

LINE OF BUSINESS: Auto Liability
Auto Physical Damage
 Code: 19.0000
21.0000

LINE(S) OF INSURANCE
Commercial PP 19.1001
Commercial Liability 19.0002
Commercial Physical Damage 21.0000
Physical Damage PP 21.2000

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS			
COPIES, RETURN ENVELOPES, ETC	O.R. 365:15-1-3(b)(4) O.R. 365: 15-7-3(b)(4)	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			
EFFECTIVE DATE WORDING	O.R. 365:15-1-13 36 O.S. 3635.1	All policies shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy. All policies insuring against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance or use of a motor vehicle, as defined in Section 3635 of this title, shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy.	
FREE CONTRACT PROHIBITED			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
LIMITATIONS/RESTRICTIONS ON TRANACTING BUSINESS			
LINE OF AUTHORITY			
NO FILE OR FILING EXEMPTIONS	36 O.S. 997A.1, 2 and 3 O.R. 365:15-7-30	The following special risks are exempted from filing and review: Excess and umbrella, those commercial lines insurance risks, or portions thereof which are not rated according to manuals, rating plans, or schedules including "a" rates, and commercial lines insurance risks which produce a minimum annual premium total of \$10,000 (per policy).	
UMBRELLA/EXCESS LIABILITY			
NAIC #			
THIRD PARTY FILERS AUTHORITY			
TRANSACTING OTHER BUSINESS			
FORM POLICY PROVISIONS			
ACCESS TO COURTS			
AGGREGATE LIMITS			
AMBIGUOUS & MISLEADING	36 O.S. 3611 (A)(2)(3)	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	36 O.S. 3610	If an application is attached to and made a part of the policy, it must be submitted for approval.	
APPRAISALS			
ARBITRATION	Cannon v. Lane, 867 P.2d 1235 36 O.S. 3636	Binding arbitration provisions shall not be included in any insurance contract or policy language as it is "contrary to public policy and is unenforceable". Requires provision for arbitration by either party.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
ASSESSIBLE POLICIES			
BANKRUPTCY PROVISIONS			
BLANK ENDORSEMENTS	O.R. 365:15-1-19	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.	
CANCELLATION & NON-RENEWAL	36 O.S. 3639	Policies that have been in effect for more than 45 business days may only be cancelled for 8 specific reasons. Non-renewal notice must give named insured 45 days notice, if less than 45 days, policy must remain in effect until 45 business days after notice is given. Insurer must give named insured written notice of premium increase, change in deductible or reduction in limits at least 45 days prior to expiration.	
Calculation of Unearned/Return Premium			
Conditional Renewal			
Minimum Retained Premium	36 O.S. 3623.1	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.	
Notice of Cancellation	36 O.S. 3639		
Notice of Non-renewal	36 O.S. 3639		
Permissible Reasons for Non-renewal			
Required Policy Period			
Return Premium			
Suspension			

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Permissible Reasons for Cancellation	36 O.S. 3639	<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"> 1. Nonpayment of premium; 2. Discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any claims submitted thereunder; 3. Discovery of willful or reckless acts or omissions on the part of the named insured which increase any hazard insured against; 4. The occurrence of a change in the risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed; 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; 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; 7. Conviction of the named insured of a crime having as one of its necessary elements an act increasing any hazard insured against; or 8. Loss of or substantial changes in applicable reinsurance. 	
CLAIMS MADE			
CONSUMER INFORMATION			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Privacy notice			
Credit Scoring Notice			
VSI Warning			
Notification Form			
CONTENT OF POLICIES	36 O.S. 3613	Contents of policies in general see statute for requirements.	
COUNTERSIGNATURES			
DECLARATIONS PAGE	36 O.S. 3610	Must be filed for approval.	
DEFENSE WITHIN LIMITS	O.R. 365:15-1-15 Commissioner's Order 11-0351 PRJ	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.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DISCRIMINATION			
DEFINITIONS			
DUTY TO DEFEND			
DISCLOSURES			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			

EXCLUSIONS & LIMITATIONS			
Asbestos			
Lead			
Mold			
Terrorism	Bulletin No. PC 2006-03	Review appropriate Bulletin on our website.	
FICTITIOUS GROUPS	36 O.S. 6001 36 O.S. 6001.1 36 O.S. 6002	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.	
FORMS MISCELLANEOUS	36 O.S. 3610		
FRAUD WARNING	36 O.S. 3613.1	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).	
GROUP POLICIES			
Extra-Territorial Approval Authority			
GUEST PASSENGER LIABILITY			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
LIMITS	47 O.S. 7-204 47 O.S. 7-324 47 O.S. 7-330	\$25,000/\$50,000/\$25,000 or \$75,000 combined single limit.. Proof of financial responsibility may be satisfied by insurance, bond or certificate of deposit with the Oklahoma Department of Public Safety. Combined single limits may be offered in lieu of split limits.	
LOSS PAYEE			
LOSS SETTLEMENTS			
Appraisal			

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Action Against Company	36 O.S. 3617	<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>	
After Market Parts			
Deductibles			
Defense Costs			
Loss Valuation	36 O.S. 1250.8	Methods to Apply for Adjustment and Settlement of Motor Vehicle Total Losses	
NOTICE REQUIREMENTS			
Payment of Loss Time Period	36 O.S. 1250.7	Within 45 days after receipt of properly executed proofs of loss, claimant shall be advised of acceptance/denial or further investigation necessary.	
Appraisal			
MEDICAL PAYMENTS			
Medical Payments and/or UM Limitation on Subrogation and Setoff Under Medical Coverage	36 O.S. 6092 Also see Notes of Decision, Number 2 of this statute	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.	

