



Dora

Department of Regulatory Agencies

Division of Insurance

Bulletin No. B-5.18

Requirements for the Filing of Rates, Rules, Loss Cost, and Forms For Property and Casualty Carriers

I. Background and Purpose

The purpose of this Bulletin is to provide companies with comprehensive guidance on filing property and casualty insurance rates, rules, loss costs, and forms. If you are a multi-line company involved in life, accident and/or health insurance please refer to the “Requirements for the Filing of Rates, Rules, and Forms for Life, Accident and Health Insurance Carriers.” The preneed funeral contract certification forms are included in the “Requirements for the Filing of Rates, Rules, and Forms for Life, Accident and Health Insurance Carriers.” Following these guidelines and checklists will eliminate incomplete or unsupported rate, rule, loss cost, and form filings, while providing greater protection to Colorado consumers. ***These checklists are to assist the carriers in preparing the filings; please do not send the checklists or the product code sheets with the filings.***

The following checklists are provided for your information:

- Type II Rate Filings
- Type II Rule Filings
- Title Insurance Rate Filings
- Title Agency Closing and Settlement Fee Filings
- Credit Property Rate Filings
- Claims-Made Liability Form Filings
- Credit Property Form Filings
- Private Passenger Auto Form Certification Filings and Commercial Automobile With Individually Owned Private Passenger Automobile - Type Insurance Form Filings
- Workers Compensation Form Filings
- Excess Loss for Self-Insured Employer Health Benefit Plan under ERISA Form Filing

This Bulletin provides a standardized format for the certification of property and casualty forms as prescribed in Colorado Regulations 1-1-6 and 4-9-2, for each Listing of New Policy Forms or Annual Report of Policy Forms. Additionally, the submission of a complete and supported rate and/or rule filing or loss cost filing should reduce costs to the insurance industry, Colorado consumers, and the Division of Insurance (Division). The Division has made reasonable efforts to ensure that all information made available in this Bulletin is current, complete and accurate. The Division does not warrant or represent that this information is current, complete and accurate. ***All information is subject to change and the electronic version is available at the Division web site (www.dora.state.co.us/Insurance).***

Colorado insurance statutes and regulations require the filing and/or approval of insurance rates, rules, loss costs, and applicable supporting documentation concurrent with or prior to distribution, release to producers, collection of premium, advertising, or any other use of the rate, rule or loss cost. Forms may

not be distributed, released to producers, advertised or used in any other manner prior to the 31-day waiting period or, if required by law, prior approval. Additionally, Colorado insurance statutes and regulations require the filing or approval of forms or form certifications with the Division. Companies shall use the most current version of all filing forms found in this Bulletin.

Bulletins are the Division's interpretations of existing insurance law or general statements of Division policy. Bulletins themselves neither establish binding norms nor finally determine issues or rights.

II. Applicability and Scope

This Bulletin is intended for all property and casualty insurance carriers and Pinnacol Assurance. This Bulletin does not require filings not otherwise required by statute or regulation, and it does not expand the authority of any regulations to include additional lines, such as life insurance.

III. Division Position

Existing law requires all licensed companies, rating organizations, and entities who file policy forms, rates, rules, loss costs, summary disclosure forms, annual form certifications, annual rate filings, and any other filings must submit a complete filing electronically via SERFF for each rate, rule, loss cost, or form filing. Please use State Specific Codes when applicable. Refer to the end of this Bulletin for a list of the State Specific Codes.

Each company should maintain records that support: its methods of operation; its experience; and data, statistics, or information collected or used by the company in connection with rates, rating plans, rating systems, classifications, rating schedules, minimum premiums, policy fees, rating rules, and underwriting rules. The availability of these records is necessary to enable the Division to determine whether every rate, rating plan, and rate system made or used by the company complies with Colorado insurance laws and regulations. These records may be requested as part of an investigation of an insurance complaint, a rate investigation, a desk audit, or a market conduct examination.

For private passenger automobile and homeowners insurance, underwriting profit loads in excess of 7% after taxes may result in excessive rates. Excessive rates are a violation of §10-4-403(1)(a), C.R.S. Detailed support of the need for any after-tax profit load in excess of 7% for the private passenger automobile and homeowners insurance must be included in the rate filing.

This underwriting profit load of 7% after taxes is meant only as a guideline for homeowners and private passenger automobile insurers. With adequate justification, it may be determined that underwriting profit loads in excess of 7% after taxes do not result in rates that are in violation of §10-4-403(1)(a), C.R.S.

Underwriting profit load means the profit load included in the anticipated loss ratio used to calculate the rates or overall rate change. Underwriting profit is what remains after paying losses, loss adjustment expenses, general expenses, selling expenses, taxes, license and fees, and policyholder dividends.

The underwriting profit load guideline described above should not be considered as an attempt to circumvent the "file-and-use" privileges afforded to homeowners and private passenger automobile insurers. The Division will treat homeowners and private passenger rate filings incorporating this guideline in the same manner as rate filings from other Type II insurance lines.

Multiple Company Filings: Each group of companies that submit a filing via SERFF must submit all of the required filing forms and supporting documentation for *each* company. Do not reference documents in another filing. Each filing should be complete and supported.

Rate, Rule, and Loss Cost Filings

In accordance with Colorado statutes and regulations, insurance companies must submit rate, rule, and loss cost filings with the required supporting documentation. The minimum required supporting documentation for any rate, rule, or loss cost filing is documented in Colorado Regulations 1-1-6, 4-9-2, 5-1-10, 5-1-11, and 5-2-16. This Bulletin contains the following forms for use in conjunction with these regulations: filing forms A, B, C, D and TA.

Property and casualty insurance companies must submit a fully completed Form A with *all* rate, rule, and loss cost filings. Loss cost filings also require, at a minimum, Form B (Form C is required if the company is changing its pure premium multiplier and/or expenses, and Form D is required if a company uses an expense constant). Forms A through D are attached to this Bulletin along with instructions for completing each.

Title insurers and agencies should refer to the Title checklists when submitting rate and fee filings.

