

LINE OF BUSINESS: Auto Liability
Auto Physical Damage

Code: 19.0000
21.0000

LINE(S) OF INSURANCE
Personal PP
PP Liability
PP Physical Damage

CODES
19.1001
19.1002
21.1000

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

| REVIEW REQUIREMENTS | REFERENCE | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS | LOCATION OF STANDARD IN FILING |
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| GENERAL REQUIREMENTS FOR ALL FILINGS | | | |
| COPIES, RETURN ENVELOPES, ETC | O.R. 365: 15-1-3 (4) | All filings including exhibits, forms, rate sheets and additional information shall be submitted with two (2) legible copies of all material. Such filings and exhibits shall be typewritten or printed. Companies that filed as a group listing all companies on the Transmittal Document may accomplish this requirement by submitting two copies plus one additional copy for each company. | |
| COVER LETTER AND EXPLANATORY MEMORANDUM | | | |
| EFFECTIVE DATE WORDING | O.R. 365:15-1-13 | All policies shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy. | |
| FREE CONTRACT PROHIBITED | | | |
| LIMITATIONS/RESTRICTIONS ON TRANSACTING BUSINESS | | | |
| LINE OF AUTHORITY | | | |

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| NO FILE OR FILING EXEMPTIONS | | | |
| UMBRELLA/EXCESS LIABILITY | | | |
| NAIC # | | | |
| THIRD PARTY FILERS AUTHORITY GENERAL REQUIREMENTS FOR ALL FILINGS | | | |
| TRANSACTIONING OTHER BUSINESS | | | |
| FORMS—POLICY PROVISIONS | | | |
| ACCESS TO COURTS | | | |
| AGGREGATE LIMITS | | | |
| AMBIGUOUS & MISLEADING | 36 O.S. 3611 | Commissioner shall disapprove and form or withdraw any previous approval if it contains or incorporates by reference any inconsistent, ambiguous or misleading clauses or exceptions. | |
| APPLICATIONS | 36 O.S. 3610 | If an application is attached to and made a part of the policy, it must be submitted for approval. | |
| APPRAISALS | | | |
| ARBITRATION | Cannon v. Lane, 867 P.2d 1235 36 O.S. 3636 | Binding arbitration provisions shall not be included in any insurance contract or policy language as it is “contrary to public policy and is unenforceable”. Requires prevision for arbitration by either party. | |
| ASSESSIBLE POLICIES | | | |

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| BANKRUPTCY PROVISIONS | | | |
| BLANK ENDORSEMENTS | 365:15-1-19 | An endorsement to an insurance policy without specific language is not a complete form and shall not be approved. The Insurance Commissioner may approve a blank endorsement if the insurer provides a detailed description of how the form will be used. | |
| CANCELLATION & NON-RENEWAL | | | |
| Calculation of Unearned/Return Premium | | | |
| Conditional Renewal | | | |
| Minimum Retained Premium | 36 O.S. 3623.1 | A minimum premium charge is considered premium within the definition of this Code, and shall be subject to premium tax as provided in this Code. Minimum premium charge is the smallest acceptable premium for which an insurance company will write a policy. This minimum charge is necessary to cover fixed expenses, other than those expenses defined as fees above, in placing the policy on the books. A minimum premium charge includes, but is not limited to, minimum earned premium and minimum retained premium. An insurance consultant, insurance producer, limited lines producer, managing general agent or surplus lines insurance broker cannot charge a duplicate fee or minimum premium charge. | |
| Notice of Cancellation | O.R. 365: 15-1-14 | At least 10 days notice proof of mailing. | |
| Notice of Non-renewal | O.R. 365: 15-1-14 | At least 20 days notice proof of mailing. | |

