

LINE OF BUSINESS: Commercial Multi Peril

Code: 5.0000

LINE(S) OF INSURANCE

Non-Liability Portion
Liability Portion
Builders' Risk Policies
Businessowners
CPP

CODES

5.1000
5.2000
5.0001
5.0002
5.0004

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS			
COPIES, RETURN ENVELOPES ETC.	O.R. 365: 15-1-3 (4) O.R. 365:15-7-3	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	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			
NAIC #			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
NO FILE OR FILING EXEMPTIONS	36 O.S. 997A.1, 2 and 3	The following special risks are exempted from filing and review: Excess and umbrella, those commercial lines insurance risks, or portions thereof which are not rated according to manuals, rating plans, or schedules including "a" rates, and commercial lines insurance risks which produce a minimum annual premium total of \$10,000.	
SIDE BY SIDE COMPARISON			
GENERAL REQUIREMENTS FOR ALL FILINGS			
THIRD PARTY FILERS AUTHORITY			
TRANSACTING 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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
APPRAISALS	36 O.S. 4803	Standard policy provisions – must contain “In case the insured and the Company fail to agree as to the actual cash value or the amount of loss, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within (20) days of such demand. The appraisers shall first select a competent and disinterested umpire; and failing for fifteen (15) days to agree upon such umpire, then, on request of the insured or this Company, after notice of hearing to the nonrequesting party by certified mail, such umpire shall be selected by a judge of a district court in the county where the loss occurred. The appraisers shall then appraise the loss, stating separately actual cash value and loss to each item, and failing to agree, shall submit their differences, only to the umpire. An award in writing, so itemized, of any two when filed with this Company shall determine the amount of actual cash value and loss.	
ARBITRATION	Cannon v. Lane, 867 P.2d 1235	Binding arbitration provisions shall not be included in any insurance contract or policy language as it is “contrary to public policy and is unenforceable”.	
ASSESSIBLE POLICIES			
BANKRUPTCY PROVISIONS			
BLANK ENDORSEMENTS	O.R. 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	36 O.S. 3639	Policies that have been in effect for more than 45 business days may only be cancelled for 8 specific reasons. Non-renewal notice must give named insured 45 days notice, if less than 45 days, policy must remain in effect until 45 business days after notice is given. Insurer must give named insured written notice of premium increase, change in deductible or reduction in limits at least 45 days prior to expiration.	
Calculation of Unearned/Return Premium			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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	36 O.S. 3639		
FORMS—POLICY PROVISIONS			
Notice of Non-renewal	36 O.S. 3639		
Permissible Reasons for Cancellation	36 O.S. 3639		
Permissible Reasons for Non-renewal			
Required Policy Period			
Return Premium			
Suspension			
CERTIFICATIONS	Commissioner Order 02-0765-PRJ Bulletin No. PC 2002-06	Review Bulletin on our website.	
CLAIMS MADE	O.R. 365: 15-1-3 (21)	(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. (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.	
CONINSURANCE			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
CONSUMER INFORMATION			
Privacy Notice			
Credit Scoring Notice			
VSI Warning			
Notification Form			
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			
FORMS—POLICY PROVISIONS			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
EXCLUSIONS & LIMITATIONS			
Asbestos			
Lead			
Mold			
Terrorism	Bulletin No. PC 2002-03 PC 2002-07	Review appropriate Bulletins on our website.	
Windstorm			
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			
INSURANCE TO VALUE			
LIBERALIZATION CLAUSE			
LIMITS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
LOSS PAYEE			
LOSS SETTLEMENTS			
Appraisal	36 O.S. 4803	Standard policy provisions – must contain “In case the insured and the Company fail to agree as to the actual cash value or the amount of loss, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within (20) days of such demand. The appraisers shall first select a competent and disinterested umpire; and failing for fifteen (15) days to agree upon such umpire, then, on request of the insured or this Company, after notice of hearing to the nonrequesting party by certified mail, such umpire shall be selected by a judge of a district court in the county where the loss occurred. The appraisers shall then appraise the loss, stating separately actual cash value and loss to each item, and failing to agree, shall submit their differences, only to the umpire. An award in writing, so itemized, of any two when filed with this Company shall determine the amount of actual cash value and loss.	
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.	
FORMS—POLICY PROVISIONS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
After Market Parts			
Deductibles			
Loss Valuation			
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.	
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.	
MORTGAGEE/LIENHOLDER	36 O.S. 4803	Mortgagee interests and obligations. If loss hereunder is made payable, in whole or in part to a designated mortgagee not named herein as the insured, such interest in this policy may be cancelled by giving such mortgagee a 10 day notice of cancellation.	
ORDINANCE/LAW PROVISIONS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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			
PERSONAL INJURY PROTECTION			
PREMIUM AUDIT			
PRIMARY/ UNDERLYING COVERAGE			
PRIOR APPROVAL	36 O.S. 3610	Every form that is made a part of the policy must be filed for approval.	
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			
FORMS—POLICY PROVISIONS			
REBATES	36 O.S. 1204 (8.)	Not permitted directly or indirectly.	
SERVICE CONTRACTS VEHICLE & OTHER THAN VEHICLE			
STANDARD FIRE POLICY	36 O.S. 4803	Standard policy provisions, permissible variations.	
SUBROGATION			
Suit			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
TIMELINESS			
UNINSURED/UNDERINSURED MOTORISTS			
USE & FILE			
WATER/SEWER BACK-UP			
VALUED POLICIES			
VICARIOUS LIABILITY			
VOIDANCE			
WARRANTIES			
WORKERS' COMPENSATION 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.	
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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.	
Coverage of Trustor	36 O.S. 3616.1	Unless specifically excluded, a trustor of property shall be a named insured.	
