



MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

FINANCIAL DEPARTMENT

TWO CENTER PLAZA

BOSTON, MASSACHUSETTS 02108-1904

(617) 723-3800 • (800) 851-8978 • FAX (617) 557-5686

February 13, 2018

On the reverse side of this letter is our **2018 Insurer's Report**, which will be used to determine your percentage of participation, as a Member of this Association, for the 2018 Fiscal Year. Please complete and return by email to **FinancialFax@mpiua.com** or fax to (617) 830-8014 by **March 30, 2018**. If needed, you may mail to:

Massachusetts Property Insurance Underwriting Association
Attn: Linda Moro, Assistant Controller
Two Center Plaza
Boston, Massachusetts 02108-1904

Massachusetts Fair Plan premiums may also be deducted in sections A, B, and C, only if included in your Statutory Page 14 reporting of gross direct premiums written.

Premiums reported on annual statement lines for certain coverage not provided by the Plan may be excluded: 1. Monoline glass premiums included in line 2.1, Allied Lines.

Please include, with the completed Insurer's Report, **a copy of the Exhibit of Premiums and Losses (Statutory Page 14) of your 2017 Annual Statement** as filed with the Massachusetts Commissioner of Insurance.

Also included is the 2018 Report of Premium Writings in credit eligible zip codes for premiums your company wrote in credit eligible zip codes in 2017. **In addition to completing this report, you must submit a detailed listing (subtotaled by Zip Code) of credit eligible Homeowners risks (see last page).** Failure to submit this list will disqualify your credit submissions.

Your mailing address shown above is utilized for the distribution of Insurer's Reports, Assessments, and Financial Reports. If the person to whom the data should be sent is incorrect or omitted, please indicate changes above.

If you have any questions regarding the Report, please contact Linda Moro at (617) 557-5524. Your cooperation is, as always, appreciated.

Very truly yours,

Linda Moro
Assistant Controller

LM/lmn
Attachment

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
2018 INSURER'S REPORT**

Company Name: _____ Tax I.D. No. _____

PART I:

Premiums Written for 2017 as shown on lines 1, 2.1, 4, and 5.1 of Statutory Page 14 of Company's Annual Statement as filed with the Commissioner of Insurance in the Commonwealth of Massachusetts.

A. FIRE

1. Direct Premiums Written.....	\$ _____
2. Less: Mass. Fair Plan Premiums*.....	\$ _____
3. Less: Direct Dividends Paid.....	_____
4. Net Assessable Premium.....	\$ _____

B. ALLIED LINES

1. Direct Premiums Written.....	\$ _____
2. Less: Mass. Fair Plan Premiums*.....	_____
3. Less: Monoline Glass	_____
4. Less: Direct Dividends Paid.....	_____
5. Net Assessable Premium.....	_____

C. HOMEOWNER'S MULTI PERIL

1. Direct Premiums Written.....	\$ _____
2. Less: Mass. Fair Plan Premiums*.....	\$ _____
3. Less: Direct Dividends Paid.....	_____
4. Net Assessable Premium.....	\$ _____

D. COMMERCIAL MULTI PERIL (Non-Liability Portion)

1. Direct Premiums Written.....	\$ _____
2. Less: Direct Dividends Paid.....	_____
3. Net Assessable Premium.....	\$ _____

E. INLAND MARINE (SCHEDULED PERSONAL PROPERTY ONLY)

1. Direct Premiums Written.....	\$ _____
2. Less: Direct Dividends Paid.....	_____
3. Net Assessable Premium.....	\$ _____

F. OTHER LIABILITY (DWELLING & LEAD LIABILITY ONLY)

1. Direct Premiums Written.....	\$ _____
2. Less: Direct Dividends Paid.....	_____
3. Net Assessable Premium.....	\$ _____

TOTAL NET ASSESSABLE PREMIUM (A4+B5+C4+D3+E3+F3) \$ _____

PART II:

- A. _____ The above named company is not affiliated with a group.
B. _____ The above named company is a member of _____

Submitted by: _____ email: _____

Address: _____ Telephone: _____

* Deductions for Fair Plan premiums may be taken only if the totals are included in the appropriate lines of business on Statutory Page 14.

***** A COPY OF STATUTORY PAGE 14 MUST BE ENCLOSED WITH THIS REPORT*****

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
2018 INSURER'S REPORT
 REPORT OF HOMEOWNERS' PREMIUM WRITINGS IN CREDIT ELIGIBLE ZIP CODES
 CALENDAR YEAR 2017

<u>ZIP CODE-Writing Credit**</u>	<u>(1) Written Premium</u>	<u>(2) Assigned Weight</u>	<u>Column (1) x (2) Eligible Credit Premium</u>
02744		1.00	
02047		.90	
02065		.90	
02713		.90	
02639		.80	
02670		.80	
02020		.70	
02121		.70	
02128		.70	
02557		.70	
02558		.70	
02671		.70	
01840		.60	
01841		.60	
02041		.60	
02045		.60	
02119		.60	
02125		.60	
02126		.60	
02571		.60	
02642		.60	
02646		.60	
02651		.60	
02657		.60	
02659		.60	
02669		.60	
02673		.60	
01901		.50	
02122		.50	
02124		.50	
02150		.50	
02540		.50	
02601		.50	
02652		.50	
02661		.50	
02664		.50	
02667		.50	
02740		.50	

Total Written Premium = _____

Total Credit Eligible Premium = _____

**Net homeowners written premium in above Zip Codes.

***There are no zip codes eligible for a coastal take out credit in calendar year 2017.

Company Name _____ Tax ID# _____

A detailed listing of credit eligible Homeowners risks must be submitted with this form. Failure to submit this list will disqualify your credit submissions. The list **must** include the following information, segregated and sub-totaled by Zip Code (see example below), for each credit eligible risk:

<u>Policy#</u>	<u>Effective Date</u>	<u>Line of Business</u>	<u>Street Address</u>	<u>City</u>	<u>ZIP CODE</u>	<u>Premium</u>
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Example:

Homeowners Zip Code Writing Credits							
Policy #	Eff Date	Addr	City	Zipcode	Wt Prem	Assigned Weight	Eligible Credit Premium
XXXXXX	XXXXXX	XXXXXX	DENNIS PORT	02639	446	0.8	
XXXXXX	XXXXXX	XXXXXX	DENNIS PORT	02639	1594	0.8	
XXXXXX	XXXXXX	XXXXXX	DENNIS PORT	02639	133	0.8	
XXXXXX	XXXXXX	XXXXXX	DENNIS PORT	02639	2204	0.8	
				TOTAL	4377		3,501.60
XXXXXX	XXXXXX	XXXXXX	WEST DENNIS	02670	2609	0.7	
XXXXXX	XXXXXX	XXXXXX	WEST DENNIS	02670	2180	0.7	
XXXXXX	XXXXXX	XXXXXX	WEST DENNIS	02670	2101	0.7	
XXXXXX	XXXXXX	XXXXXX	WEST DENNIS	02670	1376	0.7	
				TOTAL	8266		5,786.20

**** ALL SUBMISSIONS ARE SUBJECT TO AUDIT BY THE ASSOCIATION ****

**** YOU MAY BE REQUESTED TO FURNISH THE ASSOCIATION WITH A COPY OF THE DECLARATION PAGE OF THE POLICY . ****

I certify that the credit data submitted is correct.

Company

Company Representative

Telephone #