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| Permissible Reasons for Cancellation | 36 O.S. 943 | <p>A. No insurance carrier who issues motor vehicle policies in this state shall use traffic complaints, traffic citations or other legal forms of traffic charges as a basis for cancellation of a motor vehicle insurance policy, increasing premium rates for a motor vehicle insurance policy or refusing to issue or renew a motor vehicle insurance policy, where:</p> <ol style="list-style-type: none"> 1. the insured was acquitted of the charge; 2. the insured was arrested and no charges were filed; or 3. the insured was arrested and the charges were dismissed. <p>B. The Insurance Commissioner may suspend or revoke, after notice and hearing, the certificate of authority to transact insurance business in this state of any insurance carrier violating the provisions of this section or may censure the insurer or impose a fine.</p> | |
| Permissible Reasons for Non-renewal | | | |
| Required Policy Period | | | |
| Return Premium | | | |
| Suspension | | | |
| FORMS—POLICY PROVISIONS | | | |
| | | | |
| CERTIFICATIONS | | | |
| | | | |
| CLAIMS MADE | O.R. 365: 15-1-3 (21) | <p>(A) The policy application and the Declarations page of each claims-made policy shall include a conspicuous notice indicating that the contract is a claims-made policy and advising the policyholder to read its provisions.</p> <p>(B) The policy shall provide for extended reporting period options based on rules, rates or rating plans approved by the State Board for Property and Casualty Rates or the Insurance Commissioner.</p> | |

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| CONSUMER INFORMATION | | | |
| Credit Scoring Notice | 36 O.S. 955 | Disclosure statement required on new applications. | |
| Notification Form | 36 O.S. 956 | Explaining reasons for adverse actions. | |
| CONTENT OF POLICIES | 36 O.S. 3613 | Contents of policies in general see statute for requirements. | |
| COUNTERSIGNATURES | 36 O.S. 627 | Resident Agent Required. | |
| DECLARATIONS PAGE | 36 O.S. 3610 | Must be filed for approval. | |
| DEFENSE WITHIN LIMITS | O.R. 365: 15-1-15 | No insurance policy or contract shall be made, issued or delivered by any insurer or by any agent or representative thereof, that includes defense expenses within the limit of liability. The Insurance Commissioner may waive this requirement based upon factors such as noncompetitive market or type of insurance coverage. If the Insurance Commissioner waives this requirement, the initial page of the policy shall include a conspicuous notice indicating that the contract contains defense expenses within the limit of liability and advising the policyholder to read its provisions. | |
| DISCLOSURES | | | |
| DEFINITIONS | | | |
| DISCRIMINATION | | | |
| DUTY TO DEFEND | | | |
| EMPLOYERS LIABILITY | | | |
| EXCESS COVERAGE | | | |

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| EXCLUSIONS & LIMITATIONS | | | |
| Asbestos | | | |
| Lead | | | |
| FORMS—POLICY PROVISIONS | | | |
| Mold | | | |
| Terrorism | Bulletin No. PC 2002-03 PC 2002-07 | Review appropriate Bulletins on our website. | |
| FICTITIOUS GROUPS | 36 O.S. 6001 36 O.S. 6001.1 36 O.S. 6002 | No insurer, admitted or nonadmitted, shall make available through any rating plan or form, property, marine, vehicle, casualty or surety insurance to any firm, corporation, or association of individuals, any preferred rate or premium based upon any fictitious grouping of such firm, corporation or association of individuals. | |
| FORMS MISCELLANEOUS | 36 O.S. 3610 | | |
| FRAUD WARNING | 36 O.S. 3613.1 | Every insurance policy or application and every insurance claim form shall contain a statement that clearly indicates in substance the following: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. (Print in 10 point type or larger). | |
| GROUP POLICIES | | | |
| Extra-Territorial Approval Authority | | | |
| GUEST PASSENGER LIABILITY (Motorcycle only) | 47 O.S. 7-601 Notes of Decision, Number 2 | All motorcycle policies must offer guest passenger liability coverage. | |
| LIMITS | 47 O.S. 7-204 47 O.S. 7-321 47 O.S. 7-327 47 O.S. 7-330 | \$10,000/\$20,000/\$10,000. Proof of financial responsibility may be satisfied by insurance, bond or certificate of deposit with the Oklahoma Department of Public Safety. Combined single limits may be offered in lieu of split limits. | |

