

LINE OF BUSINESS

Workers' Compensation & Employers Liability

Standard Workers' Compensation

16.0004

Employers Liability

16.0002

Code: 16.0000

Alternative Workers' Compensation

16.0001

The Oklahoma Option

16.0003

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

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REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
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 including exhibits, forms, rate sheets and additional information shall be submitted with one (1) legible copy 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 one copy of all material.	
COVER LETTER AND EXPLANATORY MEMORANDUM			
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 TRANSACTING BUSINESS	<a href="#">36 O.S. 612.2</a>	Insurer must maintain policyholder surplus in excess of \$5,000,000.00.	
LINE OF AUTHORITY			
SIDE-BY-SIDE COMPARISON	<a href="#">O.R. 365:15-1-3(b)(9)(D)</a> <a href="#">O.R. 365: 15-7-3(b)(10)(D)</a>	A complete description and full explanation of the changes made by the filing including, reasoning therefore, illustrative examples, including "John Doe" specimen form, and a comparison of currently approved and proposed materials.	
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
NAIC #			
THIRD PARTY FILERS AUTHORITY TRANSACTIONING OTHER BUSINESS		Must include letter of authorization	
<b>FORMS POLICY PROVISION</b>			
ACCESS TO COURTS			
AD&D BENEFITS			
AGGREGATE LIMITS			
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.	
Witness Clause and Officer Signature	<a href="#">36 O.S. 3618</a>	A. Every insurance policy shall be executed in the name of and on behalf of the insurer by its officer, attorney-in-fact, employee, or representative duly authorized by the insurer. A facsimile signature of any such executing individual may be used in lieu of an original signature.	
ASSESSIBLE POLICIES			
BLANK ENDORSEMENTS	<a href="#">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.	
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.	
Suspension			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
CERTIFICATIONS	<a href="#">Commissioner's Order 07-1190-PMT</a>	Self-certification of certain forms filings.	
CONSUMER INFORMATION			
Credit Scoring Notice			
Privacy Notice			
VSI Warning			
Notification Form			
CONTENT OF POLICIES	<a href="#">36 O.S. 3613</a> <a href="#">O.R. 365:15-1-10</a>	Contents of policies in general see statute for requirements.	
COUNTERSIGNATURES	<a href="#">36 O.S. 627</a>	Repealed 11/1/2005.	
DECLARATIONS PAGE	<a href="#">36 O.S. 3610</a>	Must be filed for approval.	
Notice of Cancellation	<a href="#">36 O.S. 3639</a>		
Notice of Non-renewal	<a href="#">36 O.S. 3639</a>		
Permissible Reasons for Cancellation	<a href="#">36 O.S. 3639</a>		
Permissible Reasons for Non-renewal			
Terrorism	Bulletin No: <a href="#">PC 2002-03</a> <a href="#">PC 2005-08</a> <a href="#">PC 2015-01</a>	Terrorism exclusions not allowed.	
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.	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
DUTY TO DEFEND			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
Asbestos			
Lead			
Mold			
GROUP POLICIES	<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.	
Asbestos			
Lead			
Mold			
GROUP POLICIES	<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.	
Extra-Territorial Approval Authority			
Extra-Territorial Approval Authority			
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 non-admitted, 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	
Conditional Renewal	<a href="#">36 O.S. 3639</a>	An insurer may refuse to renew a policy if the insurer gives to the first-named insured at the address shown on the policy written notice that the insurer will not renew the policy. Such notice shall be given at least forty-five (45) days before the expiration date. If notice is given by mail, said notice shall be deemed to have been given on the day said notice is mailed. If the notice is mailed less than forty-five (45) days before expiration, coverage shall remain in effect until forty-five (45) days after notice is mailed. Earned premium for any period of coverage that extends beyond the expiration date shall be considered pro rata based upon the previous year's rate. For purposes of this section, the transfer of a policyholder between companies within the same insurance group is not a refusal to renew. In addition, changing deductibles, changes in premium, changes in the amount of insurance, or reductions in policy limits or coverage are not refusals to renew.	

