



GOBIERNO DE PUERTO RICO

Oficina del Comisionado de Seguros

5 de febrero de 2021

CARTA CIRCULAR NÚMERO: CC-2021-1981-D

A TODOS LOS ASEGURADORES A TRAMITAR SEGUROS DE PROPIEDAD Y CONTINGENCIA EN PUERTO RICO INCLUYENDO TODO ASEGURADOR ELIGIBLE DE LÍNEAS EXCEDENTES.

IMPLEMENTACIÓN DEL “DATABASE INSURED INFORMATION FOR P&C IN FORCE POLICIES”

Estimadas señoras y señores:

Como es conocido, mediante las cartas normativas CN-2020-287-D y CN-2020-288-D, la Oficina del Comisionado de Seguros implementó el “Database Insured Information for P&C In Force Policies”. Estas cartas normativas les requiera los Aseguradores someter mensualmente un archivo digital llamado “Claims File Specifications for P&C In Force Policies” a través del nuevo sistema de manejo de querellas llamado “Complaint Management System”.

Con el propósito de facilitar el sometimiento de este archivo, se incluye el link donde podrán acceder el sistema “Complaint Management System”, <https://querellas.ocs.pr.gov/>, que se encontrará disponible en nuestra página de internet.

Para lograr acceso al sistema, cada Asegurador debe registrar una cuenta de usuario haciendo uso del formulario “CMS Access Request Form”, el cual aparece anejado. Este formulario deberá ser completado y enviado a la siguiente dirección de correo electrónico: support@ocs.pr.gov. A su vez se incluye el documento “Claims File Instructions and Specifications” para referencia.

De necesitar asistencia, puede comunicarse con la Sra. María Marín, Comisionada Auxiliar de Servicios, a través de la siguiente dirección de correo electrónico: maria.marin@ocs.pr.gov.

Cordialmente,

Lcdo. Mariano Mier Romeu
Comisionado de Seguros

Anejos





OFFICE OF THE COMMISSIONER OF INSURANCE
Government of Puerto Rico

ACCESS REQUEST FORM

Complaint Management System

New User Access Update User Information Deactivate User Access

GENERAL INFORMATION

Name: _____ Initial _____ Last Names _____

Postal Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone: _____

Insurance Company: _____

ACCESS DESCRIPTION

Please provide the type of access you are requesting.

- Case Management
- Claims File Upload
- Insurance User Management (Master Account)

NEW USER DECLARATION

I understand that information contained on the Complaint Management System is CONFIDENTIAL and should only be used as authorized.

User Signature _____ Date _____

Signature of _____ Title _____ Date _____
President or Vice-President

FOR OFFICE USE ONLY

Created by: _____ Date: _____

CLAIMS FILE Instructions and Specifications

Instructions:

1. The Office of the Commissioner of Insurance of Puerto Rico (OCIPR) will provide ongoing access to all insurance companies to the "Complaints Management System".
2. On a monthly basis, insurance companies will use the "System" to upload their file of claims received. Under normal circumstances, these claims will be from the prior month.
3. The upload screen will ask for the number of claims to be submitted and the corresponding month and year, and allow uploading the desired file for processing.
4. Should the company not have claims for the prior month, the upload screen will allow indicating that no claims were received as an affirmative action.
5. The uploaded file will be processed after it is uploaded, and submitted claims will be validated based on the Validation Rules indicated below.
6. All rows will be validated and only the first error encountered in each row will be reported.
7. If any claim in the submitted file fails any validation rule, the entire file will be rejected.
8. Insurance companies will receive a confirmation email to the designated address(es) after the file is processed, indicating number of claims received, validation results and any exception(s).
9. An insurance company can re-submit a new claims file to account for errors and/or omissions in a previously uploaded file. This action will replace all previous claims for the month-year with the new ones.
10. The File will be in CSV Format, with 47 fields (columns), and each field delimited with quote mark characters (""). There is no requirement for the file name.
11. A "CSV" file is a text file, not an Excel file. Saving an Excel file as a CSV file will not generate a file that complies with the requirements unless additional editing is done with a text editing tool.
12. Companies will have to submit their monthly files within a period to be established by the OCIPR.
13. The System will keep a log of all files submitted by each company, including reporting period, file name, number of claims, user submitting, date submitted, and accepted/rejected result.

File Specifications:

The CSV file must contain the following layout, with one row for each claim submitted:

Column	Fields (Columns)	Field/Column Validation Rules
1	Policy Number	Must not be empty
2	Personal / Commercial (P or C)	Values "p" or "c"
3	Policy Effective Date (MM/DD/YY)	Must not be empty, and must contain a date in MM/DD/YY format
4	Policy Expiration Date (MM/DD/YY)	Must not be empty, and must contain a date in MM/DD/YY format
5	Property Physical Address Type	Must be one of the following: (NO PO BOX addresses allowed) U=Urbanization address (requires Physical Address Lines 1, 3) R=Rural address (requires Physical Address Lines 1, 2) A=Apartment Address (requires Physical Address Lines 1, 2) O=Other
6	Property Physical Address Line 1	Main part of the address typically street number and name in urban settings and highway name/numbers in rural settings - NO PO BOX addresses
7	Property Physical Address Line 2	Apartment number, if applicable (Type A), or Kilometer marker number in rural settings, if rural (Type R)
8	Property Urbanization, if applicable	Urbanization, if applicable (Type U), if not available (Type X)
9	Property Physical Address - City	Must not be blank
10	Property Physical Address - State	PR assumed for all physical addresses
11	Property Physical Zip Code	Must be a valid Puerto Rico Zip Code in 99999 format. Zip+4 if available (99999-9999)
12	Mailing Address Type	Must be one of the following: U=Urbanization address (requires Mailing Address Lines 1, 3) R=Rural address (requires Mailing Address Lines 1, 2) A=Apartment Address (requires Mailing Address Lines 1, 2) P=PO Box address O=Other