Credit insurers should refer to the credit checklists when submitting rate and rule filings.

Forms A, B, C, and D are not required for any filing type other than rate, rule, or loss cost

Confidential information: The Division does not allow a company to designate an entire filing as confidential in SERFF, except as permitted by law. If confidential information is being submitted within a filing, a Confidential Index must be submitted separately in SERFF and made available to the public for inspection. The confidential information must be submitted as a separate exhibit, report or attachment and clearly marked CONFIDENTIAL HANDLING REQUESTED. Please see Colorado Bulletin B-1.15 for full details.

Rate/Rule Schedule Tab: Complete all rate data fields in SERFF for each company for ALL rate and loss cost filings. This includes rating plans, symbols, deductibles, classifications, individual risk submissions and territory filings. See SERFF's Industry Manual for guidance on each rate data field.

Form and Form Certification Filings

Form Filings require a listing of policy forms as a separate document, which includes the description of the form, the form number and edition date, the title of the program or product affected by the form, and the effective date the form will be used, which must be at least 31 days after the filing date. In accordance with Colorado Regulation 1-1-6 do not submit the actual policy forms.

Private Passenger Automobile Summary Disclosure Form Filings:

Insurers and producers shall use the summary disclosure form as outlined in Section 5(B) of Regulation 5-2-16. Insurers and producers shall not modify this form except to provide additional or more specific information. Please provide a copy of the Summary Disclosure Form detailing all changes from the one contained in Regulation 5-2-16.

All insurers and other organizations authorized to conduct business in Colorado which provides automobile private passenger insurance, claims-made liability insurance, credit insurance, and/or commercial automobile with individually-owned motor vehicle endorsements are required to fully execute and file with each Listing of New Policy Forms or Annual Report of policy forms the following certification forms that are applicable:

- Colorado Claims-Made Liability Insurance Certification Form (FORM CLM): This form must accompany all Listings of New Policy Forms or Annual Reports of claims-made liability insurance forms.

- Colorado Credit Insurance Policy Certification Form (FORM CI): This form must accompany all Listings of New Policy Forms or Annual Reports of policy forms of credit insurance forms.
- Colorado Automobile Private Passenger Insurance Policy Certification Form (FORM PPA): This form must accompany all Listings of New Policy Forms or Annual Reports of policy forms of automobile private passenger insurance forms.
- Colorado Commercial Automobile with Individually-Owned Private Passenger Automobile-Type Insurance (FORM CA). This form must accompany all Listings of New Policy Forms or Annual Reports of policy forms of commercial automobile with individually-owned private passenger insurance forms.
- Colorado Excess Loss Insurance for Self-Insured Employer Benefit Plans under ERISA (FORM EXCESS LOSS). This form must accompany submission of the actual forms.

Each of these forms is attached to this Bulletin. Reproduction by insurers is authorized and encouraged.

Please note: Company officers must sign the certification forms and it must be an original signature (electronic copies of signatures are not acceptable unless provided through an electronic signature verification provider such as VeriSign). Scanned certification forms with original “wet” signatures are acceptable. If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is also a corporate officer, **please include documentation that shows that this individual has been appointed as an officer of your organization by the Board of Directors. This documentation must be submitted with each filing.**

IV. Additional Division Resources

A. For More Information

Colorado Division of Insurance
 Rates and Forms Section
 1560 Broadway, Suite 850
 Denver, CO 80202
 Tel. 303-894-7499
 Internet: <http://www.dora.state.co.us/insurance>

B. Related Division Regulations

1-1-6
 4-9-2
 5-1-10
 5-1-11
 5-2-16

V. History

- Issued December 15, 2003
- Reissued October 21, 2005
- Reissued May 1, 2007
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STATE OF COLORADO

COMPANY CHECKLIST FOR ALL TYPE II RATE FILINGS (INCLUDING PRIVATE PASSENGER AUTOMOBILE AND WORKERS COMPENSATION) (Type II kinds of insurance are defined in §10-4-401(3)(b) C.R.S.)

REQUIRED ITEMS FOR COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Form A	<ul style="list-style-type: none"> • Must accompany all submissions • Effective dates must <i>not</i> be <i>retroactive</i>. If resubmitting, filing and effective date must be current. The words “on approval/upon approval” are not acceptable for effective dates. • When adopting an advisory organization, provide the advisory organization’s reference number 	Colorado Regulation 5-1-10 Colorado Bulletin B-5.18
Forms B, C and D	<ul style="list-style-type: none"> • When appropriate for loss cost filings or modifications to an advisory/rating organization filing • One set for each company 	Colorado Regulation 5-1-10
Rate Justification	<ul style="list-style-type: none"> • Must provide complete support for any rate change or new rate development 	§10-4-403(2)(b), C.R.S. Colorado Regulation 5-1-10
Side-by-Side Comparison	<ul style="list-style-type: none"> • Detailed description of current rules and the proposed rules • Provide marked-up version of rules showing each change 	Colorado Regulation 5-1-10
Rate History	<ul style="list-style-type: none"> • List the dates and the effect of any rate changes made in the past 3 years 	Colorado Regulation 5-1-10
Territorial Factors	<ul style="list-style-type: none"> • Must clearly display and adequately support all territorial factors and definitions and any changes made to these factors 	Colorado Regulation 5-1-10
Development of Expected Loss or Pure Premium	<ul style="list-style-type: none"> • Provide complete support 	Colorado Regulation 5-1-10

Expense Provision	<ul style="list-style-type: none"> Describe fixed and variable expense provisions and how they will be accounted for in the final rate 	Colorado Regulation 5-1-10
Profit and Contingency Load	<ul style="list-style-type: none"> Provide actuarial or statistical justification for underwriting profit load in excess of 7% after tax for private passenger automobile or homeowners insurance. 	§10-4-403(1)(a), C.R.S.

