

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

“a” RATE SUBMISSION -- -- FORM 129 -- C

FOR NEW YORK DEPARTMENT OF FINANCIAL SERVICES USE ONLY

File No.: A	Received:	Assigned:	Unit:
Examiner:	Disposition Code:	Date Closed:	
PACIFIC LOB codes:			
Comments			

A. INSURER INFORMATION

Insurer's NAIC Code: -

Name of Insurer

Insurer's File No.

B. FILING INFORMATION

1. Type of filing (check one) “a” Rate Umbrella Excess
2. Is this risk in a market subject to Flex-rating? Yes No
3. Is this risk a renewal for your company? Yes No
4. If the answers to (2) and (3) are “Yes” does the rate or total premium for the current period differ from that of the expiring policy by more than +/- 30%? Yes No

IF THE ANSWER TO (4) ABOVE IS “YES,” THIS FILING IS SUBJECT TO THE SUPERINTENDENT’S PRIOR APPROVAL

C. COVERAGE INFORMATION

Policy Form: Claims – Made Occurrence Type of Coverage (use code) ____

Last Name of Insured or Name of Business

First Name

Address – 1st Line

Address – 2nd Line

Policy Effective Date

City State Zip Code

Policy Limits:
Per Claim \$,000
Aggregate \$,000
SIR/Deductible \$,000

Insured’s Principal Business or Activity

D. RATING INFORMATION

Rating Class Code	Rate	Exposure Base (use code)	\$ Total Premium
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1. Was all or a portion of the Total Premium shown determined by application of a minimum premium? Yes No
2. If the answer to (1) is yes, and minimum premium only represents a portion of the Total Premium, indicate the nature and amount of the minimum premium _____
3. Describe the type and cost of any reinsurance affecting the rating of this risk: _____
4. Identify, describe and explain each significant element of judgment employed in determining the “a” rate applicable to this risk. (attach additional sheets as necessary) _____

Comments/Additional Information:

Complete Affirmation on next page

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

AFFIRMATION

I, _____

a duly authorized officer of

do hereby affirm that the foregoing information, including all attached exhibits, schedules and other supporting information, is true to the best of my knowledge and belief.

Signature of Authorized Officer

Name of Authorized Officer (please print)

Title

Address of Insurer (Line 1)

Address of Insurer (Line 2)

City

State

Zip Code

/ /
Date

() - x
Direct Telephone Number

() -
Fax Number