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| LOSS PAYEE | | | |
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| LOSS SETTLEMENTS | | | |
| Appraisal | | | |
| Action Against Company | 36 O.S. 3617 | No policy delivered or issued for delivery in Oklahoma and covering a subject of insurance resident, located, or to be performed in Oklahoma, shall contain any condition, stipulation or agreement (1) requiring such policy to be construed according to the laws of any other state or country, except as necessary to meet the requirements of the motor vehicle financial responsibility laws or compulsory disability benefit laws of such other state or country, or (2) preventing the bringing of an action against any such insurer for more than six (6) months after the cause of action accrues, or (3) limiting the time within which an action may be brought to a period of less than two (2) years from the time the cause of action accrues in connection with all insurances other than property and marine and transportation insurances; in property and marine and transportation policies such time shall not be limited to less than one (1) year from the date of occurrence of the event resulting in the loss. Any such condition, stipulation or agreement shall be void, but such voidance shall not affect the validity of the other provisions of the policy. | |
| After Market Parts | | | |
| | | | |
| Deductibles | | | |
| Defense Costs | | | |
| Loss Valuation | 36 O.S. 1250.8 | Methods to Apply for Adjustment and Settlement of Motor Vehicle Total Losses | |
| | | | |
| NOTICE REQUIREMENTS | | | |
| Payment of Loss Time Period | 36 O.S. 1250.7 | Within 45 days after receipt of properly executed proofs of loss, claimant shall be advised of acceptance/denial or further investigation necessary. | |

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| Appraisal | | | |
| MEDICAL PAYMENTS | | | |
| Medical Payments and/or UM Limitation on Subrogation and Setoff Under Medical Coverage | 36 O.S. 6092 Also see Notes of Decision, Number 2 of this statute | No policy shall contain a provision that allows a company to subrogate for medical payments coverage and/or uninsured motorists coverage to any named insured, or any relative of the named insured who is a member of the named insured's household | |
| Life & Health Insurance Provisions | O.R. 365: 15-1-17 | No policy provision shall refuse payment of medical payments coverage or uninsured motorist coverage because the injured party has insurance through a life and/or health insurance provider. | |
| Funeral Expenses | O.R. 365: 15-1-16 | No policy provision shall limit or refuse funeral expenses under medical payments coverage. | |
| MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS) | | | |
| FORMS—POLICY PROVISIONS | | | |
| PARTICIPATING POLICIES | 36 O.S. 2121 | If so provided in its articles of incorporation, a domestic stock or domestic mutual insurer may issue any or all of its policies with or without participation in profits, savings, or unabsorbed portions of premiums, may classify policies issued on a participating or nonparticipating basis, and may determine the right to participate and the extent of participation of any class or classes of policies. No dividend, otherwise earned, shall be made contingent upon the payment of renewal premium on any policy. | |
| PERMISSIBLE DRIVER | 47 O.S. 7-324 47 O.S. 7-602.1 | Shall insure the person and any other person using any such vehicle with the express or implied permission of the named insured unless excluded under the policy. Any excluded drivers must be listed on the security verification form. | |
| PERSONAL INJURY PROTECTION | | | |

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| PREMIUM AUDIT | | | |
| PREMIUM REFUND | | | |
| PRIMARY/UNDERLYING COVERAGE | | | |
| PRIOR APPROVAL | 36 O.S. 3610 | Policy forms must be approved prior to use. | |
| PUNITIVE DAMAGES | Dayton Hudson Corp. v. American Mutual Liability Insurance Co. 621 P.2d 1155 | Punitive damages are not an insurable loss under current Oklahoma law with the exception of liability vicariously imposed on an employer for the tort of an employee. | |
| READABILITY | | | |
| REBATES | 36 O.S. 1204 (8.) | Not permitted directly or indirectly. | |
| SERVICE CONTRACTS VEHICLE & OTHER THAN VEHICLE | | | |
| SUBROGATION | | | |
| Suit | | | |
| TIMELINESS | | | |
| UNINSURED/UNDERINSURED MOTORISTS | 36 O.S. 3636 | Offer must be made. Limits may be stacked. Selection/rejection form must be per statute. Statute states when new form must be issued. | |
| USE & FILE | | | |
| VALUED POLICIES | | | |
| FORMS—POLICY PROVISIONS | | | |
| VICARIOUS LIABILITY | | | |