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Life & Health Insurance Provisions	O.R. 365:15-1-17	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	O.R. 365:15-1-16	No policy provision shall limit or refuse funeral expenses under medical payments coverage.	
MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)			
PARTICIPATING POLICIES	36 O.S. 2121	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.	
PERMISSIBLE DRIVER	47 O.S. 7-324 47 O.S. 7-602.1	Shall insure the person and any other person using any such vehicle with the express or implied permission of the named insured unless excluded under the policy. Any excluded drivers must be listed on the security verification form.	
PERSONAL INJURY PROTECTION			
PREMIUM AUDIT			
PREMIUM REFUND	O.R. 365:15-7-23	Insurers may waive additional/return premium. Must file manual page	
PRIOR APPROVAL	36 O.S. 3610	Every form that is made a part of the policy must be filed for approval.	

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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	36 O.S. 1204(8)	Not permitted directly or indirectly.	
SERVICE CONTRACTS VEHICLE & OTHER THAN VEHICLE			
SUBROGATION			
Suit			
TIMELINESS			
Out of State Coverage	36 O.S. 3612 36 O.S. 3617	Each policy should contain a provision allowing for the financial responsibility limits of another state or province where the accident occurs.	
Labeling particular policy	36 O.S. 3616	Physical damage ONLY policies must include "THIS POLICY DOES NOT PROVIDE BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGES."	
UNINSURED/UNDERINSURED MOTORISTS	36 O.S. 3636	Offer must be made. Limits may be stacked selection/rejection form must be per statute.	
USE & FILE			
VALUED POLICIES			
VICARIOUS LIABILITY			
VOIDANCE	36 O.S. 3609	Oklahoma law does not allow an insurer to include "void" in a policy. Therefore, Insurers may not use "void" in a fraud, misrepresentation, or other policy clause. The words "voidable", "cancel", or "rescind" may be used.	
WARRANTIES			
WORKERS' COMPENSATION EXCESS			
OTHER			

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Execution of Policies	36 O.S. 3618	Every policy must be signed (facsimile) by officer.	
Policy Restrictions Voided	36 O.S. 3617	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	O.R. 365: 15-1-3(b)(20)	Endorsements that eliminate or restrict coverage issued during the policy term must be signed by the insured. This includes blank endorsements.	
Required Transmittal Forms			
Filing Fees Fee Requirements	36 O.S. 348.1 O.R. 365:15-1-3(2)	Form filings-\$50.00 for each individual insurer.	
Rating/Advisory Organization	O.R. 365:15-1-3	Insures may deviate from its rating organization's filings. See regulation. NOTE: Please tell us if you are a member or subscriber to a rating/advisory organization.	
Coverage of Trustor	36 O.S. 3616.1	Unless specifically excluded, a trustor of property shall be a named insured.	
Withdrawal of Pending Filings	O.R. 365:15-1-3(9)(H)	Pending filings may be withdrawn by the filing entity upon notice to the Insurance Department prior to the approval or disapproval thereof.	
Postage Requirements	O.R. 365:15-1-3(8)	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.	

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Unfair Discrimination	O.R. 365:15-1-9	Prohibits unfair discrimination.	
PRIMARY/UNDERLYING COVERAGE			
Withdrawal or Discontinue writing	O.R. 365:15-1-18	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: <i>of</i> (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. <i>uses A) Any insurer desiring to withdraw from the state or disco</i>	
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RATE, RULE, RATING PLAN, CLASSIFICATION, AND FILING REQUIREMENTS			
INDIVIDUAL RISK RATING	O.R. 365:15-7-17 O.R. 365:15-7-22	Follow regulations.	
ACTUARIAL CERTIFICATIONS FOR RATES			
ADOPTIONS OF RATE SERVICE ORGANIZATIONS (RSO) FILINGS	O.R. 365:15-7-4 O.R. 365:15-7-10 O.R. 365:15-7-11	Insurers may adopt rating organization's filings or deviate pursuant to regulations.	

