

LINE OF BUSINESS: Homeowners

LINE(S) OF INSURANCE

CODES

Code: 4.0000

<u>Condos</u>	<u>4.0001</u>
<u>Mobile Homes</u>	<u>4.0002</u>
<u>Owner Occupied</u>	<u>4.0003</u>
<u>Tenants</u>	<u>4.0004</u>
<u>Other</u>	<u>4.0005</u>

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			
EFFECTIVE DATE WORDING	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.	
FILING SUBMISSION	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Such loss cost multiplier filing and expense constant filings made by insurers shall remain in effect until amended or withdrawn by the insurer.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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
FREE CONTRACT PROHIBITED			
LIMITATIONS/RESTRICTIONS ON TRANSACTING BUSINESS			
LINE OF AUTHORITY			
WATERCRAFT OVER 26 FEET			
UMBRELLA/EXCESS LIABILITY			
NAIC#			
THIRD PARTY FILERS AUTHORITY			
TRANSACTING OTHER BUSINESS			
FORMS 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	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 nonrequesting 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.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
ARBITRATION	Cannon v. Lane, 867 P.2d 1235	Binding arbitration provisions shall not be included in any insurance contract or policy language as it is “contrary to public policy and is unenforceable”.	
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. 3639.1	No insurer shall cancel, refuse to renew or increase the premium of a homeowner’s insurance policy after it has been in effect more than 45 days. See statute for the reasons that allows for cancellation after 45 days.	
Number of Days Notice	O.R. 365:15-1-14	Unless otherwise noted, insurers shall give at least 10 days notice prior to the date of cancellation and 30 days notice prior to the date of non-renewal.	
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	O.R. 365:15-1-14	At least 10 days notice proof of mailing.	
Notice of Non-renewal	O.R. 365:15-1-14	At least 30 days notice proof of mailing.	
Permissible Reasons for Non-renewal			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Required Policy Period Suspension			
CLAIMS MADE	O.R. 365:15-1-3(b)(22)	<p>(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.</p> <p>(B) The policy shall provide for extended reporting period options based on rules, rates or rating plans approved by or filed with 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.</p>	
DEFENSE WITHIN LIMITS	O.R. 365:15-1-15	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.	
CONTENT OF POLICIES	36 O.S. 3613	Contents of policies in general see statute for requirements.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DECLARATIONS PAGE	36 O.S. 3610	Must be filed for approval.	
COINSURANCE			
Permissible Reasons for Cancellation	36 O.S. 3639.1	<p>A. No insurer shall cancel, refuse to renew or increase the premium of a homeowner's insurance policy or any other personal residential insurance coverage, which has been in effect more than forty-five (45) days, solely because the insured filed a first claim against the policy. The provisions of this section shall not be construed to prevent the cancellation, nonrenewal or increase in premium of a homeowner's insurance policy for the following reasons:</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. A change in the risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed; 5. 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 Insurance Commissioner that the continuation of the policy would place the insurer in violation of the insurance laws of this state; or 7. Conviction of the named insured of a crime having as one of its necessary elements an act increasing any hazard insured against. 	
CONSUMER INFORMATION			
Credit Scoring Notice	36 O.S. 955	Disclosure statement required on new applications.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Notification Form	36 O.S. 956	Explaining reasons for adverse actions.	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
Domestic Abuse			
DUTY TO DEFEND			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			
EXCLUSIONS & LIMITATIONS			
Lead			
Mold			
Terrorism			
Windstorm			
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).	
COUNTERSIGNATURES			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GROUP POLICIES			
Extra-Territorial Approval Authority			
HOMEOWNERS LIABILITY			
INSURANCE TO VALUE			
LIBERALIZATION CLAUSE			
LIMITS			
LOSS PAYEE	36 O.S. 4803	When loss payable. The amount of loss for which this Company may be liable shall be payable sixty days after proof of loss, as herein provided, is received by this Company and ascertainment of the loss is made either by agreement between the insured and this Company expressed in writing or by the filing with this Company of an award as herein provided.	
LOSS SETTLEMENTS			
Appraisal	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 nonrequesting 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.	
After Market Parts			
Deductibles			
Loss Valuation			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

