

CONNECTICUT INSURANCE DEPARTMENT

COMMERCIAL MULTI-PERIL FORM/RATES/RULES FILING COMPLIANCE QUESTIONNAIRE

COMPANY	Co. File No.
TYPE OF INSURANCE	PAGE 1 OF 3

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with applicable Connecticut rules and regulations including Connecticut General Statutes (“CGS”) §38a-307. Form, page and paragraph references that bring the submission into compliance must be included (enter NA in this column if the item is not applicable to the filing). Failure to complete all items, or response is in the shaded column, then the filing will be rejected and returned without further review.

				Form/Page/Para Reference
I. COVERAGES				
a. All policy forms comply with Connecticut Standard Fire policy provisions in CGS §38a-307 and §38a-308.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
1. Mortgagee interests and obligations	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
2. Appraisal provisions	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
b. Policy provisions and endorsements provide for the use of functional valuation. (Functional Building Valuation does not comply with the Statutory Fire policy).		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
c. Policy provisions and endorsements provide for Replacement with like kind and quality. {CGS §38a-307}.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
d. The Policy term is clearly defined with an effective date and expiration date. A continuous policy term conflicts with the statutes. A policy expiration is necessary to afford the required cancellation and non-renewal provisions.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
e. Policy includes a ‘conform to State statute’ provision.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
f. IF Definition of Insured includes civil unions. The policy must cover civil unions as recognized under Connecticut law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
g. Policy provisions and endorsements provide for the use of Market Value. (Market Value does not comply with the Statutory Fire Policy).		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
h. Policy Forms Include a Sunset Clause.		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
II. Other Provisions				
a. Terrorism exclusions comply with most current Department Bulletin. Provide Bulletin ref#: _____ (Co. fill in PC #)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
1. Terrorism forms provide coverage for non-certified acts of terrorism.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
2. For types of insurance subject to TRIPRA, forms provide coverage for acts of terrorism that fail to be certified because they do not meet the \$5 million aggregate limit (Refer to Bulletin PC-64)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
3. For types of insurance subject to TRIPRA, there is not a total terrorism exclusion. Acts of terrorism are excluded only if they result in losses above \$25,000,000 or death or injury to over 50 persons. (Refer to Bulletin PC-64)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
4. War exclusion does not include acts of terrorism as an “Act of War” or “acts of foreign enemies”.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
b. Vacancy clause complies with {CGS 38a-307}. The filing provides a vacancy provision of greater than 70%.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
c. The program does not use a master policy(acceptable for Risk Purchasing Groups only)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
d. Choice of Law Condition: The policy shall be interpreted to conform to Connecticut law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /

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FORM/RATES/RULES FILING COMPLIANCE QUESTIONNAIRE**

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COMPANY

TYPE OF INSURANCE

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II. OTHER PROVISIONS- Cont'd			
e. Mold exclusions comply with Department mold guidelines.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
1. The policy excludes or limits coverage for loss arising out of mold or remediation in which the proximate cause of loss is the peril of fire or lightning.		YES <input type="checkbox"/>	NO <input type="checkbox"/> / /
2. The policy provides for a sub-limit for mold loss of at least \$10,000 in which the proximate cause of loss is a covered loss other than fire and lightning.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
3. The policy provides an additional deductible for mold loss.		YES <input type="checkbox"/>	NO <input type="checkbox"/> / /
4. The definition of "mold" complies with the Department guidelines.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
5. The definition of "mold" should include Bacteria, therefore, the policy provisions do not exclude or limit coverage and provides coverage as outlined under (1) and (2) above.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
6. The policy does not unreasonably restrict the time period for reporting a mold claim. Policy language that requires a loss due to mold to be reported during the policy period in which the original covered loss occurs does not comply with this requirement.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
f. If forms add fidelity coverage, the time limit on suits and arbitration claims is 3 years per CGS § 38a-290.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
g. Condominium Coverage: (If applicable)			
1. Condominium association's policy is considered primary and the unit owner's policy is considered excess.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
2. Condominium Association policy does not prevent a unit owner from obtaining insurance for his own benefit. {CGS 47-67 thru 47-90 and CGS 47-200 thru 47-295}	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
3. Waiver of subrogation against the unit owner or member of his household.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
III. CANCELLATION AND NONRENEWAL PROVISIONS			
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 Connecticut Cancellation and Nonrenewal Amendatory Endorsement with this filing.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
c. Cancellation reasons are exactly as stated in CGS 38a-324.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
d. Condominiums: 60 day notice of cancellation and nonrenewal to the Insured and each unit owner. {CGS 47-255 (g)}	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /

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			Form/Page/Para Reference
IV. LIABILITY			
a. General liability limits not reduced for or by the cost of defense.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
b. Terrorism exclusions comply with most current Department Bulletin. Provide Bulletin ref#: _____ (Co. fill in PC #)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
1. Terrorism forms provide coverage for non-certified acts of terrorism.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
2. War exclusion does not include acts of terrorism as an "Act of War".	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
V. RATE AND RULE PROVISIONS			
a. Scheduled 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. If the different rating tiers are used to rate business the company has submitted underwriting guidelines that clearly delineate which risk are acceptable for each tier.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
d. If the filing has an annual inflation increase it does not exceed 8% which is the maximum annual inflation permitted by the state.	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. The Company has Submitted Appendix 1, 2 and/or 3 per Bulletin PC-35 when either adopting loss costs or filing independent rates.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
g. 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"/>	/ /
h. Filing has a provision for commission contribution (negotiated commissions are in violation of C.G.S 38a-825, premium rebate or other special favor).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
i. Rate change included in cover letter or explanatory memorandum.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
j. Rates do not contain a loading for the residual market.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
VI. MISC FILING REQUIREMENTS: (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"/>	/ /