

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

COMMERCIAL LINES PROPERTY INSURANCE FORM FILING COMPLIANCE QUESTIONNAIRE

PAGE 1 OF

COMPANY	Co. File No.
Company Contact:	Phone Number:
E-Mail Address:	

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with Articles 31, 34 and 54 and Regulations 27-B, 95, 129 and 135 of the Insurance Law. Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.

I. All Policies

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| a. Policy complies with §3404 (complete §3404 checklist) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| b. Policy complies with §3426 (complete §3426 checklist) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| c. Policy contains provisions that violate §3105 or §3106 NYIL | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. Are there any provisions that are unfairly discriminatory or misleading? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Declaration Page contains all rating information (location, construction, class, etc.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| f. Does the policy contain the name of an unlicensed company? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g. Are there any blank forms? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| h. Are all forms numbered? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| i. Policy applications comply with Regulation 95 | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| j. Does the policy contain a liberalization clause? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| k. Does the policy comply with §3407? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| l. Does Audit premium provision comply with §161.10 of the Second Amendment to Regulation 129? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

II. GROUP PROPERTY INSURANCE POLICIES:

In addition to the requirements of Section I:

- | | | | |
|---|------------------------------|-----------------------------|--|
| a. Does the policy comply with §3435 of the Insurance Law and Regulation 135? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| b. If a safety group, does dividend comply with Regulation 135? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

III. NYPIUA POLICIES

In addition to the requirements of Section I, does the filing comply with Article 54 of the Insurance Law?

- | | |
|------------------------------|-----------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------------------------|-----------------------------|

IV. CREDIT PROPERTY POLICIES

In addition to the requirements of Section I, policy meets all requirements of Regulation 27-B (Complete Credit Property checklist)

- | | |
|------------------------------|-----------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------------------------|-----------------------------|

NOTE: All citations in Brackets are to the applicable sections of Articles 31, 34 and 54 and Regulations 27-B, 95, 129 and 135 of the Insurance Law.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

COMMERCIAL LINES PROPERTY INSURANCE FORM FILING COMPLIANCE QUESTIONNAIRE

PAGE 2 OF

LIST OF FORMS IN FILING

COMPANY

Co. File No.

<u>Form/Endorsement Name</u>	<u>Form/Endorsement Company Number</u>	<u>New Form/ End't?</u>	<u>Revised Form/ End't?</u>	<u>Is Form Statutory or Mandatory In Nature?</u>	<u>Replacing Other Form/ End't?</u>	<u>If Yes, Name of Replaced Form</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

COMMERCIAL LINES PROPERTY INSURANCE FORM FILING COMPLIANCE QUESTIONNAIRE

LIST OF FORMS IN FILING

COMPANY

Co. File No.

<u>Form/Endorsement Name</u>	<u>Form/Endorsement Company Number</u>	<u>New Form/ End't?</u>	<u>Revised Form/ End't?</u>	<u>Is Form Statutory or Mandatory?</u>	<u>Replacing Other Form/ End't?</u>	<u>If Yes, Name of Replaced Form</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	