Loss Data Specification
General Liability 2 (GL2)

Please submit **FULL HISTORICAL** loss data for those members in the program(s) listed below. The following selection criterion outlines the claims to be included in your loss data collection file submission(s).

SELECTION CRITERIA:

Evaluation Date =	09/30 of the reporting year
Full Historical =	the entire claim history; all claims for all years maintained in your claims information management system.
Full Amounts =	include full financial information; not limited to excess recovery or capped amounts for reserves or payments.
Per Claim Basis =	losses with multiple claimants that fall under one occurrence should be combined as one claim at the incident/occurrence level, *not* the claimant level
$ Amounts =	must be filled in with a number for currency; payments should not be negative amounts; CLOSED claims should have $0 outstanding or remaining Reserves.
Entity List =	refer to membership list for UIDs and entities.

If no claims match the selection criteria, please send an e-mail with the Subject: NO KNOWN LOSSES to: lossdata@csac-eia.org

ELECTRONIC DATA FILE AND RECORD LAYOUT:

Please provide the EIA with an electronic data file in a Microsoft Excel file format (i.e. *.xlsx, *.xls or *.csv) in the order listed below. If there is no data for a specified field, please indicate by leaving it blank; DO NOT use spaces, NULL, UNKNOWN, or " " as a place holder. Please utilize the following specifications to format the data, and the first row of the file MUST BE the column names specified below in the Data Field Name column.

#	Data Field Name	Data Type	Format	Definition
1	evaluation_date	Short Date	m/d/yyyy	Should be 09/30 of hte reporting year
2	entity_uid	Number (4)		EIA's internal number for the entity; refer to above list found next to entity name.
3	entity_level1_uid	Number (4)		EIA's internal number for the entity; refer to above list found next to entity name.
4	entity_name	Text (80)		Name of member entity, district, or employer. For members of a JPA this should contain the JPA name
5	Member_entity_name or Location	Text (80)		Name of the claimant's assigned location, district, facility, school, division, or employer. For members of a JPA or group, this should contain the member/entity name. If the same as department leave blank)
6	department_name	Text (80)		Top level department name - department detail is also acceptable; org 1 & 2
7	claim_number	Text (40)		Unique Claim number for the record.
8	claim_suffix/record_number	Text (10)		Claim suffix in the event this is a multiple occurrence
9	multiple_occurrence_flag	Text (1)	Y or N	Code Y if the claim is a multiple occurrence or an N if not. EIA defines multiple occurrence as the application of a single SIR over multiple claimants
10	claimant_first_name	Text (40)		First name of the claimant.
11	claimant_last_name	Text (40)		Last name of the claimant.
12	claim_type	Text (3)	AL, EO, GL, EPL	Top level insurance type; AL = Auto Liability, EO = E & O, GL = General Liability, EPL = Employment Practices Liability
13	coverage_type	Text (4)	AL, BIPD, EO, EPL, PI	Type of coverage claim falls under; AL=Auto Liability, BIPD=Bodily Injury & Property Damage, EO=Errors & Omissions, EPL=Employment Practices Liability
14	type_of_loss_description	Text (40)		Incident type Description Eg.: Slip and Fall, Flooding, Sexual Harassment (the level above cause of loss description)
15	cause_of_loss_code	Text (15)		EIAGL Standard Cause of Loss Code; eg.: 2519, 2250, 4226
16	cause_loss_description	Text (80)		Cause of Loss Description (can use EIAGL descriptions); eg: Building - Slip and Fall, Flooding/Water Damage - Broken Pipe, Sexual Harassment - Supervisor to Staff
17	description	Text (255)		Free form text description of loss contained in the data record.
18	date_of_loss	Short Date	m/d/yyyy	Date the incident or loss occurred.
19	date_reported	Short Date	m/d/yyyy	Date the claim was reported.
20	date_closed	Short Date	m/d/yyyy	Date the claim was closed (if not closed then leave blank).
21	status	Text (2)	OP, CL, RO, or RC	Status at the time of valuation; OP = Open, CL = Closed, RO = Re-opened, or RC = Re-closed.
22	paid_Indemnity	Currency	$#,##0.00	Amount paid for bodily, personal injury, and/or errors & omissions.
23	paid_pd	Currency	$#,##0.00	Amount paid for property damage.
24	paid_expense_legal	Currency	$#,##0.00	Amount paid for legal fees.

Loss Data Specification
General Liability II (GLII)

#	Data Field Name	Data Type	Format	Definition
25	paid_expense_alae	Currency	$#,##0.00	Amount paid for loss adjusting expenses.
26	paid_expense_other	Currency	$#,##0.00	Amount paid for other expenses; excluding legal or adjusting expenses.
27	paid_total	Currency	$#,##0.00	Total paid for the claim. Sum of fields (22+23+24+25+26)
28	reserved_Indemnity	Currency	$#,##0.00	Outstanding or remaining reserve for bodily, personal injury, and/or errors & omissions
29	reserved_pd	Currency	$#,##0.00	Outstanding or remaining reserve for property damage
30	reserved_expense_legal	Currency	$#,##0.00	Outstanding or remaining reserve for legal fees
31	reserved_expense_alae	Currency	$#,##0.00	Outstanding or remaining reserve for adjusting expenses
32	reserved_expense_other	Currency	$#,##0.00	Outstanding or remaining reserves for other expenses; excluding legal or adjusting
33	reserved_total	Currency	$#,##0.00	Total outstanding or remaining reserves on the claim. Sum of fields (28+29+30+31+32)
34	incurred_Indemnity	Currency	$#,##0.00	Total incurred for bodily, personal injury, and errors & omissions. Sum of fields (22+28)
35	incurred_pd	Currency	$#,##0.00	Total incurred for property damage. Sum of fields (23+29)
36	incurred_expense_legal	Currency	$#,##0.00	Total incurred for legal fees. Sum of fields (24+30)
37	incurred_expense_alae	Currency	$#,##0.00	Total incurred for adjusting expenses. Sum of fields (25+31)
38	incurred_expense_other	Currency	$#,##0.00	Total incurred for other expenses; exclude legal & ALAE. Sum of fields (26+32)
39	incurred_total	Currency	$#,##0.00	Total Incurred losses for the claim. Sum of fields (27+33)
40	subro_recovery_amount	Currency	-$#,##0.00	Amount recovered for subro and/or recovery; excluding excess reimbursements. Should be reflected as a negative
41	excess_recovery_amount	Currency	-$#,##0.00	Total excess recoveries; including EIA and other carrier reimbursements. Should be reflected as a negative

ELECTRONIC DATA FILE SUBMISSION:

For your convenience, loss data file(s) will be accepted via the secure transmission application offered on our website. If assistance is needed in submitting the data file(s), please contact the EIA.

1. Open your web browser to the following website: http://www.csac-eia.org/services/loss-data/upload-loss-data/

2. Log into the Upload Loss Data area with your Username and Password.

3. Click the "Browse…" button next to the "Choose Your File "field.

· File name format: "Entity Name_Program Name_Evaluation Date"; example "Alameda County_GLII_093016"

4. Browse to the directory where your file is located:

· Double-click on it OR click it once and select "Open".

5. Provide any pertinent information in the File Description field; example "Alameda County GLII Annual Loss Data Submission 09/30/2016. Contains summary of changes and explanations on summary sheet ".

6. Click the "Upload" button. You will receive an email confirming a successful file upload. If you don't receive one, please contact the EIA