

LINE OF BUSINESS: Inland Marine

LINE(S) OF INSURANCE
Other Personal Inland Marine

CODES
09.0006

Code: 09.0000

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			
FILING SUBMISSION	O.R. 365-15-1-3 O.R. 365:15-7-3	Filing Requirements.	
EFFECTIVE DATE WORDING	O.R. 365:15-1-13	All policies shall expire at 12:01 a.m. Standard Time on the expiration date stated in the policy.	
FREE CONTRACT PROHIBITED LIMITATIONS/RESTRICTIONS ON TRANSACTING BUSINESS			

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Group Filings	O.R. 365: 15-1-3(b)(13) 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.	
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.	
Postage Requirements	O.R. 365: 15-1-3 (b)(8) 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.	
NAIC #			
LINE OF AUTHORITY			
NO FILE OR FILING EXEMPTIONS		Personal Inland Marine is not exempted from filing Rates/Rules.	
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	
Policy Delivery	O.R. 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.	
Resubmittal of filings	O.R. 365:15-1-3(b) 17 O.R. 365:15-7-12	All resubmissions of disapproved or rejected filings shall be presented to the Insurance Commissioner in the same manner as required by this section for an original filing. In addition the cover letter or completed transmittal forms addressed to the Insurance Commissioner shall state the full and complete history of the filing, the reason for disapproval or rejection, and the factors which distinguish the resubmittal so it warrants reconsideration.	

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Revised Forms, and Rates, Rules and Loss Costs	O.R. 365:15-1-3(b)(9)(E) O.R. 365:15-1-3(b)(9)(D) O.R. 365:15-7-3(b)(10)(E) O.R. 365:15-7-3(b)(10)(D)	Provide previous OK file number. A complete description and full explanation of the changes made by the filing including, reasoning therefore, illustrative examples, including "John Doe" specimen, and a comparison of currently approved and proposed materials (side by side comparison), or marked copy (underline added items/strike through deleted items) of currently approved and proposed forms/manual pages showing exactly what is revised and the location of each revision.	
WATERCRAFT LONGER THAN 26 FEET			
THIRD PARTY FILERS AUTHORITY		Must include letter of authorization.	
TRANSACTIONING OTHER BUSINESS			
ACCESS TO COURTS			
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.	
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			
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.	
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.	

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APPRAISALS	Comparable Appraisal language that contain in 36 O.S. 4803 are acceptable.	Appraisal. 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 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.	
Calculation of Unearned/Return Premium			
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.	
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.	

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Notice of Cancellation and non-renewal	O.R. 365:15-1-14	Unless otherwise provided, insurers shall give at least ten (10) days notice prior to the date of cancellation and twenty (20) days notice prior to the date of non-renewal of the insurance policy. Insurers shall give at least thirty (30) days notice prior to the date of non-renewal of a homeowner's insurance policy or any other personal residential insurance coverage. If notice is given by mail, said notice shall be deemed to have been given on the day said notice is mailed. Proof of mailing of the notice of cancellation or non-renewal to the named insured at the address shown in the policy, shall be sufficient proof of notice.	
Suspension			
COINSURANCE			
CONSUMER INFORMATION			
Credit Scoring Notice	36 O.S. 955	Disclosure statement required on applications (applicable to Personal Inland Marine Coverage only).	
Privacy notice			
VSI Warning			
CONTENT OF POLICIES	36 O.S. 3613 O.R. 365:15-1-10	Contents of policies in general see statute for requirements.	
COUNTERSIGNATURES	36 O.S. 627	Countersignatures are no longer required as 36 O.S. 627 was repealed 11-01-05.	
DECLARATIONS PAGE	36 O.S. 3610	Must be filed for approval.	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
DUTY TO DEFEND			
EXCLUSIONS & LIMITATIONS			
Mold			
Terrorism Exclusion	Bulletin No. PC 2006-03	Not allowed for personal lines.	

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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 non-admitted, 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	Prior approval.	
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).	
Permissible Reasons for Cancellation			
Notice of Non-renewal	O.R. 365:15-1-14	Insurers shall give at least thirty (30) days notice prior to the date of non-renewal of a homeowner's insurance policy or any other personal residential insurance coverage. If notice is given by mail, said notice shall be deemed to have been given on the day said notice is mailed. Proof of mailing of the notice of cancellation or non-renewal to the named insured at the address shown in the policy, shall be sufficient proof of notice.	
Defense Costs	O.R. 365:15-1-15 Commissioner's Order 11-0351-PRJ Bulletin No. PC 2011-01	Defense Expenses within limit of liability is allowable for Professional Liability coverage only. A warning message is necessary and must be displayed at the top of the Declarations pages and/or coverage insuring agreement form.	
Deductibles			
Loss Valuation			

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Suit	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>	
Extra-Territorial Approval Authority			
INSURANCE TO VALUE			
LIBERALIZATION CLAUSE			
LIMITS			
LOSS PAYEE			
LOSS SETTLEMENTS			
After Market Parts			
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.	
MEDICAL PAYMENTS			

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ORDINANCE/LAW PROVISIONS			
POLICY MUST CONTAIN ENTIRE CONTRACT			
PRIMARY/UNDERLYING COVERAGE			
READABILITY			
REBATES	36 O.S. 1204 (8)	Not permitted directly or indirectly.	
STANDARD FIRE POLICY			
SUBROGATION			
TIMELINESS			
TRAVEL			
Baggage			
Trip Cancellation			
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.	
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.	
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.	
Prior Approval	36 O.S. 3610 O.R. 365:15-1-3 (b)	Every form that is made a part of the policy must be filed for approval. Specific requirements are listed in the Regulation. Endorsements that eliminate or restrict coverage issued during the policy term must be signed by the insured. This includes blank endorsements.	