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| VOIDANCE | | | |
| WARRANTIES | | | |
| WORKERS' COMPENSATION ³ / ₄ EXCESS | | | |
| OTHER | | | |
| Execution of Policies | 36 O.S. 3618 | Every policy must be signed (facsimile) by officer. | |
| Policy Restrictions Voided | 36 O.S. 3617 | No policy shall be construed according to the laws of another state, except to meet motor vehicle financial responsibility laws, or can limit the time an action can be brought against an insurer except as provided by this statute. | |
| Required Transmittal Forms | Bulletin No. PC 2003-03 | Property & Casualty Transmittal Document PC TD-1 pg 1 & 2, Form Filing Transmittal PC FFS-1 and Rate/Rule Filing Transmittal PC RRFS-1. Transmittal forms are not required for final printed pages, non-adoption of advisory organization filings, change of effective date for an approved filing, informational filings (not required to be filed), additional information or amendments to pending filings or withdrawal of obsolete forms having no impact on Oklahoma policyholders. | |
| Filing Fees Fee Requirements | 36 O.S. 348.1 O.R. 365: 15-1-3 (2) (D) | Form filings-\$50.00 for each individual insurer. See regulations for a list of filings that do not require filings fees. | |
| Exclusionary Endorsement | O.R. 365: 15-1-19 | Endorsements that eliminate or restrict coverage issued during the policy term must be signed by the insured. This includes blank endorsements. | |

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| Withdrawal of Pending Filings | O.R. 365: 15-1-3 (9) (H) | Pending filings may be withdrawn by the filing entity upon notice to the Insurance Department prior to the approval or disapproval thereof. | |
| Postage Requirements | O.R. 365: 15-1-3 (8) | No submissions shall be accepted which arrive at the offices with postage due. No submissions will be returned unless the necessary postage accompanies the same. | |
| Unfair Discrimination | O.R. 365: 15-1-9 | Prohibits unfair discrimination. | |
| Rating/Advisory Organization | O.R. 365: 15-1-3 | Insurers may deviate from its rating organization's filings. See regulation for details. NOTE: Please tell us if you are a member or subscriber to a rating organization. | |
| Coverage of Trustor | 36 O.S. 3616.1 | Unless specifically excluded, a trustor of property shall be a named insured. | |
| Labeling Particular Policies | 36 O.S. 3616 | Motor vehicle policies that do not include BI and PD must be labeled as such. | |
| Out of State Coverage | 36 O.S. 3612 36 O.S. 3617 | Each policy should contain a provision allowing for the financial responsibility limits of another state or province where the accident occurs. | |

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| Withdrawal or Discontinue writing | O.R. 365: 15-1-18 | <p>(A) Any insurer desiring to withdraw from the state or discontinue the writing of certain classes of insurance in this state shall give ninety (90) days notice in writing to the Property and Casualty Division of the Insurance Department and shall state in writing its reasons for such action. The insurer shall also provide the following information:</p> <ul style="list-style-type: none"> (1) The number of policyholders effected; (2) The number of insurance agents effected; (3) The date the insurer will cease writing new business; (4) The date the insurer will start non-renewing insurance policies; (5) Whether the insurer has made arrangements with another insurer to pick up the renewals; (6) The lines of insurance on which the insurer plans to concentrate; and (7) Whether the insurer anticipates re-entering the market. <p>(b) The Insurance Commissioner may waive any part of the notice required by this section.</p> | |
| RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS | | | |
| INDIVIDUAL RISK RATING | | | |
| ACTUARIAL CERTIFICATIONS FOR RATES | | | |
| ADOPTIONS OF RATE SERVICE ORGANIZATIONS (RSO) FILINGS | O.R. 570:10-1-5 O.R. 570: 10-1-3 O.R. 570: 10-1-15 | Insurers may adopt rating organizations filings or may deviate pursuant to regulations. | |
| Loss Costs | | | |