Additional requirements for the following kinds of insurance:

Medical Malpractice	<ul style="list-style-type: none"> An actuarial opinion signed by a qualified actuary is required with all Medical Malpractice rate filings. 	§10-4-403(2.1), C.R.S. Colorado Regulation 5-1-10
Private Passenger Automobile		
Prohibited Factors	<ul style="list-style-type: none"> Tiering factors and algorithms must be submitted Not-at-Fault accidents and comprehensive losses may not be used to place an otherwise qualified applicant in a higher priced program 	§10-4-628, C.R.S.
	<ul style="list-style-type: none"> Prior limits of liability may not be used to determine rates and/or acceptability Credit scoring may not be used unless actuarial justification has been filed with the Division 	§10-4-116, C.R.S.
Required Coverage Options	<ul style="list-style-type: none"> Collision coverage with deductibles of \$100 and \$250 must be offered Every insurer shall offer a discount for drivers age 55 and older, who have completed a drivers education course 	§10-4-621(2), C.R.S. §10-4-632, C.R.S.

Workers Compensation Insurance		
<p>Premium Dividend for Certified Risk Management Programs</p>	<ul style="list-style-type: none"> Workers Compensation: 5% credit (in addition to 25% schedule rating) if insured has implemented a certified risk management program AND the loss experience has improved since last renewal 	<p>Colorado Regulation 5-1-11(III)(E)</p>
<p>Premium Differential for Selection of Designated Medical Provider</p>	<ul style="list-style-type: none"> The insurer must allow premium dividends for selection of a designated medical provider as defined in this Regulation. If an insured is schedule-rated, the premium differential is included within the maximum 25% schedule rating credit. 	<p>Colorado Regulation 5-1-11(III)(F)</p>

PLEASE DO NOT SUBMIT THIS CHECKLIST IN WITH THE FILING

STATE OF COLORADO

COMPANY CHECKLIST FOR ALL TYPE II RULE FILINGS (INCLUDING PRIVATE PASSENGER AND WORKERS COMPENSATION)

REQUIRED ITEMS FOR COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Form A	<ul style="list-style-type: none"> • Must accompany all submissions • Effective dates must <i>not</i> be <i>retroactive</i>. If resubmitting, filing and effective date must be current. The words “on approval/upon approval” are not acceptable for effective dates. • When adopting an advisory organization, list the advisory organization’s reference number(s) 	Colorado Regulation 5-1-10 Colorado Bulletin B-5.18 Exhibit Form A
Side-by-Side Comparison	<ul style="list-style-type: none"> • Detailed description of current rules and the proposed rules 	Colorado Regulation 5-1-10
Manual Pages	<ul style="list-style-type: none"> • Provide final printed manual pages 	Colorado Regulation 5-1-10

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STATE OF COLORADO

COMPANY CHECKLIST FOR TITLE INSURANCE RATE FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Form A	<ul style="list-style-type: none"> • Must accompany all submissions • Effective dates must be 30 days after the Division has received the complying filing. 	Colorado Regulation 5-1-10 Colorado Bulletin B-5.18 Exhibit Form A
Rates, Closing & Settlement Fees	<ul style="list-style-type: none"> • The rates, and closing & settlement fees must be placed on file with the Division 	§10-11-118(2)(b), C.R.S.
Rate and Fee Justification	<p>Must provide complete support for any new or amended rate and fee. This shall include but not limited to:</p> <ul style="list-style-type: none"> • Expense provision and how they will be accounted for in the final rate or fee • Expected losses and loss ratio • Rate History listing the effective date and amount of any rate or fee changes made in the past 3 years • Methodologies and material assumptions in developing the rate. 	§10-11-118 (2), C.R.S. Colorado Regulation 5-1-10
Builders Discounts/ Subdivider Rates	<ul style="list-style-type: none"> • Company may provide builder discounts based on the economies of scale and parceling of one parcel of property. Companies may not offer discounts based on anticipated volume from any one builder. 	Colorado Regulation 3-5-1
Documents to be maintained in the company's or agency's principal office within the state	<ul style="list-style-type: none"> • Statement of compliance by an officer of the company or agency that the rate or fee in use complies with Colorado law 	§10-11-118(2)(a), C.R.S.
Side-by-Side Comparison	<ul style="list-style-type: none"> • Detailed description of current and proposed rate and fee pages shall be included in the submission 	§10-11-118(2)(a), C.R.S. Colorado Regulation 5-1-10

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STATE OF COLORADO

CHECKLIST FOR TITLE AGENCY CLOSING AND SETTLEMENT FEE FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Cover letter	<ul style="list-style-type: none"> • Provide explanation of filing including contact information 	Colorado Bulletin 5.18
Form TA (Form is specific for Title Agency Filings only)	<ul style="list-style-type: none"> • Must accompany all submissions • Effective dates must be 30 days after the Division has received the complying filing. 	§10-11-118 (2) C.R.S. Colorado Regulation 5-1-10 Colorado Bulletin B-5.18 Exhibit Form TA
Closing and Settlement Fees	<ul style="list-style-type: none"> • The closing and settlement fees must be placed on file with the Division. • Include a description of all closing and settlement fees 	§10-11-118(2)(b), C.R.S.
Closing & Settlement Fee Justification	<ul style="list-style-type: none"> • Must provide complete support for any new or amended fee. • The support shall include actual expenses associated with the fee. • Must demonstrate how the expense provision will be accounted for in the final fee. • Any other determining factor used to develop the fee shall be included. 	§10-11-118(2) C.R.S.
Documents to be maintained in the company's or agency's principal office within the state	<ul style="list-style-type: none"> • Statement of compliance by an officer of the company or agency that the rate or fee in use complies with Colorado law 	§10-11-118(2)(a), C.R.S.
Side-by-Side Comparison	<ul style="list-style-type: none"> • Detailed description of current and proposed fee pages shall be included in the submission 	§10-11-118(2)(a), C.R.S. Colorado Regulation 5-1-10
Duplicate Copy and Self- Addressed Stamped Envelope	<ul style="list-style-type: none"> • Provide a duplicate copy of entire filing to be stamped and mailed back for your records 	Colorado Bulletin 5.18

