

LINE OF BUS NESS: Commercial Multi Peril

LINE(S) OF INSURANCE

CODES

Code: 5.0000

Non-Liability Portion

5.1000

Liability Portion

5.2000

Builders' Risk Policies

5.0001

Businessowners

5.0002

CPP

5.0004

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

Note: Checklist shall be used in conjunction with other mono - line type of coverage checklists.

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			
DELIVERY OF POLICY	365: 15-1-3(b)(19) O.R. 365: 15-7-14	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.	
EFFECTIVE DATE	O.R. 365:15-1-13 36 O.S. 4803.1	All policies shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy. All fire insurance policies shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy.	
FILING SUBMISSION	O.R. 365:15-1-3 O.R. 365 15-7-3	Filing Requirements.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
LIMITATIONS/RESTRICTIONS ON TRANACTING BUSINESS			
LINE OF AUTHORITY			
NAIC #			
NO FILE OR FILING EXEMPTIONS	36 O.S. 997A.1, 2 and 3 O.R. 365:15-7-30	The following commercial special risks are exempted from filing and review: Excess and umbrella, commercial lines insurance risks which produce commercial lines insurance risks which produce a minimum annual premium total of \$10,000 (per policy) and certain specifically designated special risks.	
SIDE BY SIDE COMPARISON	O.R. 365:15-1-3(b)(9)(D) O.R. 365: 15-7-3(b)(10)(D)	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.	
THIRD PARTY FILERS AUTHORITY		Must include letter of authorization.	
TRANACTING 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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
APPRAISALS	36 O.S. 4803	Standard policy provisions – must contain “In case the insured and the Company fail to agree as to the actual cash value or the amount of loss, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within (20) days of such demand. The appraisers shall first select a competent and disinterested umpire; and failing for fifteen (15) days to agree upon such umpire, then, on request of the insured or this Company, after notice of hearing to the non-requesting party by certified mail, such umpire shall be selected by a judge of a district court in the county where the loss occurred. The appraisers shall then appraise the loss, stating separately actual cash value and loss to each item, and failing to agree, shall submit their differences, only to the umpire. An award in writing, so itemized, of any two when filed with this Company shall determine the amount of actual cash value and loss. Each appraiser shall be paid by the party selecting him and the expenses of appraisal and umpire shall be paid by the parties equally.	
ARBITRATION	Cannon v. Lane, 867 P.2d 1235 OK Bulletin PC 2010-05	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			
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.	
Calculation of Unearned/Return Premium			

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Witness Clause and Officer Signature	36 O.S. 3618	A. Every insurance policy shall be executed in the name of and on behalf of the insurer by its officer, attorney-in-fact, employee, or representative duly authorized by the insurer. A facsimile signature of any such executing individual may be used in lieu of an original signature.	
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.	
Return Premium	36 O.S. 1241.1	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.	
Required Policy Period	36 O.S. 3613(B)(5)	Every policy shall specify: The time when the insurance there under takes effect and the period during which the insurance is to continue.	
Conditional Renewal	36 O.S. 3639	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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
CANCELLATION & NON-RENEWAL	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. 	
Notice of Cancellation	36 O.S. 3639		
Notice of Non-renewal	36 O.S. 3639		
Permissible Reasons for Cancellation	36 O.S. 3639		
Permissible Reasons for Non-renewal			

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DECLARATIONS PAGE	36 O.S. 3610	Must be filed for approval.	
Suspension			
CONSUMER INFORMATION			
Privacy Notice			
Credit Scoring Notice			
VSI Warning			
Notification Form			
CONINSURANCE			
CONTENT OF POLICIES	36 O.S. 3613 O.R. 365:15-1-10	Contents of policies in general see statute for requirements.	
CLAIMS MADE	O.R. 365:15-1-3 (b)(22)	(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.	
DEFENSE WITHIN LIMITS	O.R. 365:15-1-15 Commissioner's Order 11-0351-PRJ Bulletin No. PC 2011-01	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
DEFENSE WITHIN LIMITS-ALLOWED FOR SPECIFIC TYPES OF INSURANCE POLICIES	O.R. 365:15-1-15 Commissioner's Order 11-0351-PRJ Bulletin No. PC 2011-01	<p>The Insurance Commissioner has allowed defense within the limits for certain insurance policies satisfying the following criteria. The insurance policy must be:</p> <ul style="list-style-type: none"> a. A professional liability policy; b. A directors and officers liability insurance policy; c. An errors and omissions liability insurance policy; d. A fidelity or surety bond; e. A pollution liability policy; or f. An employee's practices liability insurance policy. <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>	
Terrorism	Bulletin No. PC 2002-03 PC 2005-03 PC 2005-05 PC 2005-08 PC 2015-01	Review appropriate Bulletins on our website.	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
DUTY TO DEFEND			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			
Asbestos			
Lead			
Mold			
Windstorm			
FORMS MISCELLANEOUS	36 O.S. 3610	Prior approval.	

