

LINE OF BUSINESS: Farmowners

LINE(S) OF INSURANCE  
PERSONAL FARMOWNER

CODES  
**03.0**

Code: 3.0000

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

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REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS			
COPIES, RETURN ENVELOPES, ETC	<a href="#">O.R. 365: 15-1-3(b)(4)</a> <a href="#">O.R. 365: 15-7-3(b)(4)</a>	All filings except those exempted shall be submitted through the System for Electronic Rate and Form Filing (SERFF) pursuant to the SERFF General Instructions. All paper filings including the cover letter, all exhibits, forms and additional information submitted to the Insurance Commissioner shall be typewritten or printed and submitted with one (1) legible copy of all material.	
COVER LETTER			
DELIVERY OF POLICY	<a href="#">365: 15-1-3(b)(19)</a>	The insured shall be furnished with either: The original policy; a copy of the original policy or a duplicate policy printed with ten point or larger or type; or a certificate including provisions and conditions of the original policy printed with ten point or larger.	
EFFECTIVE DATE WORDING	<a href="#">36 O.S. 3613(B)(5)</a>  <a href="#">36 O.S. 4803.1</a>	Every policy shall specify: The time when the insurance thereunder takes effect and the period during which the insurance is to continue.  All fire insurance policies, as defined by Section 4802 of Title 36 of the Oklahoma Statutes, shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy.	

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FILING SUBMISSION	<a href="#">O.R. 365:15-1-3</a> <a href="#">O.R. 365 15-7-3</a>	Filing Requirements.	
FREE CONTRACT PROHIBITED			
LIMITATIONS/RESTRICTIONS ON TRANACTING BUSINESS			
LINE OF AUTHORITY			
NO FILE OR FILING EXEMPTIONS	<a href="#">36 O.S. 997</a>	This line of business in not exempted from filing Rates/Rules.	
WATERCRAFT OVER 26 FEET			
UMBRELLA/EXCESS LIABILITY			
NAIC#			
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>			
THIRD PARTY FILERS AUTHORITY		Must include letter of authorization.	
TRANACTING OTHER BUSINESS			
<b>FORMS POLICY PROVISIONS</b>			
ACCESS TO COURTS			
AGGREGATE LIMITS			
AMBIGUOUS & MISLEADING	<a href="#">36 O.S. 3611 (A)(2)(3)</a>	Commissioner shall disapprove any form or withdraw any previous approval if it contains or incorporates by reference any inconsistent, ambiguous or misleading clauses or exceptions.  Coverage(s) must be identified within each endorsement. The name of the coverage form(s) or name of the policy(s) that the form(s) amends or is attached.	
APPLICATIONS	<a href="#">36 O.S. 3610</a>	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	<a href="#">36 O.S. 4803</a>	Standard policy provisions – In case the insured and this Company shall fail to agree as to the actual cash value or the amount of loss, then, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within twenty (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. Each appraiser shall be paid by the party selecting him and the expenses of appraisal and umpire shall be paid by the parties equally.	
ARBITRATION	<a href="#">Cannon v. Lane, 867 P.2d 1235</a>  <a href="#">OK Bulletin PC 2010-05</a>	Binding arbitration provisions shall not be included in any insurance contract or policy language as it is “contrary to public policy and is unenforceable”.  Arbitration clauses that are taken under consideration.	
ASSESSIBLE POLICIES			
BANKRUPTCY PROVISIONS			
BLANK ENDORSEMENTS	<a href="#">O.R. 365:15-1-19</a>	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			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Minimum Retained Premium	<a href="#">36 O.S. 3623.1</a>	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	<a href="#">O.R. 365:15-1-14</a>	At least 10 days notice prior to date of cancellation.	
Notice of Non-renewal	<a href="#">O.R. 365:15-1-14</a>	At least 30 days notice prior to date of non-renewal.	
Permissible Reasons for Cancellation			
Permissible Reasons for Non-renewal			
Required Policy Period	<a href="#">36 O.S. 3613(B)(5)</a>  <a href="#">36 O.S. 4803.1</a>	Every policy shall specify: The time when the insurance thereunder takes effect and the period during which the insurance is to continue.  All fire insurance policies, as defined by Section 4802 of Title 36 of the Oklahoma Statutes, shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy.	
Suspension			
CERTIFICATIONS	<a href="#">Commissioner's Order 07-1190-PMT</a>	Self-Certification of certain forms filings.	
CLAIMS MADE			
CONINSURANCE			
CONSUMER INFORMATION			
Credit Scoring Notice	<a href="#">36 O.S. 955</a>	Disclosure statement required on applications.	
Privacy Notice	<a href="#">36 O.S. 956</a>	Explaining reasons for adverse actions.	
VSI Warning			
Notification Form			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
CONTENT OF POLICIES	<a href="#">36 O.S. 3613</a>	Contents of policies in general see statute for requirements.	
COUNTERSIGNATURES		Not required.	
DECLARATIONS PAGE	<a href="#">36 O.S. 3610</a>	Must be filed for approval.	
DEFENSE WITHIN LIMITS			
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
Domestic Abuse			
DUTY TO DEFEND			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			
EXCLUSIONS & LIMITATIONS			
Asbestos			
Lead			
Mold			
Terrorism Exclusions	<a href="#">OK Bulletin PC 2006-03</a>	Not allowed for personal lines.	
Windstorm			
FICTITIOUS GROUPS	<a href="#">36 O.S. 6001</a> <a href="#">36 O.S. 6001.1</a> <a href="#">36 O.S. 6002</a> <a href="#">O.R. 365:15-1-7</a>	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	<a href="#">36 O.S. 3610</a>	Prior approval.	
INSURER'S NAME AND ADDRESS	<a href="#">O.R. 365: 15-1-10(b)</a>	Insurer's name and address required on policy.	
GROUP FILINGS	<a href="#">O.R. 365: 15-1-3(b)(13)</a>	Filings that are made on behalf of more than one insurer, shall list the insurer or insurers by individual name and not by Company group.	

