

# Washington state data call relating to Adult Family Homes

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At the direction of the Washington state Legislature, Insurance Commissioner Patty Kuderer must collect certain data regarding the availability and cost of liability insurance for adult family homes. Pursuant to the [2024 supplemental operating budget](#) (ESSB 5950), the Washington State Legislature directed the Insurance Commissioner to collect the information required from entities transacting insurance with adult family home providers. Please respond to the following two requests. Please note that the second request relates to the provided data template.

**Confidentiality statement:** Pursuant to RCW 48.02.065(8), all data submitted as a part of this data call are confidential by law and privileged and not subject to public disclosure under chapter RCW 42.56. The Commissioner may prepare and publish reports, analysis, or other documents using the data received from individual property and casualty companies so long as the data in the report is in the aggregate form and does not permit the identification of information related to individual companies.

## Submission

**Due:** WORKSHEET AND ADDITIONAL DATA ARE DUE BY COB MARCH 18<sup>TH</sup>, 2025.

- If your company transacts insurance with adult family home providers within the time frames described below, please complete the worksheet and return to [datacall@oic.wa.gov](mailto:datacall@oic.wa.gov).
- If after your review your company has NOT transacted insurance with adult family home providers within the time frames described below, complete the contact information, leave the other tabs blank and return to [datacall@oic.wa.gov](mailto:datacall@oic.wa.gov).
- When you email your worksheet, please change "NAME" in the .xlsx file "NAME\_Adult\_Family\_Home\_Data\_Call\_Template" to your company name or group.

# Additional Information Requested

## Non-Worksheet items

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Please provide the following non-worksheet items relating to underwriting/pricing background. Please send these items to [datacall@oic.wa.gov](mailto:datacall@oic.wa.gov).

- a. Please provide copies of underwriting guidelines or manuals and rating guidelines or manuals, if applicable.
- b. When providing copies of items in subsection a., please submit a list any debits or credits in use. For example, there may be debits or credits for prior loss experience (or lack thereof), for number of exits, for certain types of residents with more complex care needs, for results of inspections, etc.

## Worksheet instructions

### Tab 1 Contact information

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- Please complete the contact information in “Company Info” tab of attached template.

### Tab 2 Policy and Premium

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**The following request applies to each liability insurance policy covering adult family home providers with policy effective dates in the 1/1/2018 – 9/30/2024 period; liability coverages included are as defined in [WAC 388-76-10192](#).**

The liability coverages requested defined in WAC 388-76-10192 are:

- Errors or omissions of the AFH or its employees or volunteers;
- Bodily injury, property damage, and contractual liability; and
- Premises, operations, products-completed operations, personal injury, advertising injury, and liability assumed under an assumed contract.

We anticipate that all respondents providing this business during the specified time period should be able to complete the first 13 fields of the template for all policies (Insured, DSHS license number, zip code, policy number, effective date, expiration date, licensed beds, premium, policy limit – per occurrence/claim,

policy limit – annual aggregate, policy deductible/SIR, claims made or occurrence policy, and retroactive date if claims-made form). The completion of these fields is required.

Please note that “claims-made or occurrence form” field has drop-down response options.

Many policies may have no deductible or SIR. If this is the case, then please complete the “policy deductible/SIR” field with a \$0 entry.

The additional 14 fields of data (beginning from “minimum premium?”) may be readily available for certain insurance companies and less readily available for others. Please complete the fields for which you have readily available data.

The “minimum premium?” field, which is a yes or no question to indicate whether the premium charged for the policy is a minimum premium, has a drop-down response option.

“Total debit/credit” should be populated as a positive or negative percentage. For instance, if the home would have typically been charged premium of \$4000, based on the number of beds, but based on favorable historical loss experience or underwriting characteristics it was instead charged \$3000, the debit/credit field entry would be -25% (\$1000 premium discount/ \$4000 base).

All fields should represent the information provided for the underwriting and pricing of the policy. For instance, [number of residents] should be a snapshot of what was provided at the time of the insurance application.

## **Tab 3 Loss and Claims**

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**For each loss with incurred dates in the 1/1/2015 – 9/30/2024 period**, please complete the “Loss” tab of the attached template.

Incurred date references accident date for occurrence policies and report date for claims made policies.

There may be more than one row (loss) per policy number.

All numeric fields should be valued as of 9/30/2024 (or if an alternate recent valuation date is used, please inform us of the date).

Please note that the “Coverage” and “Type of Claimant” fields have drop-down response options.

“Direct loss” refers to the loss paid by the insurance company, without regard to any cessions to reinsurers.

“Expense” refers to Defense & Cost Containment Expenses, as defined in the Annual Statement Instructions.

Please ensure that the loss description includes a description of cause of loss (e.g. fall, elopement, medication issue, etc).