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FICTITIOUS GROUPS	36 O.S. 6001 36 O.S. 6001.1 36 O.S. 6002 O.R. 365:15-1-7	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.	
FRAUD WARNING	36 O.S. 3613.1 O.R. 365: 15-1-10(c)	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 FILINGS	O.R. 365: 15-1-3(b)(13)	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.	
Extra-Territorial Approval Authority			
GUEST PASSENGER LIABILITY			
INSURER'S NAME AND ADRESSS	O.R. 365: 15-1-10(b)	Insurer's name and address required on policy.	
LIBERALIZATION CLAUSE			
LIMITS			
LOSS PAYEE			
LOSS SETTLEMENTS			
After Market Parts			
Deductibles			
Payment of Loss Time Period Acceptance or Denial of Claim	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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Claim Inquiry	36 O.S. 1241.2	No insurer that issues any type of property or casualty insurance policy in this state shall increase premium rates, cancel a policy, or refuse to issue or renew a policy solely on the basis of a policyholder inquiring about making a claim or requesting information about a possible claim, if the policyholder does not in fact submit a claim.	
Action Against Company	36 O.S. 3617	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.	
Loss Valuation			
NOTICE REQUIREMENTS			
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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.	
MORTGAGEE/LIENHOLDER	36 O.S. 4803 O.R. 365: 15-1-3(b)(21)	Mortgagee interests and obligations. If loss hereunder is made payable, in whole or in part to a designated mortgagee not named herein as the insured, such interest in this policy may be cancelled by giving such mortgagee a 10 day notice of cancellation. The mortgage clause to be used by Insurance Companies in Oklahoma shall be uniform Standard Form Number 127B September 1934 Edition or subsequent editions, except upon written application by an insurer or rating organization, a cause providing broader coverage may be approved by the Insurance Commissioner.	
MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)	O.R. 365: 15-1-3(b)(19) O.R. 365:15-7-14	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.	
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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
ORDINANCE/LAW PROVISIONS			
PERMISSIBLE DRIVER			
PERSONAL INJURY PROTECTION			
PRIOR APPROVAL	36 O.S. 3610	Every form that is made a part of the policy must be filed for approval.	
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.	
REBATES	36 O.S. 1204(8)	Not permitted directly or indirectly.	
STANDARD FIRE POLICY	36 O.S. 4803	Standard policy provisions, permissible variations.	
SUBROGATION			
PREMIUM AUDIT			
READABILITY			
PRIMARY/ UNDERLYING COVERAGE			
SERVICE CONTRACTS VEHICLE & OTHER THAN VEHICLE			
VOIDANCE	Kincaid v. Black Angus Motel, Inc. , 1999 OK 54, 983 P.2d 1016, 1020.	A contract that is voidable may be rescinded or cancelled; it may not be voided.	
WARRANTIES	36 O.S. 3609	All statements and descriptions in any application for an insurance policy or in negotiations, by or in behalf of the insured, shall be deemed to be representations and not warranties.	
Execution of Policies	36 O.S. 3618	Every policy must be signed (facsimile) by officer.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Suit	36 O.S. 3617	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.	
TIMELINESS			
UNINSURED/UNDERINSURED MOTORISTS			
USE & FILE			
WATER/SEWER BACK-UP			
VALUED POLICIES			
VICARIOUS LIABILITY			
WORKERS' COMPENSATION EXCESS			
OTHER			
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 - EXCLUSIONS & LIMITATIONS	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.	
Filing Fees Fee Requirements	36 O.S. 348.1 O.R. 365:15-1-3(b)(2)	Form filings-\$50.00 for each individual insurer.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
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(b)(10)	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.	
Postage Requirements	O.R. 365: 15-1-3(b)(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.	
Unfair Discrimination	O.R. 365: 15-1-9 36 O.S. 985(A)(3)	Prohibits unfair discrimination.	
Rating/Advisory Organization	O.R. 365: 15-1-3(b)(12) O.R. 365: 15-1-3(b)(14) O.R. 365: 15-1-3(b)(16)	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.	
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: (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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
INDIVIDUAL RISK RATING	O.R. 365: 15-7-22	Follow regulations.	
ACTUARIAL CERTIFICATIONS FOR RATES			
ADOPTIONS OF RATE SERVICE ORGANIZATIONS (RSO) FILINGS	O.R. 365: 15-7-3(b)(11) O.R. 365: 15-7-4 O.R. 365: 15-7-10 O.R. 365: 15-7-11	Insurers may adopt rating organizations filings or may deviate pursuant to regulations.	
Loss Costs	36 O.S. 987 O.R. 365: 15-7-9	Must be filed.	
EXCESS CONSENT TO RATE	36 O.S. 987(E) O.R. 365: 15-7-6 Appendix C	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).	t
CREDIT SCORING AND REPORTS			
CATASTROPHE HAZARDS			
CREDIBILITY			
EFFECTIVE DATE	36 O.S. 987(C)	Every filing shall state the effective date.	
EXPIRATION DATE(S) FOR APPROVED RATES	36 O.S. 987 O.R. 365: 15-7-5	Rates shall remain in effect until amended or withdrawn.	