13	Mailing Address Line 1	Main part of the address typically street number and name in urban settings and highway name/numbers in rural settings; P.O. BOX ADDRESSES ALLOWED
14	Mailing Address Line 2	Apartment number, if applicable (Type A), or Kilometer marker number in rural settings, if rural (Type R)
15	Mailing Urbanization, if applicable	Urbanization, if applicable (Type U), if is not available (Type X)
16	Mailing Address - City	Must not be blank
17	Mailing Address - State or Country	Must not be blank
18	Mailing Zip Code	Zip Code in 99999 format, if applicable. Zip+4 if available (99999-9999)
19	National Flood Insurance Program (NFIP) (Yes/No)	Must contain Yes or No if data is available, or left blank if data not available or applicable. If NFIP=Yes, columns 24 through 28 are required.
20	# Catastral number (XXX-XXX-XX-XXX; e.g.: 214-000-008-61-000)	If data is entered, the format is XXX-XXX-XX-XX-XXX. Leave blank if not available or applicable. If you do not provide Catastral Number, fields/columns 21 and 22 are required.
21	Longitude of insured property, using NAD83 decimal degrees (example: -66.186524)	If entered, it must be a number with up to 6 decimal places. If you provide Catastral Number, this column is optional.
22	Latitude of insured property, using NAD83 decimal degrees (example 18.614658)	If entered, it must be a number with up to 6 decimal places. If you provide Catastral Number, this column is optional.
23	Increase Cost of Compliance benefit (Yes/No)	Must contain Yes or No if data is available, or left blank if data not available or applicable
24	Elevation Certificate (Yes/No)	Must contain Yes or No if data is available, or left blank if data not available or applicable. If NFIP=Yes, this column is required.
25	FIRM Flood Zone Code	If data is entered, it must be AE or A. If NFIP=Yes, this column is required.
26	Base Flood Elevation (feet)	If data is entered, it must be a positive number. If NFIP=Yes, this column is required.
27	Lowest Floor Elevation (feet)	If data is entered, it must be a positive number. If NFIP=Yes, this column is required.
28	Lowest Adjacent Grade (feet)	If data is entered, it must be a positive number. If NFIP=Yes, this column is required.
29	Repetitive Loss Claims (Yes/No) No=this is first claim Yes=more than one claim for this property	Must contain Yes or No if data is available, or left blank if data not available or applicable
30	Indicate year of first claim	If Repetitive Loss Claims = Yes, this value is required and must be in YYYY format. Blank otherwise.
31	Indicate total number of claims including this one	If Repetitive Loss Claims = Yes, this value is required and must be a positive, whole number. Blank or zero otherwise.
32	Damage source event - Flood (Yes/No)	Must contain Yes or No if data is available, or left blank if data not available or applicable
33	Damage source event - Wind (Yes/No)	Must contain Yes or No if data is available, or left blank if data not available or applicable
34	Damage source event - Landslide (Yes/No) (CWP issues)	Must contain Yes or No if data is available, or left blank if data not available or applicable
35	Damage source event - Earthquake (Yes/No)	Must contain Yes or No if data is available, or left blank if data not available or applicable
36	Damage source event - Other (Yes/No)	Must contain Yes or No if data is available, or left blank if data not available or applicable
37	Construction material(s) (Concrete, Wood, Metal Roof, and/or Steel)	
38	Reported damages (descriptive, description of the damage)	Brief description of damages reported by insured
39	Structure Damages Replacement Cost (From reported damage)	If data is entered, it must be a positive number (Value), if is not available type zero (0)
40	Structure Replacement Cost New (Overall, from the appraisal or value opinion)	If data is entered, it must be a positive number (Value), if is not available type zero (0)
41	Replacement Cost New Methodology Source and Year (RSMMeans, Marshall & Swift, etc.)	
42	Business loss claim Amount	If data is entered, it must be a positive number (Value), if is not available type zero (0)
43	Policy for this claim has Flood coverage (Yes/No)	Must contain Yes or No. Do not leave blank.
44	Claim Number	Must not be empty
45	Claim Date	Must contain a date in MM/DD/YY format and correspond to month-year of file being submitted
46	Actual cash value (ACV) or replacement cost (RC) or agreed upon value (AV) of the structure	If data is entered, it must be a positive number (Value), if is not available type zero (0)
47	Date ACV or RC or AV was established	If value or cost is included in column 46, this column must contain a date in MM/DD/YY format

File Validation Rules:

1. File must conform to the established layout.
2. File must only contain rows of claim records. A "header" or "footer" row is **NOT acceptable**. All rows validated as claims.
3. Total number of claims in file must correspond to the number of claims indicated in the System's upload screen.