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

STATE OF COLORADO

COMPANY CHECKLIST FOR CREDIT PROPERTY INSURANCE RATE FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Form A	<ul style="list-style-type: none"> • Must accompany all submissions • Effective dates must <i>not</i> be <i>retroactive</i>. If resubmitting, filing and effective date must be current. The words “on approval/upon approval” are not acceptable for effective dates. • Colorado Bulletin B-5.18 has specific instructions for Credit entities 	Colorado Bulletin B-5.18 Exhibit Form A
Actuarial Memorandum	<ul style="list-style-type: none"> • All credit rate filings must use either the specified component-based rates or credibly demonstrate that a proposed rate will produce a loss ratio of at least 40% 	§10-10-109(2), C.R.S. Colorado Regulation 4-9-2(12)(B)&(D)
	<ul style="list-style-type: none"> • Experience of earned premiums, incurred losses and calculated loss ratios for the prior three years, or all available experience, if less than three (3) years. Rates and rating data must be based on Colorado data to the extent that it is credible 	Colorado Regulation 4-9-2(12)(E)(1)
	<ul style="list-style-type: none"> • Target or expected loss ratio 	Colorado Regulation 4-9-2(12)(E)(2)
	<ul style="list-style-type: none"> • Quantification of any benefit changes 	Colorado Regulation 4-9-2(12)(E)(3)
	<ul style="list-style-type: none"> • Rate development 	Colorado Regulation 4-9-2(12)(E)(4)

	<ul style="list-style-type: none"> • Analysis of credibility, and use of collateral data such as company experience in other states for similar policies, industry experience, mortality tables or morbidity tables 	Colorado Regulation 4-9-2(12)(E)(5)
	<ul style="list-style-type: none"> • Demonstrate compliance with loss ratio standard 	Colorado Regulation 4-9-2(12)(E)(6)
	<ul style="list-style-type: none"> • Certification by a qualified actuary 	Colorado Regulation 4-9-2(12)(E)(7)

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING

FORM TA

TITLE AGENCY CLOSING AND SETTLEMENT FEES FILING FORM

1. AGENCY NAME:
2. EFFECTIVE DATE:
3. REASON FOR FILING:
4. COUNTIES AFFECTED BY FILING:
5. OVERALL % RATE / FEE IMPACT CHANGE: Attach all justification and demonstrate how expenses were used in the development of the selected fee.
6. A. DATE OF LAST CLOSING AND SETTLEMENT FEE FILING: B. LAST FILING / TRACKING NUMBER:

FORM B

COLORADO INSURER RATE FILING ADOPTION OF RATING/ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS OR PURE PREMIUM RATES REFERENCE FILING ADOPTION FORM

1. COMPANY NAME:
2. NAME OF RATING/ADVISORY ORGANIZATION:
3. RATING/ADVISORY ORGANIZATION REFERENCE NUMBER:
4. The above insurer declares that it is a member, subscriber or service purchaser of the named rating or advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs or pure premium rates in the captioned reference filing.

The insurer's rates will be the combination of the prospective loss costs or pure premium rates developed by the rating/advisory organization and the loss cost adjustments or the pure premium rate and the expense provision adjustments.

5. PROPOSED RATE LEVEL CHANGE % EFFECTIVE DATE
6. PRIOR RATE LEVEL CHANGE % EFFECTIVE DATE
7. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" COLORADO RATE & RULE FORM C IF THE LOSS COST MULTIPLIER IS CHANGING
8. CHECK ONE OF THE FOLLOWING:

The insurer hereby files to have its loss cost or pure premium rate adjustments are applicable to future revisions of the rating/advisory organization's prospective loss costs or pure premium rates for this line of insurance. The insurer's rates will be the combination of the rating/advisory organization's prospective loss costs or the pure premium rates and the loss cost adjustments or the pure premium rate and the expense provision adjustments.

The insurer hereby files to have its loss cost or pure premium rate adjustments be applicable only to the above rating/advisory reference filing. *(Please enclose an explanation showing why the loss costs will not be automatically adopted. If this is a Worker's Compensation filing, please provide acknowledgement that the new loss costs will be proactively adopted by a filing on or before the effective date of the revised loss cost filing.)*

FORM C

INSURER RATE FILING ADOPTION OF RATING/ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS OR PURE PREMIUM RATES SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST OR PURE PREMIUM RATE MULTIPLIER

1. COMPANY NAME:
2. LINE, SUBLINE, COVERAGE, TERRITORY, CLASS, ETC. COMBINATION TO WHICH THIS PAGE APPLIES:
3. LOSS COST OR PURE PREMIUM RATE MODIFICATION:
 - A. THE INSURER HEREBY FILES TO ADOPT THE PROSPECTIVE LOSS COSTS OR PURE PREMIUM RATES IN THE CAPTIONED REFERENCE FILING. CHECK ONE:
 WITHOUT MODIFICATION. (FACTOR 1.000)

 WITH THE FOLLOWING MODIFICATION(S).
(CITE THE NATURE AND PERCENT MODIFICATION, AND ATTACH SUPPORTING DATA AND/OR RATIONALE FOR THE MODIFICATION.)
 - B. LOSS COST OR PURE PREMIUM RATE MODIFICATION EXPRESSED AS A FACTOR:

NOTE: ***IF AN EXPENSE CONSTANT IS UTILIZED***, ATTACH "EXPENSE CONSTANT SUPPLEMENT" (Form D) AND ***DO NOT COMPLETE ITEMS 4-7 BELOW***.

