## Data Call - Summary of Refunds or Premium Credits Related to COVID-19

Many insurance carriers distributed policyholder refunds or premium credits for automobile insurance in accordance with COVID-19 filings made pursuant to the Division of Insurance. Since companies had a number of options to provide relief which resulted in the companies financially booking these transactions in different manners, CAR allowed flexibility in the statistical reporting, or not reporting, of these transactions. In order to ensure equity in a number of different functions, CAR needs to collect summary information relative to refunds/credit premium.

1. Company/Group Name:
2. If your company provided refunds or premium credits to your policyholders as a result of the COVID-19 pandemic, the following data should be provided:

| CAR | Private Passenger |  |  |  | Commercial |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Co No | Liability | No Fault | PhysDam | Total | Liability | No Fault | PhysDam | Total |
|  |  |  |  | 0 |  |  |  | 0 |
|  |  |  |  | 0 |  |  |  | 0 |
|  |  |  |  | 0 |  |  |  | 0 |
|  |  |  |  | 0 |  |  |  | 0 |
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|  |  |  |  | 0 |  |  |  | 0 |
|  |  |  |  | 0 |  |  |  | 0 |

3. Did your company/group statistically report the refund/premium credit transactions to CAR? If yes, did your company/group report the refund/premium as endorsement transactions with the operator/risk classification code or use the classification codes prescribed in Accounting and Statistical Notice No 649?
4. How did your company include the refunds/premium credits transactions in its financial reports?
5. If your company booked the refunds/premium credits as expenses, the following information should be provided:

| CAR | Private Passenger |  |  |  | Commercial |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Massachusetts Only |  | Country-Wide |  | Massachusetts Only |  | Country-Wide |  |
| Co No | Expense Amt | Expense Category | Expense Amt | Expense Category | Expense Amt | Expense Category | Expense Amt | Expense Category |
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6. Name and email address of the person completing the form:
Name:
Email:
