

LINE OF BUSINESS: All Liability  
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 Code: 17.0000–17.0024  
18.0000–18.2000

LINE(S) OF INSURANCE  
Other Liability 17.0000  
Product Liability 18.0000  
 Contractual Liability 17.0004  
 All Other Liability

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

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REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>			
COPIES	<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 type.	
FILING SUBMISSION	<a href="#">O.R. 365:15-1-3</a> <a href="#">O.R. 365 15-7-3</a>	Filing Requirements.	
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 IN FILING
FREE CONTRACT PROHIBITED			
LIMITATIONS/RESTRICTIONS ON TRANSACTING BUSINESS			
LINE OF AUTHORITY			
NO FILE OR FILING EXEMPTIONS	<a href="#">36 O.S. 997</a>	This line of business is not exempted from filing Rates/Rules.	
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.	
NAIC #			
THIRD PARTY FILERS AUTHORITY		Must include letter of authorization.	
NO FILE OR FILING EXEMPTIONS	<a href="#">36 O.S. 997A.1, 2 and 3</a> <a href="#">O.R.365:15-7-30</a>	The following special risks are exempted from filing and review: risks written on an Excess and Umbrella basis, commercial lines risks which produce a minimum annual premium total of Ten Thousand Dollars (\$10,000.00) and Specifically designated special risks.(See 3.a., 3.b., 3.c., 3.d., 3.e., 3.f., and 3.g.)	
ACCESS TO COURTS			
AGGREGATE LIMITS			
AMBIGUOUS & MISLEADING	<a href="#">36 O.S. 3611 (A)(2)(3)</a>	Commissioner shall disapprove any 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.	

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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.	
ASSESSIBLE POLICIES			
BANKRUPTCY PROVISIONS			
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.	
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.	
LIMITATIONS/RESTRICTIONS ON TRANSACTING BUSINESS			
Calculation of Unearned/Return Premium			
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			
CLEAR & UNAMBIGUOUS LANGUAGE	<a href="#">36 O.S. 3611 (A)(2)(3)</a>	Grounds for Disapproval of Forms if it contains or incorporates by reference any inconsistent, ambiguous or misleading clauses, or exceptions and conditions which deceptively affect the risks purported to be assumed in the general coverage of the contract.  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.	
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Required Policy Period	<a href="#">36 O.S. 3613(B)(5)</a>	Every policy shall specify: The time when the insurance thereunder takes effect and the period during which the insurance is to continue.	

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>	
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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.	
CERTIFICATE OF INSURANCE FORMS	<a href="#">36 O.S. 3640</a> <a href="#">OK Bulletin PC 2008-01</a>	Certificates of Insurance must be filed and contain the following or similar statement: "This certificate of Insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions and conditions afforded by the policies referenced."	
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			
CLAIMS MADE POLICIES – Notice and Extended Reporting	<a href="#">O.R. 365:15-1-3 (b)(22) A. and B.</a>	(A) The policy Application and the Declarations page of each claims-made policy shall include a conspicuous notice indicating that the contract is a claims-made policy and advising the policyholder to read its provisions.  (B) The policy shall provide for extended reporting period options based on rules, rates or rating plans approved by the Insurance Commissioner. If so stated in the policy, the extended reporting period options shall not be required to be offered if a policy is cancelled for nonpayment of premium or a material representation or fraud.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

CONSUMER INFORMATION			
Credit Scoring Notice		Disclosure statement required on applications.	
Notification Form		Explaining reasons for adverse actions.	
VSI Warning			
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.	
DEFENSE WITHIN LIMITS-NOT ALLOWED	<a href="#">O.R. 365:15-1-15 Commissioners Order No. 06-1835-PRJ.</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 Declarations 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.	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
DUTY TO DEFEND			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			
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.	
TRIA Reauthorization 2015	<a href="#">OK Bulletin PC 2015-01</a>	Review filing requirements under 'Submission of Rates, Policy Form Language and Disclosure Notice' section.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

