

**Percentage of claims closed:** Closed claim means a claim that has been settled and the claimant has received payment, even if the claimant may receive additional payment or payments from the insurer, or if the claimant provides additional information to the insurer regarding the replacement of other costs as they are incurred. A closed claim includes a claim where the insured does not receive payment because the amount is less than the deductible. A closed claim includes claims that are withdrawn by the insured or denied by the insurer.

**Average time it took to close a claim:** Closed claim means a claim that has been settled and the claimant has received payment, even if the claimant may receive additional payment or payments from the insurer, or if the claimant provides additional information to the insurer regarding the replacement of other costs as they are incurred. A closed claim includes a claim where the insured does not receive payment because the amount is less than the deductible. A closed claim includes claims that are withdrawn by the insured or denied by the insurer.

**For each line of business supply the following on a Statewide basis:**

- Number of Maryland claims received
- Amount paid on Maryland claims to date
- Number of Maryland claims closed with payment

This includes all claims closed where a loss payment was made regardless of the date of loss or when the claim was received. This does not include claims closed where loss adjustment expense was incurred but no payment to the insured was not made.

**Number of Maryland claims closed without payment:** This includes all claims closed where no loss payment was made regardless of the date of loss or when the claim was received. This means all claims closed where loss adjustment expense was incurred but no payment to the insured was made.

**Percentage of Maryland claims closed:** Closed claim means a claim that has been settled and the claimant has received payment, even if the claimant may receive additional payment or payments from the insurer, or if the claimant provides additional information to the insurer regarding the replacement of other costs as they are incurred. A closed claim includes a claim where the insured does not receive payment because the amount is less than the deductible. A closed claim includes claims that are withdrawn by the insured or denied by the insurer.

**Average time it took to close a claim:** Closed claim means a claim that has been settled and the claimant has received payment, even if the claimant may receive additional payment or payments from the insurer, or if the claimant provides additional information to the insurer regarding the replacement of other costs as they are incurred. A closed claim includes a claim where the insured does not receive payment because the amount is less than the deductible. A closed claim includes claims that are withdrawn by the insured or denied by the insurer.

**3. Claims identified as "other":** Specify the line of business.

## Severe Event Contact Us

This screen displays our phone number and email.

[Log In](#)

### Contact

**Phone:** 410-468-2200

**Severe Event Email:** [psinformaie@maryland.gov](mailto:psinformaie@maryland.gov)