

CONNECTICUT INSURANCE DEPARTMENT

PERSONAL LINES HOMEOWNERS RATE FILING COMPLIANCE QUESTIONNAIRE

COMPANY	Co. File No.
TYPE OF INSURANCE	

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with applicable Connecticut rules and regulations. 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). If the company provides a response in the shaded column and/or fails to complete all items, the filing will be rejected and returned without further review.

					Form/Page/Para Reference
	FLEX RATING PROVISIONS See CGS 38a-688a* to determine if filing is eligible for this provision				
I.	Does the overall statewide rate change result in an increase or decrease of more than 6%? Note: Only <u>one</u> flex rate filing may be made within a 12 month period unless the combination of all rate filings made in the preceding 12 months (flex and non flex) does not result in a multiplicative, cumulative increase or decrease of more than 6%.		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	Are all rate changes made during the twelve month period preceding this filing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Does the rate filing include changes to class definitions, territory definitions, rating rules or rating model variables?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	Has the company identified the filing as "flex-rating"?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
II.	RATE PROVISIONS				
	Has the company provided a separate exhibit indicating overall aggregate rate impact by territory and towns within the territory?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Does the rate filing include rate impacts by policy form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Has the company provided 5 years of Connecticut loss experience? [See CGS 38a-686 (b)(1)]*	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	If different rating tiers are used to rate business, has the company filed underwriting guidelines that clearly delineate which risks are acceptable for each tier at new business and renewal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	If the filing has an annual inflation increase, does it exceed 8% which is the maximum annual inflation permitted by the state?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	Does the filing include the effective dates for new business and renewals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Has the company provided the rate profiles exhibit (in both PDF and Excel format) if there is a statewide base rate homeowner rate change? [Homeowners only]	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Does the filing include actuarial justification for the rate change?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Does the filing include thorough justification in support of any material changes to rate calculations, rate models or exhibits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Does this filing include an exhibit with all score ranges included?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /

- *See <http://www.ct.gov/cid>
- ** See <http://www.ct.gov/Divisions/PropertyCasualty>

PL Homeowners
Ed. Date 04/09

Note: If rating rule impacts Underwriting Guidelines, please complete Underwriting Guideline Checklist

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III.	FINANCIAL HISTORY PROGRAMS FOR PERSONAL RISK INSURANCE (Use of Credit Score or Financial Stability)**				
	If the financial measurement program was not previously filed, is it included in this filing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Is the proposed financial history measurement program applicable to new business only?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	Does the company intend to rate policies using financial history (score) in combination with specific credit information (bankruptcy, foreclosure, liens, repossessions, court judgments)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	Do rates penalize the insured for having no credit history? (No hit or no score)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
	Has the underwriting criteria been filed to identify risk placement in HO programs (tiers) or rating impact for insured's with no credit history?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
IV.	MISC FILING REQUIREMENTS: (All filings must be submitted with the following):				
	a. Does the filing include either a 'detailed' description or 'detailed' cover letter explaining purpose and/or changes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	b. Does the filing include side-by-side comparison for revisions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /
	c. Does the filing include an Actuarial memorandum?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		/ /

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