

INSTRUCTIONS FOR FIRE LOSS REPORTING

As required under RCW 48.05.320 and WAC
284-20-010

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INSTRUCTIONS FIRE LOSS REPORTING

Pursuant to RCW 48.05.320 and WAC 284-20-010, authorized insurers are directed to submit fire loss reports to the Office of the Insurance Commissioner (OIC) starting in 2026. The purpose of this reporting is to collect property level information related to a fire loss or damage, or any subsequent non-de minimis adjustment or further investigation related to a fire loss or damage.

Authorized insurers already reporting to ISO ClaimSearch® fulfill the fire loss reporting requirements in RCW 48.05.320. These authorized insurers do NOT need to separately report to the OIC.

Insurers must report fire loss reports to the OIC within 90 days after claim closure or subsequent investigation or adjustment, starting with claims that are closed, investigated after closure, or adjusted after closure on or after January 1, 2026. Each authorized insurer is also required to complete a fire loss reporting attestation form and email it to datacall@oic.wa.gov by December 31 each year. The first fire loss attestation form is due by December 31, 2026.

We encourage reporting companies to batch reports on a monthly or every other month basis for consistency. If an authorized insurer does not have any fire loss information to report, no action is necessary.

Beginning in 2026, each authorized insurer required to report fire loss information to the OIC must complete the attestation form and email it to datacall@oic.wa.gov by **December 31 of each year**.

Scope

This reporting applies to all authorized insurers as defined in [RCW 48.01.050](#) writing commercial and personal line policies that include claims paid for loss or damage by fire in this state.

Confidentiality

Under RCW 48.05.320(3), all documents submitted as a part of this reporting are confidential by law and privileged, are not subject to public disclosure under chapter 42.56 RCW, and are not subject to civil matter subpoena directed to the insurance commissioner or any person who processes information received pursuant to this section.

The OIC may publish aggregate reports using the data received as a part of this reporting so long as the data in the reports does not permit the identification of information related to individual companies or consumers. Data in the aggregate form are deemed open records available for public inspection.

The commissioner may share documents, materials, reports, data, investigations, and other information, including the confidential and privileged information received as a part of this reporting, with:

- i. The National Association of Insurance Commissioners and its affiliates and subsidiaries;

- ii. regulatory, law enforcement, and prosecutorial officials of other states and nations, the federal government, tribal governments, and international authorities;
- iii. agencies of this state;
- iv. rating bureaus;
- v. the state fire marshal's office; and
- vi. local or tribal law enforcement officials, prosecutors, or fire chiefs and fire marshals in this state.

Please refer to RCW 48.05.320 for further details on the confidentiality of the reported information.

Communication

General Questions:

Please direct all questions to atacall@oic.wa.gov.

Requested Data Elements in Excel Reporting Template

There are 21 data elements requested as a part of this reporting. Information about each data element can be found below.

Data Element	Description	Data Type	Example
Company Name	Enter the company's name. This field will be repeated for each row.	Text	Protector Insurance Company
NAIC Number	Enter the company's 5-digit NAIC Code. This field will be repeated for each row.	Number	12345
Claim Number	The claim number associated with the fire loss.	Text	AB-12345-C
Date of Loss	The date of loss.	Date MM/DD/YYYY	04/15/2025
Date Claim Closed	The date the claim was closed.	Date MM/DD/YYYY	05/25/2025
Policy Type	Must be one of the following policy type codes (code	Text	PPHO

	<p>descriptions can be found in Appendix A):</p> <p>CPFR PPMH CAPP CFRM CPBO CPAO CPMP PPFM PPHO PPAO PPFR CRGO PAPP WCFT CPOP PPMA CIMR MOBL BOAT PPIM COMR BMCH PPOP</p>		
Coverage Type	<p>Must be one of the following coverage type codes (code descriptions can be found in Appendix A):</p> <p>PROP OTAU COMP HULL OTPR MOTR SCPP</p>	Text	PROP
Loss Description	<p>Must include both the cause and origin location within the description.</p>	Text	<p>"Unintended fire in kitchen"</p> <p>"Electrical fire in garage"</p> <p>"Open flame in living room"</p> <p>"Undetermined fire in kitchen"</p> <p>"Electrical fire in undetermined location"</p>
Total Loss Amount	<p>The total loss amount associated with the claim.</p>	Number	40000
Policy Amount	<p>The amount the property is insured for.</p>	Number	100000