Action Against Company	36 O.S. 3617 Wagnon v. State Farm and Casualty Co. 951 P.2d 641 (Okla. 1997)	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.	
Appraisal	36 O.S. 4803	In case the insured and this Company shall fail to agree as to the actual cash value or the amount of loss, then, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within twenty (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 nonrequesting 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.	
NOTICE REQUIREMENTS			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

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.	
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	
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	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.	
ORDINANCE/LAW PROVISIONS			
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			
PERSONAL INJURY PROTECTION			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
PREMIUM AUDIT			

PRIMARY/UNDERLYING COVERAGE			
PRIOR APPROVAL	36 O.S. 3610	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	36 O.S. 1204(8)	Not permitted directly or indirectly.	
STANDARD FIRE POLICY	36 O.S. 4803	Standard policy provisions, permissible variations.	
SUBROGATION			
Suit			
TIMELINESS			
UNINSURED/UNDERINSURED MOTORISTS			
USE & FILE			
WATER/SEWER BACK-UP			
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			
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

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. 365:15-1-19	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(b)(2)	Form filings-\$50.00 for each individual insurer.	
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(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	Prohibits unfair discrimination.	
Rating/Advisory Organization	O.R. 365:15-1-3	Insures may deviate from its rating organization's filings. See regulation for details. NOTE: Please tell us if you are a member or subscriber to a rating organization.	
Statement of Deemer Waiver	36 O.S. 3610	A statement of deemer waiver is required to extend any future review and response time for the filing beyond the 90 days provided in the statute.	
Coverage of Trustor	36 O.S. 3616.1	Unless specifically excluded, a trustor of property shall be a named insured.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

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			
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 organizations filings or may deviate pursuant to regulations.	
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.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

CREDIT SCORING AND REPORTS	36 O.S. 950 et seq.	Establishes filing requirements of insurers for credit scoring usage.	
CATASTROPHE HAZARDS			
CREDIBILITY AND OTHER FACTORS			
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			
LOSS RATIO STANDARDS			
MID TERM CHANGES			
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.	
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.	
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.	
Charges			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

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.	
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.	
Payment Plans	O.R. 365:15-7-19	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.	
Premiums	36 O.S. 987	See Pricing above.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

Service Charges	36 O.S. 3623.1	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.	
Surcharges	O.R. 365:15-7-26	An insurance company shall not apply surcharges for weather related claims.	
Other Fees	36 O.S. 3623.1	See Service Charges above.	
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.	
RATING PLAN REQUIREMENTS	36 O.S. 987	Must be filed in accordance with Property and Casualty Competitive Loss Cost Rating Act.	
IRPM			
Expense Modification Plan			
Experience Rating			
Large Deductible			
Retrospective Rating			
Schedule Rating			
Small Deductible			
Wrap-up Rating			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

Competition	36 O.S. 987	Review of filings in Competitive Market/Non-Competitive Market.	
Expenses			
Experience			
Judgment			
Credibility			
Profit Loading			
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.	
RETURN ON EQUITY/INVESTMENT INCOME			
SUPPORTING DATA			
TRENDING			
OTHER			
Rating Standards Use and File	36 O.S. 981 et seq.	See statute for provisions.	
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.	
Filing Fees	36 O.S. 348.1	Rate (or loss cost) and rule filings \$100.00 for each individual insurer.	
Retroactive Filings	O.R. 365:15-7-13	Revoked.	
Forms Filed Separately	O.R. 365:15-7-7	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.	
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING

DELIVERY OF POLICY TO INSURED	O.R. 365:15-1-3(b)(19)	In any instance whereby a policy of insurance is effected the insured shall be furnished with either: (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.	
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.	
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 Board in the same manner required by this subchapter for an original filing. In addition the cover letter or filing memorandum addressed to the Board 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	The Board 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. The Board may approve an advisory organization as its statistical agent to gather, record, compile and report experience in such manner, form and detail as determined by the Board to be necessary to determine whether rating systems comply with the standards of the Act.	