4. DEVELOPMENT OF EXPECTED LOSS RATIO. (ATTACH EXHIBIT DETAILING INSURER EXPENSE DATA AND/OR OTHER SUPPORTING INFORMATION)

SELECTED PROVISIONS	
A. TOTAL PRODUCTION EXPENSE	%
B. GENERAL EXPENSE	%
C. TAXES, LICENSES & FEES	%
D. UNDERWRITING PROFIT & CONTINGENCIES	%
E. OTHER:	%
F. TOTAL	%

5. A. EXPECTED LOSS RATIO: ELR=100% - 4F = %
B. ELR EXPRESSED IN DECIMAL FORM: =
6. LOSS COST OR PURE PREMIUM RATE MULTIPLIER: (3B ÷ 5B) =
7. RATE LEVEL CHANGE FOR THE COVERAGE TO WHICH THIS PAGE APPLIES:

FORM D

COLORADO EXPENSE CONSTANT SUPPLEMENT CALCULATION OF COMPANY LOSS COST OR PURE PREMIUM RATE MULTIPLIER WITH EXPENSE CONSTANT

1. COMPANY NAME:
2. DEVELOPMENT OF EXPECTED LOSS RATIO. (ATTACH EXHIBIT DETAILING INSURER EXPENSE DATA AND/OR OTHER SUPPORTING INFORMATION):

	OVERALL	SELECTED PROVISIONS		
		VARIABLE	+	FIXED
A. TOTAL PRODUCTION EXPENSE	%	=	%	%
B. GENERAL EXPENSE	%	=	%	%
C. TAXES, LICENSES & FEES	%	=	%	%
D. UNDERWRITING PROFIT & CONTINGENCIES	%	=	%	%
E. OTHER (EXPLAIN:)	%	=	%	%
F. TOTAL	%	=	%	%

(PLEASE MAKE SURE ALL TOTALS ARE MATHEMATICALLY CORRECT)

3.

A. EXPECTED LOSS RATIO:	
ELR = 100% - OVERALL 2F	%
B. ELR EXPRESSED IN DECIMAL FORM:	
C. VARIABLE EXPECTED LOSS RATIO:	%
VELR = 100% - VARIABLE 2F	%
D. VELR IN DECIMAL FORM:	

4. AVERAGE UNDERLYING PER EMPLOYER LOSS COST OR PURE PREMIUM RATE: =

(The AVERAGE UNDERLYING PER EMPLOYER LOSS COST may be calculated by multiplying the total expected in-force annual premium by the expected loss ratio, then dividing the result by the expected number of policyholders; adjustments should be made, if appropriate, for recent significant increases/decreases in the number of policyholders, or for exceptionally large outliers in the loss data.) [(Premium * Loss Ratio)/Number of Policyholders]

5. FORMULA EXPENSE CONSTANT (show how this multiplier was determined in supporting documentation):

$$\{[(1.00 \div 3B) - (1.00 \div 3D)] \times \text{AVERAGE UNDERLYING PER EMPLOYER LOSS COST OR PURE PREMIUM RATE}\} =$$

6. FORMULA VARIABLE LOSS COST OR PURE PREMIUM RATE MULTIPLIER (3 from Form C ÷ 3D from Form D): =

Please note: It is unacceptable to judgmentally adjust the loss cost multiplier (LCM) between items 4 and 5 of Form D unless the expense constant is correspondingly adjusted: doing so results in a rate not justified by the filing, which is therefore either excessive or inadequate. The only adjustment which may be made is when the expense constant is greater than that desired, in which case the expense constant is lowered while the LCM is increased proportionately.

Therefore, the new LCM would be the LCM from item 4 plus:

$$\{[\text{old expense constant} - \text{selected expense constant}] \div \text{average underlying per employer loss cost}\}$$

5. SELECTED EXPENSE CONSTANT: =
6. SELECTED VARIABLE LOSS COST OR PURE PREMIUM RATE MULTIPLIER: =
7. RATE LEVEL CHANGE FOR THE COVERAGE TO WHICH THIS PAGE APPLIES: = %

STATE OF COLORADO

COMPANY CHECKLIST FOR CLAIMS-MADE LIABILITY FORM CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Certification of Compliance	<ul style="list-style-type: none"> • Must have company name (Name of Entity) • It must contain an original signature of a company officer (President, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). <p><i>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).</i></p> <ul style="list-style-type: none"> • If it is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors. This documentation must accompany each filing. • Must have current date 	<p style="text-align: center;">§10-4-419, C.R.S.</p> <p style="text-align: center;">Colorado Regulation 1-1-6</p> <p style="text-align: center;">Colorado Bulletin B-5.18 Exhibit Form CLM</p>
Listing of New Form(s) OR Annual Report of Forms	<ul style="list-style-type: none"> • Must be a separate document • Must list form numbers, titles, program and edition date • Must be filed 31 days prior to use • Must have effective date of use that is at least 31 days after the SERFF submission filing date. **Note: <i>filing date</i> means the date the filing is <u>RECEIVED</u> in SERFF. • Annual reports to be filed prior to July 1 of each year • Do not send actual forms 	<p style="text-align: center;">§10-4-419, C.R.S.</p> <p style="text-align: center;">Colorado Regulation 1-1-6</p>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

FORM CLM

COLORADO CLAIMS-MADE LIABILITY INSURANCE CERTIFICATION FORM FOR ANNUAL REPORTS AND LISTINGS OF NEW POLICY FORMS

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF CLAIMS-MADE LIABILITY INSURANCE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS OR ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, RULES AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY THAT THE POLICY FORMS IDENTIFIED ON THE LISTING OF NEW POLICY FORMS OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL RELEVANT COLORADO INSURANCE LAWS AND REGULATIONS.

(***Original*** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

**If the individual signing the certification is other than the president, vice president assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

STATE OF COLORADO

COMPANY CHECKLIST FOR CREDIT PROPERTY INSURANCE FORM CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Certification of Compliance	<ul style="list-style-type: none"> • Must have company name (Name of Entity) • It must contain an original signature of a company officer (President, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). <p><i>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).</i></p> <ul style="list-style-type: none"> • If it is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors. This documentation must accompany each filing. • The exact wording of the certification (FORM CI) must be used • Must have current date 	<p style="text-align: center;">§10-10-109(3) C.R.S.</p> <p style="text-align: center;">Colorado Regulation 4-9-2 (11)(B)</p> <p style="text-align: center;">Colorado Bulletin B-5.18 Exhibit Form CI</p>
Listing of New Form(s) OR Annual Report of Forms	<ul style="list-style-type: none"> • Submit as a separate document. This listing should not be on a cover letter or included with anything else in the submission. • Effective date of new policy form(s) which is at least 31 days from the filing date. <p>** Note: <i>filing date</i> means the date the filing is RECEIVED in SERFF.</p> <ul style="list-style-type: none"> • Must list form numbers, titles, program and edition date • Annual Report must be filed by July 1 of each year • Do not send actual forms 	<p style="text-align: center;">§10-4-419, C.R.S.</p> <p style="text-align: center;">Colorado Regulation 1-1-6</p>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