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| CONSENT-TO-RATE | O.R. 570:10-1-9 | Regulation provides filing requirements. | |
| CREDIT SCORING AND REPORTS | 36 O.S. 950 et seq | Establishes filing requirements of insurers for credit scoring usage. | |
| CREDIBILITY | | | |
| DEFENSE COSTS | | | |
| DISCOUNTS | 36 O.S. 924.1 | Insurer must offer accident prevention course discount to qualified insureds. | |
| RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS | | | |
| EXPIRATION DATE(S) FOR APPROVED RATES | 36 O.S. 903 | Rates shall remain in effect until amended or withdrawn. | |
| GROUP POLICIES Extra-Territorial Approval Authority | | | |
| LOSS COST MULTIPLIERS | 36 O.S. 903 | Oklahoma follows the NAIC model and uses the NAIC loss cost forms, including Form OKLCF-1, Pages 1 and 2 and Form OKLCF-A-2. | |
| LOSS RATIO STANDARDS | | | |
| MID-TERM CHANGES | | | |
| PREMIUM REFUND OR RETENTION | | | |

| REVIEW REQUIREMENTS | REFERENCE | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS | LOCATION OF STANDARD IN FILING |
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| PRICING | | | |
| Charges | | | |
| Minimum Premium Rules | 36 O.S. 3623.1 | A minimum premium charge is considered premium within the definition of this Code, and shall be subject to premium tax as provided in this Code. Minimum premium charge is the smallest acceptable premium for which an insurance company will write a policy. This minimum charge is necessary to cover fixed expenses, other than those expenses defined as fees above, in placing the policy on the books. A minimum premium charge includes, but is not limited to, minimum earned premium and minimum retained premium. An insurance consultant, insurance producer, limited lines producer, managing general agent or surplus lines insurance broker cannot charge a duplicate fee or minimum premium charge. | |
| Multi-tier | | | |
| Payment Plans | O.R. 570: 10-1-26 | Deferred Premium Payment Plans used on policy periods in excess of one year must have a sufficient initial premium paid to cover a short rate cancellation return premium. If the insurance company or other form of association fails to collect the prescribed initial premium then it shall be deemed to have waived application of the short rate cancellation table where such policy is canceled by the insured at the first anniversary date. | |
| Premiums | | | |

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| Service Charges | 36 O.S. 3623.1 | <p>Nothing in this Code shall be construed to prevent an insurer from charging and collecting in this state separate initial membership fees , policy fees and any other fees as defined in subsection C of this section in addition to premiums for insurance, and such fees shall not be considered premium within the definition of this Code, but shall be subject to premium tax as provided in this Code. An insurer shall fully disclose all fees to its customers.</p> <p>1. Fees are defined as a flat amount added to the basic premium rate to reflect the cost of establishing the required records, sending premium notices and other related expenses and include, but are not limited to, the following: Installment fees, service charges, financing fees, membership fees, return check fees, policy fees, motor vehicle record fees, inspection fees, late fees, electronic transfer fees, credit score fees and expense load fees.</p> <p>2. The fee passed on to the consumer must be the actual expense incurred by the insurance company, insurance agency or insurance producer.</p> | |
| Surcharges | | | |
| Other Fees | | | |
| | | | |
| RATE RANGES | | | |
| | | | |
| RATING PLAN REQUIREMENTS | | | |
| Expense Modification Plan | | | |
| Experience Rating | | | |
| Large Deductible | | | |
| Retrospective Rating | | | |
| Schedule Rating | | | |
| Small Deductible | | | |
| RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS | | | |
| Wrap-up Rating | | | |
| | | | |

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| RATE/LOSS COST SUPPORTING INFORMATION | | | |
| Competition | | | |
| REVIEW REQUIREMENTS | 36 O.S. 902 | The Board shall not approve rates for insurance which are excessive, inadequate, or unfairly discriminatory. | |
| Expenses | | | |
| Experience | | | |
| Judgment | | | |
| Credibility AND Other Factors | | | |
| Profit Loading | | | |
| RETURN ON EQUITY/ Investment Income | | | |
| SYMBOLS | | | |
| SUPPORTING DATA | | | |
| TRENDING | | | |
| OTHER | | | |
| Rating Standards | 36 O.S. 902 | A rate may not be excessive, inadequate or unfairly discriminatory. | |
| Prior Approval | 36 O.S. 901.3 36 O.S. 902.2 36 O.S. 903 O.R. 570:10-1-3 36 O.S. 902.1 | Rates and rules, and/or loss cost multipliers must be approved by the State Board for Property & Casualty Rates prior to use, unless filed under the flex rating law (902.1)*. All rate filings must contain specific filing components in order to be certified as complete, including filing factors as set forth by statute (902.2). Also provide all requirements listed in the regulation. *Insurers are allowed to increase or decrease a filed rate by no more than 15% without prior approval from the State Board for Property & Casualty Rates by file and use. | |