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FRAUD WARNING	<a href="#">36 O.S. 3613.1</a> <a href="#">O.R. 365: 15-1-10(c)</a>	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).	
Extra-Territorial Approval Authority			
HOMEOWNERS LIABILITY			
INSURANCE TO VALUE			
LIBERALIZATION CLAUSE			
LIMITS			
MORTGAGE CLAUSE	<a href="#">O.R. 365: 15-1-3(b)(21)</a>	The mortgage clause to be used by shall be uniform Standard Form Number 127B September 1934 Edition or subsequent editions, except upon written application by an insurer or rating organization, a cause providing broader coverage may be approved by the Insurance Commissioner.	
LOSS SETTLEMENTS			
Appraisal	<a href="#">36 O.S. 4803</a>	In case the insured and this Company shall fail to agree as to the actual cash value or the amount of loss, then, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within twenty (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. Each appraiser shall be paid by the party selecting him and the expenses of appraisal and umpire shall be paid by the parties equally.	

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Action Against Company	<a href="#">36 O.S. 3617</a>	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	<a href="#">O.R. 365:15-1-15 Commissioner's Order 11-0351-PRJ Bulletin No. PC 2011-01</a>	Defense Expenses within limit of liability is allowable for Professional Liability coverage only. A warning message is necessary and must be displayed at the top of the Declarations pages and/or coverage insuring agreement form.	
Loss Valuation			
NOTICE REQUIREMENTS			
Payment of Loss Time Period	<a href="#">36 O.S. 1250.7</a>	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			

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Life & Health Insurance Provisions	<a href="#">O.R. 365:15-1-17</a>	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	<a href="#">O.R. 365:15-1-16</a>	No policy provision shall limit or refuse funeral expenses under medical payments coverage.	
MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)	<a href="#">O.R. 365: 15-1-3</a>	See the regulations.	
MORTGAGEE/LIENHOLDER	<a href="#">36 O.S. 4803</a>	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			
PARTICIPATING POLICIES	<a href="#">36 O.S. 2121</a>	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			
PREMIUM REFUND	<a href="#">36 O.S. 1241.1</a>	Every policy shall contain a provision relating to process for premium refund if the insured cancels the policy prior to the end of policy period.	
PRIMARY/UNDERLYING COVERAGE			
PRIOR APPROVAL	<a href="#">36 O.S. 3610</a>	Policy forms must be approved prior to use.	

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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	<a href="#">36 O.S. 1204(8)</a>	Not permitted directly or indirectly.	
STANDARD FIRE POLICY	<a href="#">36 O.S. 4803</a>	Standard policy provisions, permissible variations.	
SUBROGATION Suit	<a href="#">36 O.S. 3617</a>	No policy delivered or issued for delivery in Oklahoma shall prevent 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.	
TIMELINESS			
UNINSURED/UNDERINSURED MOTORISTS			
FILE & USE	<a href="#">Commissioner's Order 07-1190-PMT</a>	Self-certification of certain forms filings.	
WATER/SEWER BACK-UP			
VALUED POLICIES			
VICARIOUS LIABILITY			
VOIDANCE	<a href="#">Kincaid v. Black Angus Motel, Inc., 1999 OK 54, 983 P.2d 1016, 1020</a>	A contract that is voidable may be rescinded or cancelled; it may not be voided.	

