

LINE OF BUSINESS: Mortgage Guaranty

Code: 6.0000

LINE(S) OF INSURANCE	CODES
<u>Mortgage Guaranty</u>	<u>6.0000</u>
<u>MG-Fixed Rate Mortgages</u>	<u>6.0001</u>
<u>MG-Trust/Pool</u>	<u>6.0002</u>
<u>MG - Variable</u>	<u>6.0003</u>

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	<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 AND EXPLANATORY MEMORANDUM			
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="#">O.R. 365:15-1-13</a>	Every policy shall specify: The time when the insurance thereunder takes effect and the period during which the insurance is to continue.  All policies shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy.	
FREE CONTRACT PROHIBITED			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
LIMITATIONS/RESTRICTIONS ON TRANSACTING BUSINESS			
LINE OF AUTHORITY			
MORTGAGE POOL			
NAIC #			
THIRD PARTY FILERS AUTHORITY		Must include letter of authorization.	
TRANSACTING OTHER BUSINESS			
ACCESS TO COURTS			
AMBIGUOUS & MISLEADING	<a href="#">36 O.S. 3611 (A) (2)(3)</a>	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.  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.	
APPRAISALS			
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.	
BANKRUPTCY PROVISIONS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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	<a href="#">36 O.S. 3639</a>	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	<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="#">36 O.S. 3639</a>	10 days notice of cancellation.	
Notice of Non-renewal	<a href="#">36 O.S. 3639</a>	45 days notice of non-renewal.	
Permissible Reasons for Cancellation	<a href="#">36 O.S. 3639</a>	8 specific reasons	
Permissible Reasons for Non-renewal			
Required Policy Period	<a href="#">36 O.S. 3613(B)(5)</a>  <a href="#">O.R. 365: 15-1-13</a>	Every policy shall specify: The time when the insurance thereunder takes effect and the period during which the insurance is to continue.  Unless otherwise provided, all policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.	
Return Premium	<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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
CERTIFICATIONS	<a href="#">Commissioner's Order 07-1190-PMT</a>	Self-Certification of certain forms filings.	
Suspension			
CONSUMER INFORMATION			
Credit Scoring Notice			
Privacy notice			
VSI Warning			
Notification Form			
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.	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
EXCESS COVERAGE			
EXCLUSIONS & LIMITATIONS			
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
FORMS MISCELLANEOUS	<a href="#">36 O.S. 3610</a>	Prior approval.	
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).	
INSURER'S NAME AND ADDRESS	<a href="#">O.R. 365: 15-1-10(b)</a>	Insurer's name and address required on policy.	
LIMITS			
LOSS PAYEE			
LOSS SETTLEMENTS			
Appraisal			
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 avoidance shall not affect the validity of the other provisions of the policy.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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			
MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)	<a href="#">O.R. 365: 15-1-3</a>	See the regulations	
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.	
POLICY MUST CONTAIN ENTIRE CONTRACT			
PREMIUM AUDIT			
PRIOR APPROVAL	<a href="#">36 O.S. 3610</a>	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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
READABILITY			
REBATES	<a href="#">36 O.S. 1204(8)</a>	Not permitted directly or indirectly.	
SUBROGATION			
Suit			
TIMELINESS			
FILE & USE	<a href="#">Commissioner's Order 07-1190-PMT</a>	Self-certification of certain forms filings.	
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.	
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.	
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.	
Terrorism Risk Insurance Act of 2002	<a href="#">Bulletin No. PC 2007-03</a> <a href="#">Bulletin No. PC 2006-03</a> <a href="#">Bulletin No. PC 2015-01</a>	Review appropriate Bulletins on our website.	
Coverage of Trustor	<a href="#">36 O.S. 3616.1</a>	Unless specifically excluded, a trustor of property shall be a named insured.	
Withdrawal of Pending Filings	<a href="#">O.R. 365: 15-1-3(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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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.	
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 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.	
ACTUARIAL CERTIFICATIONS FOR RATES			
CREDIT SCORING AND REPORTS			
CREDIBILITY			
DISCOUNTS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
INDIVIDUAL RISK RATING	<a href="#">O.R. 365: 15-7-22</a>	Follow regulation.	
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 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.	
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	
PREMIUM REFUND OR RETENTION			
RATING PLAN REQUIREMENTS	<a href="#">36 O.S. 981 et seq</a>	Property and Casualty Competitive Loss Cost Rating Act.	
RATE AND RULE FILINGS EXEMPT FROM FILING	<a href="#">36 O.S. 997</a>	This line of business is exempted from filing and review requirements set forth in 36 O.S. 987.	
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			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Payment Plans	<a href="#">O.R. 365: 15-7-19</a>	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			
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. 987</a>	Must be filed in accordance with Commercial Property and Casualty Competitive Loss Cost Rating Act.	
Expense Modification Plan			
Experience Rating			
Large Deductible			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Retrospective Rating			
Schedule Rating			
Small Deductible			
Wrap-up Rating			
RATE/LOSS COST SUPPORTING INFORMATION			
Competition	<a href="#">36 O.S. 981 et seq</a>	Review of filings in Competitive Market/Non-Competitive Market.	
Expenses			
Experience			
Judgment			
Credibility			
Profit Loading			
RETURN ON EQUITY/ INVESTMENT INCOME			
SUPPORTING DATA			
TRENDING			
OTHER			
Policy Fees	<a href="#">36 O.S. 3623.1</a>	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	<a href="#">36 O.S. 348.1</a>	Rate (or loss cost) and rule filings. \$100.00 for each individual insurer.	
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Forms Filed Separately	<a href="#">O.R. 365: 15-7-7</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.	
Statistical Plans	<a href="#">O.R. 365: 15-7-16</a>	<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>	