

LINE OF BUSINESS: Workers Compensation & Employers Liability
Code: 16.0000

LINE(S) OF INSURANCE
Standard Workers Compensation **16.0004**
Employers Liability **16.0002**
Alternative Workers' Compensation **16.0001**

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 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	36 O.S. 612.2	Insurer must maintain policyholder surplus in excess of \$5,000,000.00.	
LINE OF AUTHORITY			

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NO FILE OR FILING EXEMPTIONS			
NAIC #			
THIRD PARTY FILERS AUTHORITY			
GENERAL REQUIREMENTS FOR ALL FILINGS			
TRANSACTING OTHER BUSINESS			
FORMS—POLICY PROVISIONS			
ACCESS TO COURTS			
AD&D BENEFITS			
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	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			

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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	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			
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		
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			
FORMS—POLICY PROVISIONS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
CERTIFICATIONS			
CONSUMER INFORMATION			
Credit Scoring Notice			
Privacy 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.	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
DUTY TO DEFEND			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			
EXCLUSIONS & LIMITATIONS			
Asbestos			
Lead			
Mold			
Terrorism	Bulletin NO. PC 2002-03 and PC 2002-07	Terrorism exclusions not allowed per TRIA 2002.	

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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—POLICY PROVISIONS			
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			
LIMITS			
LOSS SETTLEMENTS			
Appraisal			

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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.	
Deductibles			
Defense Costs	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.	
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			

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MEDICAL PAYMENTS			
MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)	85 O.S. 64	Statute list policy requirements.	
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.	
PERSONAL INJURY PROTECTION			
POLICY MUST CONTAIN ENTIRE CONTRACT			
FORMS—POLICY PROVISIONS			
PREMIUM AUDIT			
PRIMARY/UNDERLYING COVERAGE			
PRIOR APPROVAL	36 O.S. 3610	Policy forms must be approved prior to use.	
PUNITIVE DAMAGES			
READABILITY			
REBATES	36 O.S. 1204 (8.)	Not permitted directly or indirectly.	
SUBROGATION			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Suit			
TIMELINESS			
USE & FILE			
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.	

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Coverage of Trustor	36 O.S. 3616.1	Unless specifically excluded, a trustor of property shall be a named insured.	
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.	
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 RRF-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.	
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	36 O.S. 902	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.	
Workers' Compensation providers— Obligation to provide workplace safety services—Notice to policyholders	36 O.S. 6701	Insurers shall provide services for its policyholders adequate to implement safety plans for policyholders' operations. Notice that workplace safety services are available to the policyholder from the insurance company must appear in no less than ten (10) point bold type on the front of each workers' compensation insurance or equivalent insurance policy delivered or issued for delivery in this state.	

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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			
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
ACTUARIAL CERTIFICATIONS FOR RATES			

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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			
CONSENT-TO-RATE	O.R. 570: 10-1-9	Regulation provides filing requirements.	
CREDIT SCORING AND REPORTS			
CATASTROPHE HAZARDS			
CREDIBILITY			
DEFENSE COSTS			
DISCOUNTS	36 O.S. 924.2	Any rate, schedule of rates or rating plan for workers' compensation insurance submitted to or filed with the State Board for Property and Casualty Rates, or fixed by the Board of Managers of CompSource Oklahoma, and premiums, by whatever name, for workers' compensation for self-insureds except for group self-insured associations shall provide for an appropriate reduction in premium charges, by whatever name, for those eligible insured employers who have successfully participated in the occupational safety and health consultation, education and training program administered by the Commissioner of the Department of Labor pursuant to Section 414 of Title 40 of the Oklahoma Statutes.	
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			
REVIEW REQUIREMENTS	36 O.S. 901.3	In order to be certified by the Insurance Commissioner as complete, a filing shall contain, unless the Commissioner includes as part of the certification a specific finding that a particular item is not necessary and stating the reasons.	

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LOSS RATIO STANDARDS			
MID-TERM CHANGES			
LOSS COST MULTIPLIERS	36 O.S. 903	Independent filings made in compliance with statute.	
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
PREMIUM REFUND OR RETENTION			
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	O.R. 570: 10-1-3	Filing Requirements.	
Expense Modification Plan			
Experience Rating			
Large Deductible	1993 Board Order	Case No. 93-360 and Amendment must be followed.	
Retrospective Rating			
Schedule Rating	O.R. 570: 10-1-33	Maximum debits/credits 25%.	
Small Deductible			

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Wrap-up Rating	1. Grand River Dam Authority V. State 2. Independent Insurance Agents of OK, Inc. V. OK Turnpike Authority 3. 61 O.S. 113	Not applicable in Oklahoma.	
RATE/LOSS COST SUPPORTING INFORMATION			
Competition			
Expenses			
Experience			
Judgment			
Credibility			
Profit Loading			
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
RETURN ON EQUITY//INVESTMENT INCOME			
SUPPORTING DATA			
TRENDING			
OTHER			
RE-SUBMITTAL OF DISAPPROVED FILING	O.R. 570:10-1-17	Procedure for re-submittal of disapproved filing.	

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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.	
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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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.	
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	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. 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.	