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WARRANTIES	<a href="#">36 O.S. 3609</a>	All statements and descriptions in any application for an insurance policy or in negotiations, by or in behalf of the insured, shall be deemed to be representations and not warranties.	
WORKERS' COMPENSATION&EXCESS OTHER			
Execution of Policies	<a href="#">36 O.S. 3618</a>	Every policy must be signed (facsimile) by officer.	
Policy Restrictions Voided	<a href="#">36 O.S. 3617</a>	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	<a href="#">O.R. 365: 15-1-3(b)(20)</a>	Endorsements that eliminate or restrict coverage issued during the policy term must be signed by the insured.	
Filing Fees	<a href="#">36 O.S. 348.1</a>	Form filings-\$50.00 for each individual insurer.	
Coverage of Trustor	<a href="#">36 O.S. 3616.1</a>	Unless specifically excluded, a trustor of property shall be a named insured.	
Rating/Advisory Organization	<a href="#">O.R. 365: 15-1-3(b)(12)</a> <a href="#">O.R. 365: 15-1-3(b)(14)</a> <a href="#">O.R. 365: 15-1-3(b)(16)</a>	Insurers may deviate from its rating organization's filings. Members of or subscribers to a licensed advisory organization. Reference filings.  NOTE: Please tell us if you are a member or subscriber to an Rating/advisory organization.	
Withdrawal of Pending Filings	<a href="#">O.R. 365: 15-1-3(b)(10)</a>	Pending filings may be withdrawn by the filing entity upon notice to the Insurance Department prior to the approval or disapproval thereof. The notice shall include reasons for the withdrawal.	

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Postage Requirements	<a href="#">O.R. 365: 15-1-3(b)(8)</a>	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 - Blindness	<a href="#">O.R. 365: 15-1-9</a>	Prohibits unfair discrimination.	
Withdrawal or Discontinue Writing	<a href="#">O.R. 365: 15-1-18</a>	Any insurer desiring to withdraw from the state or discontinue the writing of certain classes of insurance or programs in this state or transferring policyholders between admitted companies within the same insurance holding company system shall give ninety (90) days notice in writing to the Rate and Form Compliance Division of the Insurance Department and shall state in writing its reasons for such action. The ninety (90) days notice is inclusive of, and not in addition to, any other notice requirement per line of business. The insurer shall also provide the following information:  (1) The number of policyholders affected; (2) The number of insurance agents affected; (3) The date the insurer will cease writing new business; (4) The date the insurer will start non-renewing insurance policies; (5) The date the insurer will transfer policyholders; (6) Whether the insurer has made arrangements with another insurer to pick up the renewals; if applicable; (7) The lines of insurance on which the insurer plans to concentrate; and (8) Whether the insurer anticipates re-entering the market.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
<b>RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS</b>			
INDIVIDUAL RISK RATING	<a href="#">O.R. 365: 15-7-22</a>	Follow regulation.	
ACTUARIAL CERTIFICATIONS FOR RATES			