FORM CI

**COLORADO CREDIT INSURANCE POLICY CERTIFICATION FORM
FOR ANNUAL REPORTS AND LISTINGS OF NEW POLICY FORMS**

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF CREDIT INSURANCE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS OR ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, RULES, AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY THAT THE POLICY FORMS IDENTIFIED ON THE LISTING OF NEW POLICY FORMS OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL RELEVANT COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

STATE OF COLORADO

COMPANY CHECKLIST FOR PRIVATE PASSENGER AUTOMOBILE AND COMMERCIAL AUTOMOBILE WITH INDIVIDUALLY-OWNED PRIVATE PASSENGER AUTOMOBILE-TYPE INSURANCE FORM CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Certification of Compliance	<ul style="list-style-type: none"> • Must have company name (Name of Entity) • It must contain an original signature of a company officer (President, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). <p><i>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).</i></p> <ul style="list-style-type: none"> • If it is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors. This documentation must accompany each filing. • The exact wording of the certification form must be used • Must have current date 	<p style="text-align: center;">§10-4-633, C.R.S. Colorado Regulation 1-1-6</p> <p style="text-align: center;">Colorado Bulletin B-5.18 Exhibits Form PPA or Form CA</p>
Listing of New Form(s) OR Annual Report of Forms	<ul style="list-style-type: none"> • Submit as a separate document. This listing should not be on a cover letter or included with anything else in the submission. • Effective date of new policy form(s) which is at least 31 days from the filing date. ** Note: <i>filing date</i> means the date the filing is RECEIVED in SERFF. • Must list form numbers, titles, program and edition date • Annual Report must be filed by July 1 of each year • Do not send actual forms 	<p style="text-align: center;">§10-4-633, C.R.S.</p> <p style="text-align: center;">Colorado Regulation 1-1-6</p>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

FORM PPA

**COLORADO AUTOMOBILE PRIVATE PASSENGER INSURANCE CERTIFICATION
FORM FOR ANNUAL REPORTS AND LISTINGS OF NEW POLICY FORMS**

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF AUTOMOBILE PRIVATE PASSENGER INSURANCE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS OR ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, RULES, AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY KNOWLEDGE THAT THE POLICY FORMS IDENTIFIED ON THE LISTING OF NEW POLICY FORMS OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

FORM CA

COLORADO COMMERCIAL AUTOMOBILE WITH INDIVIDUALLY-OWNED PRIVATE PASSENGER AUTOMOBILE-TYPE INSURANCE CERTIFICATION FORM FOR ANNUAL REPORTS AND LISTINGS OF NEW POLICY FORMS

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF AUTOMOBILE PRIVATE PASSENGER INSURANCE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS OR ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, RULES AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY KNOWLEDGE THAT THE POLICY FORMS IDENTIFIED ON THE LISTING OF NEW POLICY FORMS OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

STATE OF COLORADO

COMPANY CHECKLIST FOR WORKERS COMPENSATION FORM FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
All Workers Compensation forms are prior approval and must be submitted for review	<ul style="list-style-type: none">• Must have current edition date	§ 8-44-102, C.R.S

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

STATE OF COLORADO

COMPANY CHECKLIST FOR *SELF-INSURED EMPLOYER HEALTH BENEFIT PLANS UNDER ERISA FORM* CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
All Excess Loss Coverage for Employer Health Benefit Plans under ERISA policy forms must be submitted with the certification form.	<ul style="list-style-type: none"> • Must have current edition date 	§10-16-119, C.R.S.
Certification of Compliance	<ul style="list-style-type: none"> • Must have company name (Name of Entity) • It must contain an original signature of a company officer (President, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). <i>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).</i> • If it is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors. This documentation must accompany each filing. • The exact wording of the certification form must be used • Must have current date 	§10-16-119, C.R.S. Colorado Regulation 1-1-6 Colorado Bulletin B-5.18
Policy forms	<ul style="list-style-type: none"> • The actual form(s) must be submitted 	Colorado Bulletin B-5.18

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

FORM EXCESS LOSS

**COLORADO EXCESS LOSS INSURANCE FOR SELF-INSURED
EMPLOYER BENEFIT PLANS UNDER ERISA CERTIFICATION FORM**

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF EXCESS LOSS INSURANCE FOR SELF-INSURED EMPLOYER BENEFIT PLANS UNDER ERISA;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS ATTACHED TO THIS CERTIFICATION;

WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, RULES, AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY KNOWLEDGE THAT THE POLICY FORMS ATTACHED AND FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

COLORADO STATE SPECIFIC CODES

Please do not include this listing with the filing

Code	Description
100	Liability - Personal
102	Physical Damage - Person
103	Uninsured Motor - BI Personal
104	Uninsured Motor- PD Personal
111	Medical Payments
300	Liability – Commercial
302	Uninsured Motor – PD Commercial
303	Uninsured Motor – BI Commercial
407	Terrorism Coverage
408	Mold, Fungus, Bacteria
410	Withdrawal from Colorado Market
411	Withdraw a specific filing or product
412	Withdraw from a specific line of business
413	Non Adopt Rating Organization
561	Rating Organization Bylaws
562	Rating Organization Member List
563	Rating Organization License
564	Miscellaneous (Use only if no other codes apply)
565	Rating Organization Stat Report
740	Assessment Fee
805	Name Change
812	Dwelling Fire
816	Personal Aviation
817	Summary Disclosure
829	Annual Claims Made Certification
831	Rating Organization
849	Annual Forms Certification
871	Large Deductible
878	Commercial Aviation
881	Collateral Protection
882	Bail Bonds
888	Confidential
901	NCCI Loss Cost

