

# CONNECTICUT INSURANCE DEPARTMENT

## COMMERCIAL BURGLARY AND THEFT FORM/RATES/RULES FILING COMPLIANCE QUESTIONNAIRE

**COMPANY**

**Co. File No.**

**Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with Connecticut statutes, regulations, rules, and bulletins. Form, page and paragraph references that bring the submission into compliance must be included (enter NA in this column if item is not applicable to the filing). Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.**

				Form/Page/Para Reference
<b>I.</b>	<b>YES Answer is required</b>			
	a. Coverage is exempt per the Exemption of Certain Commercial Lines Property and Casualty Bulletin.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	b. <b>If Exempt</b> , this filing includes an officer certification that the filing complies with applicable Connecticut insurance laws and regulations and that the filing has not been previously disapproved by the Department.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>II.</b>	<b>OTHER PROVISION</b>			
	a. The program does not use a master policy (acceptable for Risk Purchasing Groups only)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
<b>III.</b>	<b>CANCELLATION AND NONRENEWAL PROVISIONS</b>			
	a. Notice of cancellation or nonrenewal will be mailed to the named insured not the first named insured.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	b. The company has a cancellation and Nonrenewal Amendatory Endorsement with this filing.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	c. Cancellation reasons are exactly stated in CGS §38a-324	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
<b>IV.</b>	<b>RATE AND RULE PROVISIONS</b>			
	a. Schedule rating credits (IRPM) do not exceed +/- 25%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	b. Company has provided 3 years of line of business experience in item 10 of Appendix 2 or Appendix 3	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	c. The Company has Submitted Appendix 1 and 2 or 3 per Bulletin PC-35 when either adopting loss costs or filing independent rates.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	d. On Connecticut Appendix 2 line 9 consideration is given to investment earned or realized by insurers both from their unearned premium and loss reserve funds,	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	e. Rules provide an effective date provision for rate revisions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	f. Rate change included in cover letter or explanatory memorandum.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
<b>V.</b>	<b>MISC FILING REQUIREMENTS</b>			
	(all filings must be submitted with the following)			
	a. Filing includes either a 'detailed' description or 'detailed' cover letter explaining purpose and/or changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	b. Filing includes side-by-side comparison for revisions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	c. Actuarial memorandum is included	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	d. If part of the policy, an application has been included in the filing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /

**Please explain any NO or N/A responses below in detail:**