



EARL R. POMEROY
COMMISSIONER OF INSURANCE
STATE OF NORTH DAKOTA
STATE CAPITOL
BISMARCK, NORTH DAKOTA 58505
701 - 224 - 2440

BULLETIN 88-4

TO: ALL PROPERTY/CASUALTY COMPANIES

FROM: Earl R. Pomeroy, Commissioner of Insurance

DATE: May 27, 1988

SUBJECT: Filing Transmittal Form No. NDPC-100 (6/88)

Pursuant to North Dakota Century Code Chapters 26.1-25 and 26.1-30, the Commissioner is given the authority and responsibility for the regulation of insurance forms and rates.

In keeping with this authority we are introducing a "Filing Transmittal Form" No. NDPC-100 (6/88) to be used on all form and rate filings.

The purpose of this form is twofold:

- 1) The proper completion of the form will make the processing of filings within the Department more timely and efficient.
- 2) The form will provide a definitive guide to companies by listing the requirements for filing.

The Department is making every effort to process filings in a timely and efficient manner. Due to the limited size of our staff we are hampered in providing timely service by the fact that many filings are incomplete. This of course makes it necessary for us to have to go back to companies for this material, further delaying the process. We believe the use of a "Filing Transmittal Form" by all companies on each filing will be of great help to both the Department and the companies.

The "Filing Transmittal Form" should be placed as the first page of the filing (on top).

The form requires and provides space for the completion of specific data, as well as a check list of other items required as exhibits.

If you have any questions, contact the Property/Casualty Division of the North Dakota Insurance Department at (701) 224-2440.

klp

**NORTH DAKOTA INSURANCE DEPARTMENT
PROPERTY/CASUALTY DIVISION
FILING TRANSMITTAL FORM**

Company(s): _____

Lines of Insurance: _____

Title of Program: _____

_____ Form Filing	_____ New
_____ Rate Filing	_____ Revision
_____ Manual/Rule Filing	_____ Withdrawal

_____ Member/Subscriber of Rating Organization
_____ Independent Filing
_____ Reference Filing
_____ Deviation Filing

Company/Bureau Designation # _____

Date Filed: _____

Proposed Effective Date: _____

Retaliatory Fee:
Form \$ _____
Rate/Rule \$ _____

State of Domicile: _____

States this has been filed in _____

States that have approved this filing _____

FORM FILING REQUIREMENTS

- _____ 1. Description of form(s)
- _____ 2. List of forms (company, title, number, edition date)
- _____ 3. Explanation of coverages that are broadened, reduced or limited
- _____ 4. Copy of forms (if not a reference filing)

RATE FILING REQUIREMENTS

- _____ 1. Net effect of filing _____ %
- _____ 2. Number of policies in the state _____
- _____ 3. Estimated dollar (impact) of this filing to North Dakota policyholders _____
- _____ 4. Summary of rate history for previous 5 years.
- _____ 5. Countrywide loss experience for each of the last 5 years to include written premium, earned premium, incurred losses, loss adjustment expense, loss ratio, and IBNR.
- _____ 6. Regional loss experience for each of the last 5 years to include same items as #3 above. (Region = ND, SD, MT, WY, NE, and UT).
- _____ 7. Statewide loss experience for each of the last 5 years to include same items as #3 above.
- _____ 8. Countrywide, regional, and statewide expense exhibits.
- _____ 9. Copy of Rate Pages (draft copies acceptable)
- _____ 10. Actuarial memorandum (if appropriate) to include loss development, loss adjusting expense, trending, credibility, permissible loss ratio, indicated rate level, and investment income, etc.
- _____ 11. Explanation if rates are based solely upon those of another company(ies) offering a similar product and the comparison with that company.
- _____ 12. Explanation if rates are based solely on underwriting judgement, describing all factors considered.

MANUAL/RULE FILING REQUIREMENTS

- _____ 1. List of new rules
- _____ 2. List of rules being replaced
- _____ 3. Explanation of rule change
- _____ 4. Impact in rate due to rule change
- _____ 5. If rates are impacted, include appropriate supporting documents (refer to previous section)

Name & Title: _____

Signature: _____

Telephone #: _____