**Colorado Quick Reference Guide for
Uniform Property and Casualty Coding Matrix**

FOR A MORE DETAILED LISTING PLEASE VISIT: www.NAIC.ORG

PLEASE DO NOT INCLUDE THIS LISTING WITH THE FILING

Type of Insurance	Sub-Type of Insurance	Colorado State Specific Code
01.0 Property	01.0001 Commercial Property (Fire and Allied Lines)	
	01.0002 Personal Property (Fire and Allied Lines)	
02.1 Crop	02.1000 Crop-Hail Sub-TOI Combinations	
	02.1001 Crop-Hail Non-Federally Reinsured Only	
	02.1002 Crop-Hail Federally Reinsured Only	
02.3 Flood	02.3001 Commercial Flood	
	02.3002 Personal Flood	
03.0 Personal Farmowners	03.0000 Personal Farmowners	
04.0 Homeowners	04.0000 Homeowners Sub-TOI Combinations	
	04.0001 Condominium Homeowners	
	04.0002 Mobile Homeowners	
	04.0003 Owner Occupied Homeowners	
	04.0004 Tenant Homeowners	
	04.0005 Other Homeowners	812, 817
05.0 CMP Liability and Non-Liability	05.0000 CMP Sub-TOI Combinations	
	05.0001 Builders Risk	
	05.0002 Businessowners	
	05.0003 Commercial Package	
	05.0004 Manufacturers Output	
	05.0005 CMP E-Commerce	
	05.0006 Commercial Farm and Ranch	
	05.0007 Other CMP	
05.1 CMP Non-Liability Portion Only	05.1000 CMP Sub-TOI Combinations	
	05.1001 Builders Risk	
	05.1002 Businessowners	
	05.1003 Commercial Package	
	05.1004 Manufacturers Output	
	05.1005 CMP E-Commerce	
	05.1006 Commercial Farm and Ranch	
	05.1007 Other CMP	
05.2 CMP Liability Portion Only	05.2000 CMP Sub-TOI Combinations	
	05.2002 Businessowners	
	05.2003 Commercial Package	
	05.2004 Manufacturers Output	
	05.2005 CMP E-Commerce	
	05.2006 Commercial Farm and Ranch	
	05.2007 Other CMP	
06.0 Mortgage Guaranty	06.0000 MG Sub-TOI Combinations	
	06.0001 Fixed Rate MG	

	06.0002 Trust/Pool MG	
	06.0003 Variable Rate MG	
	06.0004 Other MG	
08.0 Ocean Marine	08.0000 Ocean Marine	
09.0 Inland Marine	09.0000 Inland Marine Sub-TOI Combinations	
	09.0001 Animal Mortality	
	09.0002 Difference in Conditions (DIC)	
	09.0003 Electronic Data Processing (EDP)	
	09.0004 Pet Insurance Plans	
	09.0005 Other Commercial Inland Marine	
	09.0006 Other Personal Inland Marine	
	09.0007 Communication Equipment (Cellular Phone)	
	09.0008 Event Cancellation	
	09.0009 Travel Coverage	
10.0 Financial Guaranty	10.0000 Financial Guaranty	
11.0 Med Mal-Claims Made&Occurrence	11.0000 Med Mal Sub-TOI Combinations	
	11.0001 Acupuncture	
	11.0002 Ambulance Services	
	11.0003 Chiropractic	
	11.0004 Community Health Centers	
	11.0005 Dental Hygienists	
	11.0006 Dentists – General Practice	
	11.0007 Dentists – Oral Surgeons	
	11.0008 Home Care Service Agencies	
	11.0009 Hospitals	
	11.0010 Nurse – Anesthetists	
	11.0011 Nurse – Licensed Practical	
	11.0012 Nurse – Midwife	
	11.0013 Nurse – Practitioners	
	11.0014 Nurse – Private Duty	
	11.0015 Nurse – Registered	
	11.0016 Nursing Homes	
	11.0017 Occupational Therapy	
	11.0018 Ophthalmic Dispensing	
	11.0019 Optometry	
	11.0020 Osteopathy	
	11.0021 Pharmacy	
	11.0022 Physical Therapy	
	11.0023 Physicians & Surgeons	
	11.0024 Physicians Assistants	
	11.0025 Podiatry	
	11.0026 Psychiatry	
	11.0027 Psychology	
	11.0028 Speech Pathology	
	11.0029 Other	
	11.0030 Dentist	
	11.0031 Anesthetist	
	11.0032 Professional Nurses	
	11.0033 Assisted Living Facility	

11.1 Med Mal-Claims Made Only	11.1000 Med Mal Sub-TOI Combinations	
	11.1001 Acupuncture	
	11.1002 Ambulance Services	
	11.1003 Chiropractic	
	11.1004 Community Health Centers	
	11.1005 Dental Hygienists	
	11.1006 Dentists – General Practice	
	11.1007 Dentists – Oral Surgeons	
	11.1008 Home Care Service Agencies	
	11.1009 Hospitals	
	11.1010 Nurse – Anesthetists	
	11.1011 Nurse – Licensed Practical	
	11.1012 Nurse – Midwife	
	11.1013 Nurse – Practitioners	
	11.1014 Nurse – Private Duty	
	11.1015 Nurse – Registered	
	11.1016 Nursing Homes	
	11.1017 Occupational Therapy	
	11.1018 Ophthalmic Dispensing	
	11.1019 Optometry	
	11.1020 Osteopathy	
	11.1021 Pharmacy	
	11.1022 Physical Therapy	
	11.1023 Physicians & Surgeons	
	11.1024 Physicians Assistants	
	11.1025 Podiatry	
	11.1026 Psychiatry	
	11.1027 Psychology	
	11.1028 Speech Pathology	
	11.1029 Other	
	11.1030 Dentist	
	11.1031 Anesthetist	
	11.1032 Professional Nurses	
	11.1033 Assisted Living Facility	
11.2 Med Mal-Occurrence Only	See 11.0 or 11.1	
12.0 Earthquake	12.0001 Commercial Earthquake	
	12.0002 Personal Earthquake	
16.0 Workers Compensation	16.0000 WC Sub-TOI Combinations	
	16.0001 Alternative WC	
	16.0002 Employers Liability WC	
	16.0003 Excess WC	
	16.0004 Standard WC	901, 871
17.0 Other Liability-Occ/Claims Made	17.0000 Other Liability Sub-TOI Combinations	
	17.0001 Commercial General Liability	
	17.0002 Completed Operations	
	17.0003 Comprehensive Personal Liab	
	17.0004 Contractual Liability	
	17.0005 Day Care Centers	

