

April 14, 2026

The Honorable Karima M. Woods  
Commissioner  
District of Columbia Department of Insurance, Securities and Banking  
1050 First Street, NE, Suite 801  
Washington, DC 20002

Re: Draft Private Passenger Auto Claims and Policy Data Call for Unintentional Bias Claims Analysis

Dear Commissioner Woods:

On behalf of the National Association of Mutual Insurance Companies (NAMIC)<sup>1</sup>, these comments are submitted in response to DISB's draft private passenger automobile claims and policy data call for accident years 2022-2024. We understand DISB will conduct this data call as a market conduct examination of the top 10 writers and is intended to support the second phase of its unintentional bias claims analysis.

We understand that the draft request reflects DISB's interest in understanding differences by race in claim submissions, severity, coverage involved, deductibles, police-report usage, attorney involvement, fraud investigation, subrogation, denials, claim-resolution timing, claimant contacts, and ALAE, as well as potential correlations with roadway and environmental characteristics maintained by District agencies. Member companies support the goal of obtaining reliable information that can inform sound public policy. NAMIC and its members do not know the nature of DISB's planned analysis, and that makes commenting difficult, but the current template might benefit from targeted revisions so that the resulting data are analytically useful, consistently reported, and operationally feasible.

**[1] Pricing and rating data**

The current template is weighted toward claim handling, coverage limits, and deductibles, but it does not expressly request the premium and rating information necessary to interpret premium differentials or to perform a credible balancing test. To strengthen the data call, DISB should consider adding premium information, via a pricing/rating section that captures, at minimum, policy-period written premium and earned premium, both total and by coverage, along with fees and surcharges, rating plan or version, and the principal filed rating variables used to price the risk.

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<sup>1</sup> The National Association of Mutual Insurance Companies (NAMIC) is the foremost trade association representing the property/casualty insurance industry. Serving more than 1,300 member companies—including local and regional insurers as well as some of the nation's largest carriers—NAMIC members collectively write \$467 billion in annual premiums, representing 61% of the homeowners and 53% of the automobile insurance markets. For more than 130 years, NAMIC has been the leading voice advancing public policy solutions and regulatory frameworks that promote a strong, competitive market and protect our members and their policyholders.



Those rating variables should include written/earned premium by coverage, fees/surcharges, tier, prior carrier/continuous insurance, credit/insurance score in deciles, telematics flag, accident/violation counts. Without fields such as credit-based insurance score, , prior carrier, telematics, and violation/accident history, any bias analysis will be materially harder to interpret because important pricing determinants will be omitted from the file.

## **[2] Claims structure and operational feasibility**

We believe that DISB's proposed one-row-per-claimant-by-coverage structure can work, but it should be supplemented with more standardized claim-cause and severity fields so that insurers are not forced to rely on free-text incident descriptions for core analytical variables. Useful structured additions would include a loss-cause category, an injury indicator and severity bin, total-loss, tow, and airbag-deployment flags where available, and, if feasible, an at-fault percentage instead of only a categorical at-fault field.

Several requested claim elements are not captured in structured claims data. Member companies report particular concern with requests for exact loss-location addresses, latitude/longitude, roadway setting such as parking lot or surface street, police report number in all cases, inclusion in the Vision Zero accident database, number of claimant contacts or “touches,” detailed parts-versus-labor breakout, and ALAE for fraud investigation at the coverage level, because these items are often unavailable, or inconsistently stored, or not maintained in a retrievable structured format, and could not be provided

The template should also clarify whether "claim resolved date" means closure, settlement, or another milestone, because different definitions could overstate or understate claim duration and undermine comparability across companies. Similarly, if DISB wishes to request contact counts, it should define what constitutes a “touch,” since phone calls, emails, portal messages, text messages, and claim-system activities are recorded differently across platforms and lines of handling.

With respect to fraud, the template currently requests both a fraud-investigation indicator and a Special Investigation Unit indicator. For many carriers those concepts substantially overlap in practice, so DISB should either consolidate them into a single field or clearly explain the intended distinction.

For physical damage claims, DISB may also consider a simpler operational field indicating whether the claim was handled virtually or in person, which is more likely to be consistently available than several of the current manual-detail requests. In general, manual completion of information does not lend itself to a data call format for consistent reporting and evaluation.

## **[3] Exposure definitions and analytical design**

The draft repeatedly requests "coverage\_exposures" but also notes uncertainty about whether that is a reasonable question, both in the claims tab and the policies tab. That uncertainty is significant because inconsistent reporting of exposures will impair any claim frequency analysis and may create double counting when combined with the requested number of drivers and number of vehicles. Exposures are typically a policy data metric, so if it is to be requested, we suggest it be only in the policy tab. A typical “exposure”



metric for auto insurance is exposure-months (a vehicle insured for a month, so a full-term 6-month policy would be 6)

DISB should define a single exposure basis, such as policy-months, vehicle-months, or earned car-years, and apply it consistently across all requested coverage fields. The data call should also clarify whether reporting is one row per policy period, one row per vehicle, or one row per claimant where applicable, and whether carriers should report only the renewal period containing the claim or all renewals during the study window for a policy with a related claim.