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| Chargeable/Nonchargeable Accidents | 36 O.S. 941 36 O.S. 942 36 O.S. 943 | No insurer shall use not at fault accidents (defined as 50% or more at fault) for underwriting or ratemaking purposes, except for persons convicted of homicide or assault arising out of the operation of a motor vehicle, or for persons impaired by or under the influence of alcohol or drugs. No insurer shall use traffic records maintained by the Department of Public Safety, which covers a period of time more than 3 years. It is also prohibited to use traffic complaints, citations or other legal forms of traffic charges where the insured was acquitted, arrested and no charges were filed or dismissed. | |
| Continuous Coverage | O.R. 570: 10-1-37 | No insured shall be penalized for not maintaining continuous liability coverage when it is not required under the financial responsibility law. | |
| Agent Commissions | Bulletin No. PC 2000-03 | Multiple agent commission levels are prohibited within one company. | |
| Policy Fees | 36 O.S. 3623.1 | Nothing in this code shall be construed to prevent an insurer from charging and collecting separate initial membership fees and policy fees in addition to premiums for insurance, and such fees shall not be considered premium within the definition of this Code, but shall be subject to premium tax. | |
| Flex Filing | 36 O.S. 902.1 O.R. 570: 10-1-7 | Filed base rates may be increased by 15% or decreased by any percentage without approval of the Board. | |
| Filing Fees | O.R. 570: 10-1-3 36 O.S. 348.1 | Rate (or loss cost) and rule filings \$100.00 for each individual insurer. See regulations for a list of filings that do not require filings fees. | |
| DELIVERY OF POLICY TO INSURED | O.R. 570: 10-1-19 | <ol style="list-style-type: none"> 1) The original policy. 2) Copy or duplicate of original policy printed in 10 pt. or larger type. 3) Certificate including provisions and conditions of original policy in 10 pt. Or larger type. | |

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| Postage Requirements | O.R. 570: 10-1-3 | No submissions shall be accepted which arrive at the offices with postage due. No submissions will be returned unless the necessary postage accompanies the same. | |
| Forms Filed Separately | O.R. 570: 10-1-11 | Policy forms, endorsements, and other forms used shall be filed in compliance with the applicable provisions of Article 36 of the Insurance Code. Said forms shall be filed separately from rates and manual rules. | |
| Group Filings | O.R. 570: 10-1-12 | Filings that are made on behalf of more than one insurer shall list the insurer or insurers individually and not by Company group. | |
| Re-submittal of Disapproved Filings | O.R. 570: 10-1-17 | All resubmitted filings shall be presented to the Board in the same manner required by this subchapter for an original filing. In addition the cover letter or filing memorandum addressed to the Board shall state the full and complete history of the filing, the reason for disapproval, and the factors, that distinguish the resubmittal to warrant reconsideration. | |
| Retroactive Filings | O.R. 570: 10-1-18 | The Board has no authority to and shall not accept filings proposing a retroactive effective date except in cases of a filing correcting an error in a previous filing and in cases where required or necessitated by Statute or law. | |
| Statistical Plans | O.R. 570: 10-1-23 | <p>The Board may approve a statistical plan or any modification thereto submitted by an insurer or advisory organization adapted to the applicable rating system, which shall be used thereafter for the recording of loss and expense experience.</p> <p>The Board may approve an advisory organization as its statistical agent to gather, record, compile and report experience in such manner, form and detail as determined by the Board to be necessary to determine whether rating systems comply with the standards of the Act.</p> | |
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