

January 15, 1970

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter No. 3 (1970)

TO ALL INSURERS AUTHORIZED TO TRANSACT FIRE, MARINE AND CASUALTY INSURANCE BUSINESS  
IN THIS STATE AND RATING ORGANIZATIONS

RE: PROCEDURES FOR FURNISHING RATING INFORMATION UNDER ARTICLE VII-A

Under Section 178(2) it is required that:

"Every insurer and rating organization shall monthly furnish the Superintendent all changes in the rating rules and schedules of rates such insurer or rating organization is then using in this state, and shall quarterly furnish the Superintendent statistical, rating and other information in support of changes in rating rules, schedules of rates and rating classifications and territories. Such rules, schedules and information shall be available for public inspection at the Department."

In accordance with the new law, every insurer and rating organization is required to furnish the Superintendent, no later than the end of each month all changes in its rating rules and schedules of rates. These changes are to be furnished in manual page form. A copy of the form to be completed is attached.

FOR USE BY RATING ORGANIZATIONS

NEW YORK INSURANCE LAW SEC. 178(2) REPORT OF CHANGES IN RATING RULES AND SCHEDULES  
OF RATES

FOR THE CALENDAR MONTH ENDING \_\_\_\_\_, 19\_\_ OF THE \_\_\_\_\_ (RATING  
ORGANIZATION).

NOTE: A SEPARATE REPORT MUST BE FILLED OUT FOR EACH SUBDIVISION OF A KIND OF  
INSURANCE AFFECTED

The (see Note 1) \_\_\_\_\_ manual pages enclosed clearly identify all changes and present a full and complete disclosure of every change in rating rules and schedules of rates effective on an advisory basis during the month of \_\_\_\_\_, 19\_\_, according to the authorized officer's best knowledge, information and belief.

The average effect of these changes is estimated to be \_\_\_\_\_% on \$ \_\_\_\_\_ of premium annually for (see Note 2) \_\_\_\_\_ insurance coverage in the state of New York.

Date \_\_\_\_\_, 19\_\_

\_\_\_\_\_

Authorized Officer

\_\_\_\_\_  
Title

Notes:

1. Give the number of pages enclosed.
2. Give the appropriate subdivision of the kind of insurance affected.

FORM TO BE SUBMITTED NOT LATER THAN THE LAST DAY OF THE  
MONTH INDICATED ABOVE

CAB 70-01 CL 1 Mo.-R.O.

\_\_\_\_\_  
Name of Insurer or rating organization

QUARTERLY INTERROGATORY FOR CALENDAR QUARTER ENDING \_\_\_\_\_, 19\_\_

**PART A**

**IS YOUR SUPPORT FOR THE CHANGES IN RATING RULES AND SCHEDULES OF RATES BASED ON THE FOLLOWING?**

(Sec. 178(2) - ATTACH STATISTICAL, RATING AND OTHER INFORMATION IN SUPPORT THEREFOR)

	or No	If Yes, Indicate Whose Experience (a) Your own (b) *Other Insurers' (c) *Rating Organizations' (d) *Any Other	Where Found In The Attached Support
Loss Experience			
A. Within New York State			
1. Past	_____	_____	_____
2. Prospective	_____	_____	_____
3. Conflagration	_____	_____	_____
4. Catastrophe	_____	_____	_____
B. Outside N.Y.S.			
1. Past	_____	_____	_____
2. Prospective	_____	_____	_____
3. Conflagration	_____	_____	_____
4. Catastrophe	_____	_____	_____

	If Yes, Indicate Whose Experience	Where Found In The
	(a) Your own (b) *Other Insurers' (c) *Rating Organizations' (d) *Any Other	Attached Support
or No		
Reasonable Profit	_____XXXXXXXXXX_____	_____
Expenses		
A. Within this State		
1. Past	_____	_____
2. Prospective	_____	_____
B. Countrywide		
1. Past	_____	_____
2. Prospective	_____	_____
Any Other Relevant Factors		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
A. Policy-holders'		
Dividends _____		
B. Savings or Unabsorbed Premium Deposits		

NOTE: A SEPARATE REPORT MUST BE FILLED OUT FOR EACH  
SUBDIVISION OF A KIND OF INSURANCE AFFECTED

\* Identify

THE ANSWERS TO THE WITHIN EXHIBITS ARE FULL AND  
TRUE STATEMENTS ACCORDING TO THE AUTHORIZED  
OFFICER'S BEST KNOWLEDGE, INFORMATION AND BELIEF

Date \_\_\_\_\_, 19\_\_  
CAB 70-01 CL 1 Q-A1

\_\_\_\_\_  
(Authorized Officer, Title)

\_\_\_\_\_  
Name of Insurer

QUARTERLY INTERROGATORY FOR CALENDAR QUARTER ENDING \_\_\_\_\_, 19\_\_

PART B

To the extent that an insurer uses schedules of rates or rules that are identical to the advisory rules or rates of a rating organization, the insurer may use Part B in lieu of Part A and furnish the following:

Name of Rating Organization \_\_\_\_\_  
Effective Date of Rating Organization's change in  
rating rules or schedules of rates \_\_\_\_\_

NOTE: A SEPARATE REPORT MUST BE FILLED OUT FOR EACH SUBDIVISION OF A KIND OF INSURANCE AFFECTED

THE ABOVE INFORMATION ARE FULL AND TRUE STATEMENTS ACCORDING TO THE AUTHORIZED OFFICER'S BEST KNOWLEDGE, INFORMATION AND BELIEF.

Date \_\_\_\_\_, 19\_\_

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Title

CAB 70-01 CL 1 Q-B-Co.