Contents Paid Amount	The amount paid for personal property coverage. If none, please input 0.	Number	5000
Structure Paid Amount	The amount paid for structure coverage. This includes other structures and dwelling. If none, please input 0.	Number	30000
Loss of Use Paid Amount	The amount paid for loss of use coverage. If none, please input 0.	Number	5000
Other Coverages Amount	The amount paid for all other coverages. If none, please input 0.	Number	0
Loss Address1	Street number and name (including pre-directional and/or post-directional, and suffix/street type) or Post Office box number of loss.	Text	123 Main St.
Loss Address2	Secondary address unit designator and number (such as apartment or suite number) of loss. Leave blank if not applicable.	Text	
Loss City	The city for the property loss.	Text	Spokane
Loss State	The two character abbreviation for the state for the property loss. State should always be WA.	Text	WA
Loss ZIP Code	The ZIP code for the property loss. Valid Washington ZIP codes are from 98001 to 99403. We will accept 98000 for policies where a valid ZIP code cannot be obtained.	Text	99212
Incendiary Fire Flag	Y or N flag indicating whether the fire was incendiary.	Text (Y/N)	N
SIU Investigator Flag	Y or N SIU investigator flag.	Text (Y/N)	Y

Template Submission Notes

- Please do not include any commas in any of the above data elements.
- Do not include dollar signs or commas in the loss amount fields.
- If applicable, NAIC Number should include leading zeros.

Submitting the Excel File

Upon completion of the Excel template, **please rename “fireloss-naicnumber-yyyymm.xlsx” replacing “naicnumber with your NAIC Number and yyyymm with the year and month of submission.** For example, if your company NAIC number is 12345 and the submission date is September 5, 2026, the Excel file should be renamed as fireloss-12345-202609.xlsx The file will fail to process if it is not named correctly.

Please upload the renamed Excel file using [this upload link](#).

Public Reporting

As required under RCW 48.05.320(5), beginning 12 months after the fire loss reporting requirements are initiated, the Insurance Commissioner shall post a quarterly report on the OIC website based on the aggregate findings by zip code of the previous 12 months of reports of fire loss or damage.

The public quarterly zip code reports will be hosted on [Washington Open Data Portal](#) and available on the [OIC website](#).

Annual Attestation

Authorized insurers already reporting to ISO ClaimSearch® fulfill the fire loss reporting requirements in RCW 48.05.320. These authorized insurers do not need to complete the fire loss reporting or this annual attestation form.

Authorized insurers are required to submit an annual attestation form attesting that the fire loss information submitted over the course of the previous calendar year is accurate. All authorized insurers writing policies with fire coverage in Washington must submit the attestation form.

The attestation form must be submitted by December 31 of each year starting in 2026. Please email the completed attestation form to datacall@oic.wa.gov.

Appendix A

Descriptions for each Policy Type code:

Policy Type Code	Policy Type Description
CPFR	Commercial Fire
CAPP	Commercial Auto
CPBO	Businessowners
CPMP	Commercial Multi Peril
PPHO	Homeowners
PPFR	Personal Fire
PAPP	Personal Auto
CPOP	Commercial Property Other
CIMR	Commercial Inland Marine
BOAT	Boat
COMR	Ocean Marine
PPOP	Personal Property Other
PPMH	Mobile Home
CFRM	Commercial Farm
CPAO	Commercial Prop Allied/Other
PPFM	Personal Farm
PPAO	Personal Prop Allied/Other
CRGO	Cargo
WCFT	Unscheduled Watercraft
PPMA	Personal Property Marine
MOBL	Mobile Equipment
PPIM	Personal Inland Marine
BMCH	Boiler & Machinery

Descriptions for Coverage Type code:

Coverage Type Code	Coverage Type Code Description
PROP	General Property
COMP	Comprehensive
OTPR	Other Property
SCPP	Scheduled Property
OTAU	Other Auto
HULL	Hull
MOTR	Motor