	17.0006 Directors & Officers Liability	
	17.0007 Elevators and Escalators Liab	
	17.0008 Employee Benefit Liability	
	17.0009 Employers Liability	
	17.0010 Employment Practices Liability	
	17.0011 Environmental Pollution Liability	
	17.0012 Fire Legal Liability	
	17.0013 Kidnap & Ransom Liability	
	17.0014 Liquor Liability	
	17.0015 Municipal Liability	
	17.0016 Nuclear Energy Liability	
	17.0017 Personal Injury Liability	
	17.0018 Premises and Operations (OL&T and M&C)	
	17.0019 Professional Errors and Omissions Liability	
	17.0020 Commercial Umbrella and Excess	
	17.0021 Personal Umbrella and Excess	
	17.0022 Other	
	17.0023 Veterinarian	
	17.0024 Internet Liability	
17.1 Other Liability-Claims Made Only	17.1000 Other Liability Sub-TOI Combinations	
	17.1001 Commercial General Liability	
	17.1002 Completed Operations	
	17.1003 Comprehensive Personal Liab	
	17.1004 Contractual Liability	
	17.1005 Day Care Centers	
	17.1006 Directors & Officers Liability	
	17.1007 Elevators and Escalators Liab	
	17.1008 Employee Benefit Liability	
	17.1009 Employers Liability	
	17.1010 Employment Practices Liability	
	17.1011 Environmental Pollution Liability	
	17.1012 Fire Legal Liability	
	17.1013 Kidnap & Ransom Liability	
	17.1014 Liquor Liability	
	17.1015 Municipal Liability	
	17.1016 Nuclear Energy Liability	
	17.1017 Personal Injury Liability	
	17.1018 Premises and Operations (OL&T and M&C)	
	17.1019 Professional Errors and Omissions Liability	
	17.1020 Commercial Umbrella and Excess	
	17.1021 Personal Umbrella and Excess	
	17.1022 Other	829-Annual
	17.1023 Veterinarian	
	17.1024 Internet Liability	
17.2 Other Liability-Occ Only	17.2000 Other Liability Sub-TOI Combinations	
	17.2001 Commercial General Liability	
	17.2002 Completed Operations	
	17.2003 Comprehensive Personal Liab	
	17.2004 Contractual Liability	

	17.2005 Day Care Centers	
	17.2006 Directors & Officers Liability	
	17.2007 Elevators and Escalators Liab	
	17.2008 Employee Benefit Liability	
	17.2009 Employers Liability	
	17.2010 Employment Practices Liability	
	17.2011 Environmental Pollution Liability	
	17.2012 Fire Legal Liability	
	17.2013 Kidnap & Ransom Liability	
	17.2014 Liquor Liability	
	17.2015 Municipal Liability	
	17.2016 Nuclear Energy Liability	
	17.2017 Personal Injury Liability	
	17.2018 Premises and Operations (OL&T and M&C)	
	17.2019 Professional Errors and Omissions Liability	
	17.2020 Commercial Umbrella and Excess	
	17.2021 Personal Umbrella and Excess	
	17.2022 Other	
	17.2023 Veterinarian	
	17.2024 Internet Liability	
18.0 Product Liability	18.0000 Product Liab-Occ/Claims Made	
	18.1000 Product Liab-Claims Made Only	
	18.2000 Product Liab-Occurrence Only	
19.0 Personal Auto	19.0001 Private Passenger Auto (PPA)	100, 102, 103, 104, 111
	19.0002 Motorcycle	
	19.0003 Recreational Vehicle (RV)	
	19.0004 Other	817
20.0 Commercial Auto	20.0001 Business Auto	111, 300, 302, 303
	20.0002 Garage	
	20.0003 Other	
	20.0004 Truckers	
21.1 Mechanical Breakdown	21.1000 Mechanical Breakdown Contracts	
21.2 Motor Vehicle Service Contract	21.2000 Motor Vehicle Service Contracts	
21.3 Other Service Contracts	21.3000 Other Service Contracts	
21.4 Mobile Homes under Transport	21.0004 Mobile Homes under Transport	
22.0 Aircraft	22.0000 Aircraft	816, 878
23.0 Fidelity	23.0000 Fidelity	
24.0 Surety	24.0000 Surety	882
23.0/24.0 Fidelity and Surety	23.0000/24.0000 Fidelity and Surety	
26.0 Burglary and Theft	26.0001 Commercial Burglary and Theft	
	26.0002 Personal Burglary and Theft	
27.0 Boiler and Machinery	27.0000 Boiler and Machinery	
28.1 Credit - Commercial Property	28.1000 Credit-Commercial Property	
28.2 Credit - Personal Property	28.2001 Creditor-Placed Home	
	28.2002 Creditor-Placed Auto	

	28.2003 Personal Property	
	28.2004 Credit Family Leave	
	28.2005 Personal GAP Insurance	
	28.2006 Other	
30.0 Homeowner/Auto Combinations	30.0000 Homeowner/Auto Combinations	
33.0 Other Lines of Business	33.0001 Other Personal Lines	
	33.0002 Other Commercial Lines	
	33.0003 Mechanical Breakdown Insurance	
	33.0004 Service Contracts	
34.0 Title	34.0000 Title	
35.0 Interline Filings	35.0001 Personal Interline Filings	
	35.0002 Commercial Interline Filings	

PLEASE DO NOT INCLUDE THIS LISTING WITH THE FILING