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PACKAGE DISCOUNTS	O.R. 365: 15-7-21	Package policies filed and approved permitting the combination of the insured's property and liability needs shall include both property and liability coverages to be eligible for package discounts. The property coverage shall include coverage for the building or for business personal property. Highly Protected Risk Coverage or Physicians and Surgeons Equipment Coverage may be substituted for the property option.	
GROUP POLICIES			
Extra-Territorial Approval Authority			
MID TERM CHANGES			
LOSS RATIO STANDARDS			
Claims Made Policies	O.R. 365: 15-1-3(b)(22)(A)(B)	<p>The policy application and the initial page of each Claims-Made policy must include a conspicuous notice indicating that the contract is a Claims-Made policy and advising the policyholder to read its provision. A Declarations page cannot be used for both Occurrence form coverage and Claims-Made form coverage unless the Claims-Made warning message is appropriately addressed.</p> <p>The policy must provide for extended reporting period options based on rules, rates or rating plans filing with the Department.</p>	
LOSS COST MULTIPLIERS	36 O.S. 987(C)	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. 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.	
Loss Cost Deviations	O.R. 365: 15-7-11(d)	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.	

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PREMIUM REFUND OR RETENTION	O.R. 365: 15-7-23	Insurers may waive additional/return premium. Must file manual page Return Premium shall be returned upon insured's 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.	
Charges/Premiums	36 O.S. 987	See Pricing above.	
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.	
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.	

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Deferred 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.	
RATE RANGES	36 O.S. 985	Underwriting placement criteria must be provided for rate ranges to justify equitable placement.	
RATING PLAN REQUIREMENTS	36 O.S. 987	Must be filed in accordance with Commercial Property and Casualty Competitive Loss Cost Rating Act.	
Expense Reduction	36 O.S. 1204. 8.	Must be used in compliance with 1204.8 and a schedule of reduction must be filed for use.	
Expense Modification Plan			
Experience Rating			
IRPM			
Large Deductible			
Retrospective Rating			
Schedule Rating			
Small Deductible			
Wrap-up Rating			
RETURN ON EQUITY/ INVESTMENT INCOME			
RISK CLASSIFICATION			
SUPPORTING DATA			
TRENDING			
RATE/LOSS COST SUPPORTING INFORMATION			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
REVIEW REQUIREMENTS	36 O.S. 985 36 O.S. 987 36 O.S. 981 et seq	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.	
Judgment			
Credibility and Other Factors			
Profit Loading			
Rating Standards	36 O.S. 985	A rate may not be excessive, inadequate or unfairly discriminatory.	
Surcharges			
Other Fees			
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>	
OTHER			
File Package Modification Factors	36 O.S. 987	Every authorized insurer shall file all rates. An insurer may file its rates by either filing its final rates or by filing multiplier.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Forms Filed Separately	O.R. 365: 15-1-21	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.	
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 by individual name and not by Company group.	
Retroactive Filings			
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>	
Filing Fees	36 O.S. 348.1	Rate, rule or loss cost filings. \$100.00 for each individual insurer.	
Postage Requirements	O.R. 365: 15-7-3(b)(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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Policy Fees	36 O.S. 3623.1	<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>	
Re-submittal of Disapproved or Rejected 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.	
Statistical Plans	O.R. 365: 15-7-16	<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>	