



7.	<b>Effective Date(s) Requested</b> (mm/dd/yyyy)	<b>New:</b>	<b>Renewal:</b>
8.	<b>*Type of Insurance (TOI)</b>		
9.	<b>*Sub-Type of Insurance (Sub-TOI)</b>		
10a.	<b>*Are you making an <a href="#">Information-only filing</a>?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> , Filing Type is to be specified in 10b.	
10b.	<b>*Filing Type</b>	<input type="checkbox"/> <b>Rate (includes Loss Cost)</b> <input type="checkbox"/> <b>Rules (then answer the next question- )</b> Do any of these rules contain a rate effect? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <b>Rates/Rules</b> <input type="checkbox"/> <b>Forms</b> <input type="checkbox"/> <b>Forms/Rates</b> <input type="checkbox"/> <b>Forms/Rules (then answer the next question- )</b> Do any of these rules contain a rate effect? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <b>Combination Rates/Rules/Forms</b>	
11.	<b>Product Name</b>		
12.	<b>Project Name</b>		
13.	<b>Project Number</b>		
14.	<b>*Domicile Status</b>  <input type="checkbox"/> <b>Not Filed</b> (optional) <input type="checkbox"/> <b>Pending</b> (optional) <input type="checkbox"/> <b>Authorized</b> (optional) <input type="checkbox"/> <b>Disapproved</b> (required if Disapproved)		
		<b>Comments</b>	
15.	<b>*RSO Reference Filing?</b>	<input type="checkbox"/> <b>Yes</b> (then complete 16, 17, and 18) <input type="checkbox"/> <b>No</b>	
16.	<b>Reference Organization</b> (if applicable)		
17.	<b>Reference Organization #</b> (if applicable)		
18.	<b>Reference Organization Title</b> (if applicable)		
19.	<b>*Filing Description [The Filing Description should clearly explain the intent of the filing, and highlight any substantive changes (such as changes in ratemaking methodology or major coverages provided). If more details are required, you may attach a supplementary explanatory memorandum.]</b>		

\* required fields

**FORM SCHEDULE**

1.	<b>This filing transmittal is part of Company Tracking #</b>							
2.	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)							
3.	<b>*Form Name</b>	<b>*Form #</b>	<b>* Edition Date</b>	<b>*Form Type/ Description</b>	<b>*Form Action</b>	<b>If replacement, give Form # it replaces</b>	<b>*Previous filing # if previously submitted</b>	<b>Readability Score</b>
01					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
02					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
03					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
04					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
05					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
06					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
07					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
08					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
09					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
10					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
11					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
12					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
13					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
14					<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			

**\* required fields**



**RATE/RULE SCHEDULE  
Exhibit Information**

1.	<b>This filing is part of Company Tracking #</b>			
2.	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)			
3.	<b>*Exhibit Name</b>	<b>*Rule # or Page # Submitted for Review</b>	<b>*Rule Action</b>	<b>Previous State File Number</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

\* required fields

Notes:

1. This is the statewide average percentage change to the rates for the coverages included for each company.
2. This is the statewide dollar change in written premium for each company.
3. This is the number of policyholders affected by the overall percentage rate impact for each company.
4. This is the statewide written premium for each company.
5. If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.  
If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.  
If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.
6. This is the statewide average percentage change to the rates for the coverages included in the filing. This field only needs to be completed for group filings.
7. This is the statewide dollar change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.
8. This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.
9. This is the statewide average of the last percentage change implemented in the state.
10. This is the implementation date of the last overall percentage rate impact for renewal business.

\* **required fields**