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Coverage of Trustor	36 O.S. 3616.1	Unless specifically excluded, a trustor of property shall be a named insured.	
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 (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.	
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.	
Acceptance or Denial of Claim	36 O.S. 1250.7	Within forty-five (45) days after receipt by a property and casualty insurer of properly executed proofs of loss, the first party claimant shall be advised of the acceptance or denial of the claim by the insurer, or if further investigation is necessary.	
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.	
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.	

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Withdrawal or Discontinue writing	O.R. 365: 15-1-18	<p>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:</p> <ol style="list-style-type: none"> (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. 	
Claims Made	O.R. 365:15-3(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>	
Premium Refund	36 O.S. 1241.1	<p>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.</p>	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
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.	
REVIEW REQUIREMENTS	36 O.S. 981 et seq.	Property and Casualty Competitive Loss Cost Rating Act	
USE AND FILE	36 O.S. 987(A)	In a competitive market, every insurer shall file with the Commissioner all rates and supplementary rate information to be used in this state no later than thirty (30) days after the effective date; provided.	
EFFECTIVE DATE	36 O.S. 987(C)	Every filing shall state the effective date.	
WAIVER OF PREMIUM	O.R. 365: 15-7-23	Insurers may waive additional/return premium. Any return premium shall be returned to the insured upon request. The amount to be waived for both the additional premium and the return premiums shall be shown on a manual rule page manual page and filed with the Commissioner.	
Notification Form	36 O.S. 956	Explaining reasons for adverse actions.	
Participating Parties	36 O.S. 2121	If so provided in its articles of incorporation, a 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.	
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 cancelled by the insured at the first anniversary date.	

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Rate Ranges	36 O.S. 985	Underwriting placement criteria must be provided for rate ranges to justify equitable placement	
Schedule Rating	36 O.S. 987	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 lost cost multiplier. Every such filing must state an effective date	
Tiered Rating	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.	
Competition	36 O.S. 988	Review of filings in Competitive Market/Non-Competitive Market	
Rating Plan Requirements	36 O.S. 987	Must be filed in accordance with the Property and Casualty Competitive Loss cost	
EXCESS CONSENT TO RATE	36 O.S. 987 O.R. 365:15-7-6 Appendix C	<p>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.</p> <p>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).</p>	
LOSS COSTS	O.R. 365: 15-7-9	Independent filer shall file rates, loss costs, rating plans or rating systems.	

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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.	
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.	
CREDIT SCORING AND REPORTS	36 O.S. 950 et. seq.	Establishes filing requirements of insurers for credit scoring usage.	
Statistical Plans	O.R. 365:15-7-6	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. 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 system comply with the standards of the Property and Casualty Competitive Loss Cost Rating Act.	
Individual Risk Rating	O.R. 365:15-7-22	Follow Regulation.	
Supporting Data	O.R. 365:15-7-3(b)(10)(f)	Oklahoma Rate Exhibit/Oklahoma Loss Cost Rate Exhibit Oklahoma/Countrywide 5 Year Experience & Expense Exhibit.	
DURATION OF FILINGS	36 O.S. 987 O.R.365:15-7-5	Rates shall remain in effect until amended or withdrawn by the Insurer	
LOSS RATIO STANDARDS			

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DEFENSE COSTS			
MID-TERM CHANGES			
WAIVER OF PREMIUM	O.R. 365: 15-7-23	Insurers may waive additional/return premium. Any return premium shall be returned to the insured upon request. The amount to be waived for both the additional premium and the return premiums shall be shown on a manual rule page manual page and filed with the Commissioner.	
PREMIUM REFUND OR RETENTION			
ADOPTIONS OF RATING/ADVISORY ORGANIZATIONS 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.	
PRICING			
Charges			
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.	
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.	
Rating Standards	36 O.S. 985	A rate may not be excessive, inadequate or unfairly discriminatory.	

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Deferred 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			
Other Fees			
RATING PLAN REQUIREMENTS			
Expense Modification Plan			
Experience Rating			
Large Deductible			
Retrospective Rating			
Schedule Rating			
Small Deductible			
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> <ol style="list-style-type: none"> 1. Fees are defined as a flat amount added to the basic premium rate to reflect the cost of establishing the required records, sending premium notices and other related expenses and include, but are not limited to, the following: Installment fees, service charges, financing fees, membership fees, return check fees, policy fees, motor vehicle record fees, inspection fees, late fees, electronic transfer fees, credit score fees and expense load fees. 2. The fee passed on to the consumer must be the actual expense incurred by the insurance company, insurance agency or insurance producer. 	
RATE RANGES			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Wrap-up Rating			
Competition			
Judgment			
Credibility AND Other Factors			
Profit Loading			
RETURN ON EQUITY/ Investment Income			
SUPPORTING DATA			
TRENDING			
OTHER			
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.	
Retroactive Filings			
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>	