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Loss Costs	36 O.S. 987	Must be filed.	
CONSENT-TO-RATE	36 O.S. 987(E) O.R. 365:15-7-6	Regulation provides filing requirements.	
CREDIT SCORING AND REPORTS			
CREDIBILITY			
DEFENSE COSTS			
DISCOUNTS			
EXPIRATION DATE(S) FOR FILED RATES	36 O.S. 987 O.R. 365:15-7-5	Rates shall remain in effect until amended or withdrawn.	
GROUP POLICIES			
Extra-Territorial Approval Authority			
Charges	36 O.S. 987	See Pricing above.	
LOSS COST MULTIPLIERS	36 O.S. 987	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.	
LOSS RATIO STANDARDS			
MID-TERM CHANGES			
PREMIUM REFUND OR RETENTION	36 O.S. 1241.1	Each property and casualty insurance policy approved by the Insurance Commissioner shall contain a provision describing the process for premium refund if the insured cancels the policy before the end of the policy period as defined in the policy. The provision is to be included in the policy, or by rider or endorsement attached to the policy. The policy does not have to contain the exact wording of this section or any other exact wording. Language which is substantially similar to this section shall be considered to be in compliance with this section.	

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Multi-tier	O.R. 365: 15-7-25	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.	
PRICING	36 O.S. 987	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. 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.	
Minimum Premium Rules	36 O.S. 3623.1	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	36 O.S. 987	See Pricing above.	

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Payment Plans	O.R. 365: 15-7-19	Deferred Premium Payment Plans for policy periods in excess of one year shall provide for a sufficient initial premium paid to cover a short rate cancellation return premium. If the insurer or other form of association fails to collect the prescribed initial premium, then the insurer 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.	
RATING PLAN REQUIREMENTS	36 O.S. 987	Must be filed in accordance with Property and Casualty Competitive Loss Cost Rating Act.	
Expense Modification Plan			
Experience Rating			
Large Deductible			
Retrospective Rating			
Schedule Rating			
Small Deductible			
RATE RANGES	36 O.S. 985	Must provide underwriting placement criteria for rate ranges to justify equitable placement, or you may wish to revise to a flat rate factor scenario.	
Wrap-up Rating			
RATE/LOSS COST SUPPORTING INFORMATION			
Competition	36 O.S. 987	Review of filings in Competitive Market/Non-Competitive Market.	
SYMBOLS			
SUPPORTING DATA			
TRENDING			
OTHER			
REVIEW REQUIREMENTS	36 O.S. 985 36 O.S. 987	A rate may not be excessive, inadequate or unfairly discriminatory. Every authorized insurer shall file all rates, supplementary rate information and any changes and amendments. An insurer may file its rates by either filing its final rates or by filing a loss cost multiplier. Every such filing must state an effective date.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Service Charges	36 O.S. 3623.1	<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	36 O.S. 3623.1	See Service Charges above.	
Expenses			
Experience			
Judgment			
Credibility AND Other Factors			
Profit Loading			
RETURN ON EQUITY/ Investment			
Income			
Filing Fees	O.R. 365:15-7-3(b)(2) 36 O.S. 348.1	Rate (or loss cost) and rule filings \$100.00 for each individual insurer.	
Policy Fees	36 O.S. 3623.1	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.	

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Governmental Entity Limits	51 O.S. 154 63 O.S. 1-106	<p>The total limit of the state and its political subdivisions on claims within the scope of this act, Section 151 et seq. of this title, arising out of an accident or occurrence happening after the effective date of this act shall not exceed:</p> <p>(1) \$25,000.00 for any claim or to any claimant who has more than one claim for loss of property arising out of a single act, accident, or occurrence;</p> <p>(2) Except as otherwise provided in this paragraph, \$125,000.00 to any claimant for this claim for any other loss arising out of a single act, accident, or occurrence. The limit of liability for the state or any city or county with a population of 300,000 or more according to the latest federal Decennial Census shall not exceed \$175,000.00;</p> <p>(3) \$1,000,000.00 for any number of claims arising out of a single occurrence or accident. Other limits apply for University Hospitals and State Mental Health and Substance Abuse Services and physician negligence. See applicable statutes.</p>	
Postage Requirements	O.R. 365:15-1-3(b)(8)	<p>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.</p>	
Chargeable/Nonchargeable Accidents	36 O.S. 941 36 O.S. 942 36 O.S. 943	<p>No insurer shall use not at fault accidents for underwriting or ratemaking purposes, except for persons convicted of homicide or assault arising out of the operation of a motor vehicle, or for persons impaired by or under the influence of alcohol or drugs. No insurer shall use traffic records maintained by the Department of Public Safety, which covers a period of time more than 3 years. It is also prohibited to use traffic complaints, citations or other legal forms of traffic charges where the insured was acquitted, arrested and no charges were filed or dismissed.</p>	
Forms Filed Separately	O.R. 365: 15-1-21	<p>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.</p>	

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Group Filings	O.R. 365:15-7-8	Filings that are made on behalf of more than one insurer shall list the insurer or insurers individually and not by Company group.	
Re-submittal of Disapproved Filings	O.R. 365:15-7-12	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	O.R. 365:15-7-13	Revoked	
Statistical Plans	O.R. 365:15-7-16	<p>The Insurance Commissioner may approve a statistical plan or any modification thereto submitted by an insurer or advisory organization adapted to the applicable rating system, which shall be used thereafter for the recording of loss and expense experience.</p> <p>The Insurance Commissioner may approve an advisory organization as his 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>	