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CANCELLATION & NON-RENEWAL	<a href="#">36 O.S. 3639</a>	<p>After coverage has been in effect for more than forty-five (45) business days or after the effective date of the renewal of a commercial marine, commercial automobile, commercial property, commercial casualty or commercial fire insurance policy, a notice of cancellation shall not be issued by any licensed insurer or surplus or excess lines insurer unless it is based on at least one of the following reasons with at least ten (10) days notice to the insured:</p> <ol style="list-style-type: none"> <li>1. Nonpayment of premium;</li> <li>2. Discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any claims submitted thereunder;</li> <li>3. Discovery of willful or reckless acts or omissions on the part of the named insured which increase any hazard insured against;</li> <li>4. The occurrence of a change in the risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed;</li> <li>5. A violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against;</li> <li>6. A determination by the Commissioner that the continuation of the policy would place the insurer in violation of the insurance laws of this state;</li> <li>7. Conviction of the named insured of a crime having as one of its necessary elements an act increasing any hazard insured against; or</li> <li>8. Loss of or substantial changes in applicable reinsurance.</li> </ol>	
INSURER'S NAME AND ADDRESS	<a href="#">O.R. 365: 15-1-10(b)</a>	Insurer's name and address required on policy.	
GROUP POLICIES			
Extra-Territorial Approval Authority			

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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).	
LIMITS			
LOSS SETTLEMENTS			
Appraisal			
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.	
Loss Valuation			
NOTICE REQUIREMENTS			
EXCLUSIONS & LIMITATIONS	<a href="#">O.R. 365:15-1-3(b)(20)</a>	Any endorsement which eliminates or restricts coverage and which is issued during the policy term shall be identified as accepted by the insured, by the signature of the insured thereon, and a signed copy (original or computer generated) of such endorsement shall be retained in the files of the insurer for one year after the expiration of the policy.	
SUBROGATION			
TIMELINESS			
Suit			
Defense Costs	<a href="#">O.R. 365:15-1-15</a>	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.	
MEDICAL PAYMENTS			
PERSONAL INJURY PROTECTION			