The analytical design would also benefit from recognizing the limits of claims-only data. As the current draft comments note, insurance claim data are affected by deductibles, direct settlements, and reporting practices, so supplementing the review with external datasets such as police and roadway information may be necessary to avoid over-interpreting insurer claim files as a complete record of underlying accident frequency or conditions.

#### **[4] Privacy and data minimization**

The draft template currently requests names and addresses for policyholders, claimants, and potentially other parties in both the claims and policy tabs. Those personally identifiable information fields are not necessary to accomplish DISB's stated analytical goals and would materially increase operational burden, confidentiality risk, and friction in production.

A more appropriate approach might be to use hashed identifiers for persons and policies and, where geography is needed, rely on tract, block-group, or comparable geographic coding, potentially through carrier-side geocoding rather than transfer of full street-level PII. Member companies also remain concerned that much of the requested claims data could not be reasonably provided, because data is not stored in the manner requested.

#### **[5] Recommended revisions**

To improve the usefulness and administrability of the data call, DISB should:

- Add a pricing/rating section with premium, fees/surcharges, rating plan/version, and key filed rating variables needed for balanced analysis.
- Retain the claim-by-coverage structure only with additional structured cause/severity fields and clearer instructions for at-fault and resolution measures. For example do lines 53-54 only refer to PIP coverage?
- Remove or make optional data elements that are not captured in structured systems, including exact loss address, latitude/longitude, road-setting details, Vision Zero inclusion, universal police report numbers, touch counts, detailed parts/labor splits, and SIU-specific ALAE details.
- Define exposure precisely and align it with the requested policy and vehicle counts to avoid inconsistent reporting and double counting.
- Minimize personally identifiable information through hashed IDs and less granular geographic fields.
- Consider a phased or incremental implementation that starts with clearly available, high-value fields before expanding the request.



**[6] Specific Items for Clarification - Separate attached page.**

These revisions would better align the data call with DISB's stated goals while improving comparability, reducing avoidable burden, and preserving analytical value.

Respectfully submitted,

A handwritten signature in black ink that reads "Gina Rotunno".

Gina Rotunno  
Regional Vice President  
Mid-Atlantic Region



Attachment: Suggested Changes by Section and Bullets

**Global Instructions**

- Define the unit of reporting clearly for each tab: one row per policy period, one row per vehicle, or one row per claim-by-coverage, and clarify how linked records should reconcile across tabs.
- Define "exposure" once and use that same basis throughout, for example policy-months, vehicle-months, or earned car-years.
- State whether policies tab reporting is required only for the policy period containing the claim date (when the claim occurred) or for all renewals within the study period.
- Remove requests for direct personal identifiers where hashed IDs and less granular geography will satisfy the analytical objective.

**Claims Tab Edits**

- Keep the existing one-row-per-claimant coverage structure, but we suggest DISB only require fields that can be provided accurately and consistently by companies.
- Fields such as those on lines 32-41 and 47 should be deleted, or made optional.
- Add structured fields for loss-cause category, injury indicator, injury severity bin, total-loss- flag, tow flag, airbag-deployment flag, and if feasible at-fault percentage.
- Consider consolidating "fraud flag" and "SIU-Investigation" or explaining the intended distinction.
- Delete or optionalize "lossdetail\_parts" and "lossdetail\_labor" these breakouts are often unavailable in structured form and would be manual.
- Delete or optionalize "ALAEdetail\_investigation; SIU/Fraud ALAE is often not tracked at that level.
- Add an optional field for virtual versus in-person handling on physical damage claims if DISB seeks process-oriented handling information.
- Clarify the meaning of "policy\_producer" and whether it refers to agent/broker involvement.

**Policy Tab Edits**

- Clarify whether fields such as BI, PD, UM, comp, collision, PIP, rental, CPE, roadside assistance, and gap are intended to be reported at the policy level or vehicle level.
- Clarify the meaning of CPE in the template instructions.
- Replace name and address fields with hashed insured ID plus tract/block group or other approved geography field where location analysis is needed.

**Consider Adding Premium Information**

If DISB intends to calculate loss ratios, additional premium information will need to be included. Other analysis might be better performed with rating characteristics.

**Narrative Request**

In the coverage instructions accompanying the template, note that certain roadway characteristics listed in the description document, such as road width, lighting, signage, road conditions, traffic calming, bike lanes, cameras, and parking, are not typically present in insurer claim systems and should be sourced from government datasets rather than inferred from unstructured claims files.

Also, it should be noted that if because DISB's objective is to assess differences in claims outcomes by race, the strongest file design is one that combines claims information with pricing/rating variables and clearly defined exposures; otherwise, omitted- variable issues will limit interpretability.