DEFENSE WITHIN LIMITS-ALLOWED FOR SPECIFIC TYPES OF INSURANCE POLICIES	<a href="#">O.R. 365:15-1-15</a> <a href="#">Commissioner's Order 11-0351-PRJ</a> <a href="#">Bulletin No. PC 2011-01</a>	The Insurance Commissioner has allowed defense within the limits for certain insurance policies satisfying the following criteria. The insurance policy must be: <ul style="list-style-type: none"> <li>a. A professional liability policy;</li> <li>b. A directors and officers liability insurance policy;</li> <li>c. An errors and omissions liability insurance policy;</li> <li>d. A fidelity or surety bond;</li> <li>e. A pollution liability policy; or</li> <li>f. An employee's practices liability insurance policy.</li> </ul> <p>As used herein, "professional liability insurance policy" only includes those types of insurance policies covering persons or risks that are traditionally and generally understood to require knowledge of an advanced type in a field of learning or science customarily acquired by a prolonged course of study of specialized intellectual instruction, such as lawyers, physicians, architects, engineers and accountants.</p> <p>See Commissioner's Order 11-0351-PRJ for complete list of requirements.</p>	
Asbestos			
Lead			
Mold			
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.	
INSURER'S NAME AND ADDRESS REQUIRED	<a href="#">O.R. 365: 15-1-10(b)</a>	Insurer's name and address required on policy.	
FINANCIAL RESPONSIBILITY LIMITS			
LOSS PAYEE			
LOSS SETTLEMENTS			
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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).	
GUEST PASSENGER LIABILITY (Motorcycle)	Hibdon v. Casualty Corporation of America 504 P.2d 878 504 P.2d 878 504 P.2d 878	Guest passenger liability coverage cannot be excluded.	
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 voidance shall not affect the validity of the other provisions of the policy.	
Deductibles			
Loss Valuation			
NOTICE REQUIREMENTS			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

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.	
<b>MEDICAL PAYMENTS</b>			
Medical Payments and/or UM Limitation on Subrogation and Setoff Under Medical Coverage	<a href="#">36 O.S. 6092</a>	No policy shall contain a provision that allows a company to subrogate for medical payments coverage and/or uninsured motorists coverage to any named insured, or any relative of the named insured who is a member of the named insured's household.	
Life & Health Insurance Provisions	<a href="#">O.R. 365:15-1-17</a>	No policy provision shall refuse payment of medical payments coverage or uninsured motorist coverage because the injured party has insurance through a life and/or health insurance provider.	
Funeral Expenses	<a href="#">O.R. 365:15-1-16</a>	No policy provision shall limit or refuse funeral expenses under medical payments coverage.	
<b>MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)</b>	<a href="#">O.R. 365: 15-1-3(b)(19)</a>	Delivery of policy to the insured.  (A) The original policy; (B) A copy of the original policy or a duplicate policy printed with ten point or larger type; or (C) A certificate including provisions and conditions of the original policy printed with ten point or larger type.	
<b>PARTICIPATING POLICIES</b>	<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.	
<b>PERMISSIBLE DRIVER</b>			
<b>PERSONAL INJURY PROTECTION</b>			
<b>PREMIUM AUDIT</b>			
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>

PREMIUM REFUND	<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.	
PRIMARY/UNDERLYING COVERAGE			
PRIOR APPROVAL	<a href="#">36 O.S. 3610</a>	Policy forms must be approved prior to use.	
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.	
READABILITY			
REBATES	<a href="#">36 O.S. 1204(8)</a>	Not permitted directly or indirectly.	
SERVICE CONTRACTS VEHICLE & OTHER THAN VEHICLE			
SUBROGATION			
Suit	<a href="#">36 O.S. 3617</a>	No policy delivered or issued for delivery in Oklahoma shall prevent 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 voidance shall not affect the validity of the other provisions of the policy.	
VALUED POLICIES			
VICARIOUS LIABILITY			
VOIDANCE	<a href="#">Kincaid v. Black Angus Motel, Inc.</a> , 1999 OK 54, 983 P.2d 1016, 1020.	A contract that is voidable may be rescinded or cancelled; it may not be voided.	
OTHER			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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.	
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. The notice shall include reasons for the withdrawal.	
Filing Fees	<a href="#">36 O.S. 348.1</a>	Form filings-\$50.00 for each individual insurer.	
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.	
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.	
Coverage of Trustor	<a href="#">36 O.S. 3616.1</a>	Unless specifically excluded, a trustor of property shall be a named insured.	
GROUP FILINGS	<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.	
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>

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.	
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>
<b>RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS</b>			
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.	
EFFECTIVE DATE	<a href="#">36 O.S. 987(C)</a>	Every filing shall state the effective date.	
INDIVIDUAL RISK RATING	<a href="#">O.R. 365:15-7-22</a>	Follow regulation.	
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>