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Action Against Company	<a href="#">36 O.S. 3617</a>	<p>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</p> <p>(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</p> <p>(2) preventing the bringing of an action against any such insurer for more than six (6) months after the cause of action accrues, or</p> <p>(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.</p>	
POLICY MUST CONTAIN CONTRACT			
PREMIUM AUDIT			
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.	
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.	
PRIMARY/UNDERLYING COVERAGE			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
PRIOR APPROVAL	<a href="#">36 O.S. 3610</a>	Policy forms must be approved prior to use.	
PUNITIVE DAMAGES			
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. This includes blank endorsements.	
Coverage of Trustor	<a href="#">36 O.S. 3616.1</a>	Unless specifically excluded, a trustor of property shall be a named insured.	
USE & FILE			
VICARIOUS LIABILITY			
VOIDANCE			
WARRANTIES			
WORKERS' COMPENSATION EXCESS			
OTHER			
READABILITY			
REBATES	<a href="#">36 O.S. 1204 (8)</a>	Not permitted directly or indirectly.	
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.	
Filing Fees Fee Requirements	<a href="#">36 O.S. 348.1</a> <a href="#">O.R. 365: 15-1-3 (b) (2)</a>	Form filings-\$50.00 for each individual insurer.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
<b>Administrative Workers' Compensation Act – Optional Deductibles</b>	<a href="#">85A O.S. 95</a> <a href="#">365:15-1-3.1</a>	<p>B. Each insurer issuing a policy under the Administrative Workers' Compensation (AWCA) Act shall offer, as a part of the policy or as an optional endorsement to the policy, deductible optional to the policyholder for benefits payable under the AWCA. Deductible amounts offered shall be fully disclosed to the prospective policyholder in writing. The policyholder exercising the deductible option shall choose only one deductible amount. B. Optional deductibles shall be offered in each policy insuring liability for workers' compensation that is issued, delivered, issued for delivery, or renewed under this act on or after approval by the Insurance Commissioner, unless an insured employer and insurer agree to renegotiate a workers' compensation policy in effect on that date so as to include a provision allowing for a deductible.</p> <p>C. If the policyholder exercises the option and chooses a deductible, the insured employer shall be liable for the amount of the deductible for benefits paid for each compensable claim of work injury suffered by an employee. The insurer shall pay all or part of the deductible amount, whichever is applicable to a compensable claim, to the person or medical provider entitled to the benefits conferred by this act and seek reimbursement from the insured employer for the applicable deductible amount. The payment or nonpayment of deductible amounts by the insured employer to the insurer shall be treated under the policy insuring the liability for workers' compensation in the same manner as payment or nonpayment of premiums.</p> <p>D. If the Insurance Commissioner determines it to be feasible, and under such rules as he or she may adopt, premium reduction for deductibles may be determined before the application of any experience modification, premium surcharge, or premium discounts, and, to the extent that an employer's experience rating or safety record is based on benefits paid, money paid by the insured employer under a deductible as provided in this section may not be included as benefits paid so as to harm the experience rating of the employer.</p> <p>E. This section shall not apply to employers who are approved to self-insure against liability for workers' compensation or group self-insurance funds for workers' compensation.</p>	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
<b>Administrative Workers' Compensation Act</b> – Compensation Insurance – Contents – Cancellation – Coverage – Insurance Group	<a href="#">85A O.S. 42</a>	Contents of policies – See Statute for requirements	
OKLAHOMA EMPLOYEE INJURY - BENEFIT ACT – <b>THE OKLAHOMA OPTION</b>	<a href="#">85 A.O.S. 204 A</a>	A qualified employer may (self-fund or insure benefits payable under the benefit plan, employers' liability) under the Oklahoma Employee Injury Benefit Act, and any other insurable risk related to its status as a qualified employer with any insurance carrier authorized to do business in this state.	
The <b>Administrative Workers' Compensation Act</b> – Workplace Medical Plan – Certification - Inspection	<a href="#">85A O.S.64 E</a>	If an employer is not experience-rated when it participates in a certified workplace medical plan, its workers' compensation insurer shall grant a ten-percent premium reduction.	
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.	
Rating/Advisory Organization	<a href="#">O.R. 365: 15-1-3</a>	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.	
Unfair Discrimination	<a href="#">36 O.S. 902</a>	Prohibits unfair discrimination.	
Workers' Compensation providers - Obligation to provide Workplace Safety Services - Notice to policyholders	<a href="#">36 O.S. 6701 1/1/15</a>	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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
Appeals of rating classifications	<a href="#">O.R. 365:15-1-24</a>	<p>(a) Any employer engaged in a rating classification dispute reviewed by the NCCI Oklahoma Internal Review Panel may appeal the decision to the Insurance Commissioner by requesting a hearing within thirty (30) days of the date the Panel issues the decision.</p> <p>(b) Upon receipt of a written request, the Commissioner shall either set down the matter for hearing within thirty (30) days from the date of receipt of the request by issuing notice of the hearing to the employer and the insurer or shall issue a written order denying the hearing.</p> <p>(c) The Commissioner shall name the employer and the insurer as parties to the hearing. The Commissioner shall not be a party in an appeal of a rating classification.</p> <p>(d) Procedure for hearings shall be governed by OAC 365:1-7-1 et seq. and the Administrative Procedures Act.</p>	
Withdrawal or Discontinue writing	<a href="#">O.R. 365: 15-1-18</a>	<p>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:</p> <ol style="list-style-type: none"> <li>(1) The number of policyholders affected;</li> <li>(2) The number of insurance agents affected;</li> <li>(3) The date the insurer will cease writing new business;</li> <li>(4) The date the insurer will start non-renewing insurance policies;</li> <li>(5) The date the insurer will transfer policyholders;</li> <li>(6) Whether the insurer has made arrangements with another insurer to pick up the renewals; if applicable;</li> <li>(7) The lines of insurance on which the insurer plans to concentrate; and</li> <li>(8) Whether the insurer anticipates re-entering the market.</li> </ol>	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
<b>RATE, RULE, RATING PLAN, FILING REQUIREMENTS</b>			
INDIVIDUAL RISK RATING			
ACTUARIAL CERTIFICATIONS FOR RATES			
ADOPTIONS OF RATE SERVICE ORGANIZATIONS (RSO) FILINGS	<a href="#">36 O.S. 1148</a>	Every member of, or subscriber to, a licensed advisory organization shall adhere to the loss cost filings made on its behalf by such organization within ninety (90) days of the effective date of the loss cost filing.	
Loss Costs	<a href="#">36 O.S. 1148</a>		
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
CONSENT-TO-RATE	<a href="#">36 O.S. 987(E)</a> <a href="#">O.R. 365: 15-7-6 Appendix C</a>	<p>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.</p> <p>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.</p> <p>The requirements may be satisfied by submitting in duplicate the form furnished by the Insurance Commissioner or its equivalent. (See Appendix C).</p> <p>NCCI Experience Modification exhibit.</p>	
DURATION OF FILINGS	<a href="#">O.R. 365: 15-7-5</a>	Filed rates shall remain in effect until amended or withdrawn by the insurer.	
CREDIT SCORING AND REPORTS			
CATASTROPHE HAZARDS			
CREDIBILITY			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
DEFENSE COSTS			
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.	
DISCOUNTS	<a href="#">36 O.S. 924.2 (1/1/15)</a> <a href="#">36 O.S. 924.2 Prior</a>	Any rate, schedule of rates or rating plan for workers' compensation insurance submitted to or filed with the Insurance Commissioner, or fixed by the Board of Managers of CompSource Mutual Insurance Company, 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	<a href="#">36 O.S. 987 C</a>	<p>C. Every authorized insurer shall file with the Commissioner, except as to rates for those lines of insurance exempted from the provisions of the Property and Casualty Competitive Loss Cost Rating Act by the Commissioner under subsections E and F of this section and except for those risks designated as special risks under Section 997 of this title, all rates, supplementary rate information and any changes and amendments which it proposes to use.</p> <p>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.</p> <p>Every filing shall state the effective date.</p>	
REVIEW REQUIREMENTS	<a href="#">36 O.S. 901.3</a>	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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EFFECTIVE DATE	<a href="#">36 O.S. 987(C)</a>	Every filing shall state the effective date.	
USE AND FILE	<a href="#">36 O.S. 987(A)</a>	In a competitive market, every insurer shall file with the Commissioner all rates and supplementary rate information to be used in this state no later than thirty (30) days after the effective date; provided, that the rates and supplementary rate information need not be filed for commercial risks, which by general custom are not written according to manual rules or rating plans.	
LOSS RATIO STANDARDS			
MID-TERM CHANGES			
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.	
PREMIUM REFUND OR RETENTION	<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.	
PRICING			
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.	