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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> <ol 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>	
Rating/Advisory Organization	O.R. 365: 15-1-3	<p>Insurers may deviate from its rating organization's filings. See regulations.</p> <p>NOTE: Please tell us if you are a member or subscriber to a rating organization.</p>	
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
INDIVIDUAL RISK RATING	O.R. 365: 15-7-17 O.R. 365: 15-7-22	Follow regulations.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
ACTUARIAL CERTIFICATIONS FOR RATES			
ADOPTIONS OF RATE SERVICE ORGANIZATIONS (RSO) FILINGS	O.R. 365: 15-7-4 O.R. 365: 15-7-10 O.R. 365: 15-7-11	Insurers may adopt rating organization's filings or deviate pursuant to regulations.	
Loss Costs			
CONSENT-TO-RATE	36 O.S. 988 (F) O.R. 365:15-7-6	Regulation provides filing requirements.	
CREDIT SCORING AND REPORTS			
CATASTROPHE HAZARDS			
CREDIBILITY			
DISCOUNTS	O.R. 365: 15-7-21	Package policies filed and approved permitting the combination of the insured's property and liability needs shall include both property and liability coverages to be eligible for package discounts. The property coverage shall include coverage for the building or for business personal property. Highly Protected Risk Coverage or Physicians and Surgeons Equipment Coverage may be substituted for the property option.	
EXPIRATION DATE(S) FOR APPROVED RATES	36 O.S. 987 O.R. 365: 15-7-5	Rates shall remain in effect until amended or withdrawn.	
GROUP POLICIES			
Extra-Territorial Approval Authority			
LOSS RATIO STANDARDS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
MID TERM CHANGES			
LOSS COST MULTIPLIERS	36 O.S. 987	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.	
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
PREMIUM REFUND OR RETENTION	O.R. 365: 15-7-23	Insurers may waive additional/return premium. Must file manual page Return Premium shall be returned upon insured's request.	
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. 365: 15-7-19	Deferred Premium Payment Plans for policy periods in excess of one year shall provide for a sufficient initial premium paid to cover a short rate cancellation return premium. If the insurer or other form of association fails to collect the prescribed initial premium, then the insurer 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			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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	36 O.S. 987	Must be filed in accordance with Commercial Property and Casualty Competitive Loss Cost Rating Act.	
Expense Modification Plan			
Experience Rating			
IRPM			
Large Deductible			
Retrospective Rating			
Schedule Rating			
Small Deductible			
Wrap-up Rating			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
RATE/LOSS COST SUPPORTING INFORMATION			
Competition	36 O.S. 988	Review of filings in Competitive Market/Non-Competitive Market.	
Expenses			
REVIEW REQUIREMENTS	36 O.S. 985 36 O.S. 987	A rate may not be excessive, inadequate or unfairly discriminatory. Every authorized insurer shall file all rates, supplementary rate information and any changes and amendments. An insurer may file its rates by either filing its final rates or by filing a loss cost multiplier. Every such filing must state an effective date.	
Experience			
Judgment			
Credibility and Other Factors			
Profit Loading			
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
RETURN ON EQUITY/ INVESTMENT INCOME			
RISK CLASSIFICATION			
SUPPORTING DATA			
TRENDING			
OTHER			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
File Package Modification Factors	36 O.S. 987	Every authorized insurer shall file all rates. An insurer may file its rates by either filing its final rates or by filing multiplier.	
Claims Made Policies	O.R. 365:15-1-3(21)(A), (B)	<p>The policy application and the initial page of each Claims-Made policy must include a conspicuous notice indicating that the contract is a Claims-Made policy and advising the policyholder to read its provision. A Declarations page can not be used for both Occurrence form coverage and Claims-Made form coverage unless the Claims-Made warning message is appropriately addressed.</p> <p>The policy must provide for extended reporting period options based on rules, rates or rating plans filing with the Department.</p>	
Governmental Entity Limits	51 O.S. 154 63 O.S. 1-106	The total limit of the state and its political subdivisions on claims within the scope of this act, Section 151 et seq. of this title, arising out of an accident or occurrence happening after the effective date of this act shall not exceed: (1) \$25,000.00 for any claim or to any claimant who has more than one claim for loss of property arising out of a single act, accident, or occurrence; (2) Except as otherwise provided in this paragraph, \$125,000.00 to any claimant for this claim for any other loss arising out of a single act, accident, or occurrence. The limit of liability for the state or any city or county with a population of 300,000 or more according to the latest federal Decennial Census shall not exceed \$175,000.00; (3) \$1,000,000.00 for any number of claims arising out of a single occurrence or accident. Other limits apply for University Hospitals and State Mental Health and Substance Abuse Services and physician negligence. See applicable statutes.	
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.	
Filing Fees	O.R. 365:15-7-3 36 O.S. 348.1	<p>Rate (or loss cost) and rule filings effect-\$100.00 for each individual insurer.</p> <p>See regulations for a list of filings that do not require filings fees.</p>	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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.	
Forms Filed Separately	O.R. 365: 15-7-7	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. 365: 15-7-8	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. 365: 15-7-12	All resubmitted filings shall be presented to the Insurance Commissioner in the same manner required by this subchapter for an original filing. In addition the cover letter or filing memorandum addressed to the Insurance Commissioner 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. 365: 15-7-13	The Insurance Commissioner 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. 365: 15-7-16	<p>The Insurance Commissioner 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 Insurance Commissioner may approve an advisory organization as his statistical agent to gather, record, compile and report experience in such manner, form and detail as determined by the Insurance Commissioner to be necessary to determine whether rating systems comply with the standards of the Commercial Property and Casualty Competitive Loss Cost Rating Act.</p>	