



# MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

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## FINANCIAL DIVISION

Two Center Plaza  
Boston, Massachusetts 02108-1904  
(617) 723-3800 · (800) 851-8978 · FAX (617) 557-5686

February 11, 2019

On the reverse side of this letter is our **2019 Insurer's Report**, which will be used to determine your percentage of participation, as a Member of this Association, for the 2019 Fiscal Year. Please complete and return by email to **FinancialFax@mpiua.com** or fax to (617) 830-8014 by **March 31, 2019**. 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 2018 Annual Statement** as filed with the Massachusetts Commissioner of Insurance.

Also included is the 2019 Report of Premium Writings in credit eligible zip codes for premiums your company wrote in credit eligible zip codes in 2018. **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. **An Excel file is preferable.**

**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 Merissa Bookman at (617) 557-5602. Your cooperation is, as always, appreciated.

Very truly yours,

*Linda Moro*

Linda Moro  
Assistant Controller

LM/lmn  
Attachment

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
2019 INSURER'S REPORT**

**Company Name:** \_\_\_\_\_ **Tax I.D. No.** \_\_\_\_\_

**PART I:**

Premiums Written for 2018 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: Please Print**

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**  
**2019 INSURER'S REPORT**  
REPORT OF HOMEOWNERS' PREMIUM WRITINGS IN CREDIT ELIGIBLE ZIP CODES  
CALENDAR YEAR 2018

<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	
02065		.90	
02713		.80	
02047		.80	
02639		.80	
02670		.80	
02558		.70	
02020		.70	
02121		.70	
02557		.70	
02671		.60	
02128		.60	
02651		.60	
02659		.60	
01840		.60	
02041		.60	
02673		.60	
02119		.60	
02045		.60	
02657		.60	
02646		.60	
01841		.50	
02669		.50	
02125		.50	
02126		.50	
02642		.50	
02571		.50	
02150		.50	
02664		.50	
02124		.50	
02740		.50	
02661		.50	
02601		.50	
02663		.50	
02667		.50	
02652		.50	
02122		.50	
02553		.50	
02746		.50	
02666		.50	
01901		.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 2018.

Company Name \_\_\_\_\_ Tax ID# \_\_\_\_\_

\*\*\*\*\*

A detailed listing of **credit eligible Homeowners** risks must be submitted with this form (**an Excel file is preferable**). Failure to submit this list will disqualify your credit submissions. The list **must** include the following information, **segregated and sub-totaled by Zip Code**, 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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**\*\* 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 #