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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.	
RATE RANGES			
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> <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			
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
Expense Modification Plan			
Experience Rating			
Large Deductible	<a href="#">Oklahoma Bulletin</a>	Bulletin No. PC 2012-02	
Retrospective Rating			
Schedule Rating	<a href="#">O.R. 365: 15-7-29</a>	Maximum debits/credits 25%.	
Small Deductible			
Premiums			
Wrap-up Rating	<ol style="list-style-type: none"> <li>1. Grand River Dam Authority V. State</li> <li>2. Independent Insurance Agents of OK, Inc. V. OK Turnpike Authority</li> <li>3. 61 O.S. 113</li> </ol>	Not applicable in Oklahoma.	
RATE/LOSS COST SUPPORTING INFORMATION			
Competition			
Judgment			
Credibility			
Profit Loading			
Single Premium Weighted Loss Cost Multiplier	<a href="#">Bulletin No. PC 2012-03</a>	Insurers will need to provide the number of LCMs to be used by the insurer with the minimum LCM and maximum LCM.	
RETURN ON EQUITY/INVESTMENT INCOME			
SUPPORTING DATA			
TRENDING			
OTHER			
RE-SUBMITTAL OF DISAPPROVED FILING	<a href="#">O.R. 365: 15-7-12</a>	Procedure for re-submittal of disapproved filing.	
Agent Commissions	<a href="#">Bulletin No. PC 2000-03</a>	Multiple agent commission levels are prohibited within one company.	
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
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>	
Flex Filing		NA	
DELIVERY OF POLICY TO INSURED	<a href="#">365: 15-1-3(b)(19)</a> <a href="#">O.R. 365: 15-7-14</a>	<p>In any instance whereby a policy of insurance is effected the insured shall be furnished with either:</p> <p>(A) The original policy;</p> <p>(B) A copy of the original policy or a duplicate policy printed with ten point or larger type; or</p> <p>(C) A certificate including provisions and conditions of the original policy printed with ten point or larger type.</p>	
Filing Fees	<a href="#">O.R. 365: 15-7-3 (b) (2)</a> <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.	
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD
Re-submittal of Disapproved or Rejected 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	<a href="#">O.R. 365:15-7-13</a>	Revoked 7/14/2007	
OKLAHOMA EMPLOYEE INJURY - BENEFIT ACT – <b>THE OKLAHOMA OPTION</b> – Insurance Coverage	<a href="#">85 A.O.S. 204 B</a>	B. Insurance coverage or surety bond obtained by a qualified employer shall be from an admitted or surplus lines insurer with an AM Best Rating of B+ or better. The Insurance Department has no duty to approve insurance rates charged for this coverage.	
Statistical Plans	<a href="#">O.R. 365:15-7-16</a>	<p>Every insurer doing business in this state shall file a statistical plan and any modifications thereto with the Oklahoma Insurance Department.</p> <p>The statistical plan shall record the loss and expenses experience of the insurer and shall provide all data elements necessary to support the rating systems the insurer has filed with the Oklahoma Insurance Department. The experience developed in accordance with an approved statistical plan shall be filed on a yearly basis.</p> <p>An insurer may appoint a registered advisory organization as its agent to report and file its statistical plan and experience.</p> <p>The Insurance Commissioner may approve an advisory organization as a 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 Property and Casualty Competitive Loss Cost Rating Act.</p>	