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ADOPTIONS OF ADVISORY ORGANIZATION FILINGS	<a href="#">O.R. 365: 15-7-3(B)(11)</a> <a href="#">O.R. 365: 15-7-4</a> <a href="#">O.R. 365: 15-7-10</a> <a href="#">O.R. 365: 15-7-11</a>	Insurers may adopt rating organizations filings or may deviate pursuant to regulations.	
Loss Costs	<a href="#">O.R. 365: 15-7-9</a>	Independent filers shall file rates, loss costs, rating plans or rating systems.	
Loss Cost Deviations	<a href="#">O.R. 365: 15-7-11(d)</a>	When rate or loss cost deviations are proposed, the filing memorandum shall indicate the applicable advisory organization filing, the Oklahoma Filing Number and state the percentage (%) of deviation, as well as the subject matter the deviation applies to by manual name and page number, with supporting data.	
Loss Cost Multipliers	<a href="#">36 O.S. 987(C)</a>	An insurer may file its rates by either filing its final rates or by filing a multiplier and, if applicable, an expense constant adjustment to be applied to prospective loss costs that have been filed by an advisory organization as permitted by this title. Such loss cost multiplier filing and expense constant filings made by insurers shall remain in effect until amended or withdrawn by the insurer. Every filing shall state the effective date.	
EXCESS CONSENT TO RATE	<a href="#">36 O.S. 987(E)</a> <a href="#">O.R. 365: 15-7-6</a> <a href="#">Appendix C</a>	Upon the written consent of the insured in a separate written document, a rate in excess of that determined in accordance with the other provisions of the Property and Casualty Competitive Loss Cost Rating Act may be used on a specific risk.  Excess consent rate applications shall be submitted prior to or within a reasonable time after the effective date of the policy and contain the information necessary to establish compliance with the Property and Casualty Competitive Loss Cost Rating Act. The requirements may be satisfied by submitting in duplicate the form furnished by the Insurance Commissioner or its equivalent. (See Appendix C).	
CREDIT SCORING AND REPORTS	<a href="#">36 O.S. 950 et seq</a>	Establishes filing requirements of insurers for credit scoring	
CATASTROPHE HAZARDS			
CREDIBILITY AND OTHER FACTORS			
DISCOUNTS			

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EXPIRATION DATE(S) FOR APPROVED RATES	<a href="#">O.R. 365: 15-7-5</a>	Rates shall remain in effect until amended or withdrawn.	
GROUP POLICIES			
Extra-Territorial Approval Authority			
LOSS RATIO STANDARDS			
MID TERM CHANGES			
WAIVER OF PREMIUM	<a href="#">O.R. 365: 15-7-23</a>	Insurers may waive additional/return premium. Any return premium shall be returned to the insured upon request. The amount to be waived for both the additional premium and the return premiums shall be shown on a manual rule page manual page and filed with the Commissioner.	
PRICING			
Charges			
Minimum Premium Rules	<a href="#">36 O.S. 3623.1</a>	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	<a href="#">O.R. 365: 15-7-25</a>	Eligibility requirements for each tier must be submitted. The tier eligibility requirements must be specific and mutually exclusive, so that no insured would be eligible for more than one tier. Justification must be provided for the rate differential for each tier.	
Payment Plans	<a href="#">O.R. 365: 15-7-19</a>	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.	

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Premiums			
Service Charges	<a href="#">36 O.S. 3623.1</a>	<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> <ol style="list-style-type: none"> <li>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.</li> <li>2. The fee passed on to the consumer must be the actual expense incurred by the insurance company, insurance agency or insurance producer.</li> </ol>	
Surcharges			
Other Fees			
RATE RANGES			
RATING PLAN REQUIREMENTS	<a href="#">36 O.S. 981 et seq</a>	Must be filed in accordance with the Property and Casualty Competitive Loss Cost Rating Act.	
IRPM			
Expense Modification Plan			
Experience Rating			
Large Deductible			
Retrospective Rating			
Schedule Rating			
Small Deductible			
Wrap-up Rating			
RATE/LOSS COST SUPPORTING INFORMATION			

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Competition	<a href="#">36 O.S. 987</a>	Review of filings in Competitive Market/Non-Competitive Market.	
Expenses			
REVIEW REQUIREMENTS	<a href="#">36 O.S. 981 et seq</a>	Property and Casualty Competitive Loss Cost Rating Act.	
Experience			
Judgment			
Credibility			
Profit Loading			
RETURN ON EQUITY/INVESTMENT INCOME			
SUPPORTING DATA			
TRENDING			
OTHER			
Policy Fees	<a href="#">36 O.S. 3623.1</a>	<p>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.</p> <p>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>The fee passed on to the consumer must be the actual expense incurred by the insurance company, insurance agency or insurance producer.</p>	
Postage Requirements	<a href="#">O.R. 365: 15-7-3(b)(8)</a>	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.	

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Filing Fees	<a href="#">36 O.S. 348.1</a>	Rate, rule or loss cost filings. \$100.00 for each individual insurer.	
Forms Filed Separately	<a href="#">O.R. 365: 15-1-21</a>	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	<a href="#">O.R. 365: 15-7-8</a>	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	<a href="#">O.R. 365: 15-7-12</a>	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			
Statistical Plans	<a href="#">O.R. 365: 15-7-16</a>	Every insurer doing business in this state shall file a statistical plan and any modifications thereto with the Oklahoma Insurance Department.  An insurer may appoint a registered advisory organization as its agent to report and file its statistical plan and experience.	