"A" RATED RISKS/REFER TO COMPANY	<a href="#">O.R. 365:15-7-32</a>	An "a" rate may be used only when neither an advisory organization nor any other insurer has yet established a manual rate based upon experience. Once an insurer acquires sufficient experience to establish a manual rate for such coverage, then the coverage is no longer considered to be eligible for "a" rating.  Please (1) state how your company satisfies this rule and (2) certify that "neither an advisory organization nor any other insurer" has established a manual rate for this coverage.	
ADOPTIONS OF RATING/ADVISORY ORGANIZATIONS FILINGS	<a href="#">O.R. 365:15-7-3(b)(11)</a> <a href="#">O.R. 365:15-7-4</a> <a href="#">O.R. 365:15-7-10</a> <a href="#">O.R. 365:15-7-11</a>	Insurers may adopt rating organizations filings or may deviate pursuant to regulations.	
Loss Costs	<a href="#">O.R. 365:15-7-9</a>	Independent filer shall file rates, loss costs, rating plans or rating systems.	
Loss Cost Deviations	<a href="#">O.R. 365:15-7-11(d)</a>	When rate or loss cost deviations are proposed, the filing memorandum shall indicate the applicable advisory organization filing, the Oklahoma Filing Number and state the percentage (%) of deviation, as well as the subject matter the deviation applies to by manual name and page number, with supporting data.	
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.	
TRIA Reauthorization 2015	<a href="#">OK Bulletin PC 2015-01</a>	Review filing requirements under 'Submission of Rates, Policy Form Language and Disclosure Notice' section.	
CREDIT SCORING AND REPORTS	<a href="#">36 O.S. 950 et seq</a>	Establishes filing requirements of insurers for credit scoring usage.	
CREDIBILITY			
DEFENSE COSTS			
DISCOUNTS			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

EXCESS CONSENT TO RATE	<a href="#">36 O.S. 987(E)</a> <a href="#">O.R. 365: 15-7-6</a> <a href="#">Appendix C</a>	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.  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. The requirements may be satisfied by submitting in duplicate the form furnished by the Insurance Commissioner or its equivalent. (See Appendix C).	
CREDIT SCORING AND REPORTS	<a href="#">36 O.S. 950 et seq</a>	Establishes filing requirements of insurers for credit scoring usage.	
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.	
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 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.	
PRICING			
Charges			
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.	
Deferred 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.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

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.	
Premiums			
REVIEW REQUIREMENTS	<a href="#">36 O.S. 981 et seq</a>	Property and Casualty Competitive Loss Cost Rating Act	
RATE/LOSS COST SUPPORTING INFORMATION, LOSS COST MULTIPLIERS	<a href="#">36 O.S. 987</a>	Oklahoma follows the NAIC model and uses the NAIC loss cost forms including Form OKLCF-1, pages 1 and 2, and Form OKLCF-A-2.	
Other Fees			
<b>RATING PLAN REQUIREMENTS</b>			
Expense Modification Plan			
Experience Rating			
Large Deductible			
Retrospective Rating			
Schedule Rating			
Small Deductible			
Surcharges			
Wrap-up Rating/Owner Controlled Insurance Programs (OCIPs)	<a href="#">61 O.S. 113(E)</a>	Filers need to confirm compliance with 61 O.S. 113(E).	
Competition			
Expense Reduction	<a href="#">36 O.S. 1204. 8.</a>	Must be used in compliance with 1204.8. and a schedule of reduction must be filed for use.	
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>

Service Charges	<a href="#">36 O.S. 3623.1</a>	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.  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.  2. The fee passed on to the consumer must be the actual expense incurred by the insurance company, insurance agency or insurance producer.	
RATE RANGES	<a href="#">36 O.S. 985</a>	Provide underwriting placement criteria for rate ranges to justify equitable placement, or you may wish to revise to a flat rate factor scenario.	
Experience			
Judgment			
Credibility and Other Factors			
Profit Loading			
RETURN ON EQUITY/ Investment Income			
SYMBOLS			
SUPPORTING DATA			
TRENDING			
OTHER			
Rating Standards	<a href="#">36 O.S. 985 B.</a>	A rate may not be excessive, inadequate or unfairly discriminatory.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

RISK CLASSIFICATION	<a href="#">36 O.S. 985 (C)</a>	Risks may be grouped by classifications for the establishment of rates and minimum premiums. Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any differences among risks that can be demonstrated to have a probable effect upon losses or expenses. No risk classification however, may be based on race, creed, national origin, or the religion of the insured.	
Lack of Prior Insurance	<a href="#">O.R. 365: 15-7-28</a>	Insurers shall not refuse to insure, surcharge or place an applicant for insurance in a higher priced program or plan if the applicant is not required to have insurance pursuant to Chapter 7 of Title 47 of the Oklahoma statutes.	
Filing Fees	<a href="#">36 O.S. 348.1</a>	Rate, rule or loss cost 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.	
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.	
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.	
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>

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>	
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.	
Retroactive Filings			
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>An insurer may appoint a registered advisory organization as its agent to report and file its statistical plan and experience.</p>	