

Company Name: _____
 Group Name: _____
 Category of Insurance: _____

SUMMARY OF INFORMATION

1. Describe the proposed changes by checking all items that apply to this filing:

- Base rate change, not due to off-balancing differential or discount changes, that is uniform by territory
- Base rate change, not due to off-balancing differential or discount changes, that is **not** uniform by territory
- Change to classification, driving record, limit of liability, deductible or other rate differentials
- Changes to discounts or surcharges
- Changes to rating rules

2. Proposed effective date for **new** policies: _____
 Proposed effective date for **renewal** policies: _____

3. Indicate the distribution of risks by policy term:

3 month	_____	%
6 month	_____	%
12 month	_____	%
Other	_____	%
Total	_____	%

4. Please state the proposed rate level changes and premium weights using direct written premiums that have been adjusted for previous rate changes. (If direct written premiums are not available, please use direct earned premiums.)

Please indicate whether the changes by coverage are weighted by written or earned premiums by placing a checkmark (✓) in the appropriate box, and state the source and date of data.

direct written premium **direct earned premium**

Source and date of data:

<u>Coverage</u>	<u>Proposed Rate Level Change</u>	<u>Direct Written (or Earned) Premium \$000</u>	<u>Weights</u>
Liability - Bodily Injury	%		
Liability - Property Damage	%		
Accident Benefits	%		
Uninsured Automobile	%		
Direct Compensation - Property Damage	%		
All Compulsory Coverages	%		
Specified Perils	%		
Comprehensive	%		
Collision or Upset	%		
All Perils	%		
OPCF 44R	%		
All Optional Coverages	%		
All Coverages Combined	%		100.00%

Appendix A

5a. State the dates and rate level change percentages that were effective for renewal business in the last 18 months (please round the figures to two decimals):

Effective Date for Renewal Business	1st	2nd	3rd	4th
Liability - Bodily Injury	%	%	%	%
Liability - Property Damage	%	%	%	%
Accident Benefits	%	%	%	%
Uninsured Automobile	%	%	%	%
Direct Compensation - Property Damage	%	%	%	%
All Compulsory Coverages	%	%	%	%
Specified Perils	%	%	%	%
Comprehensive	%	%	%	%
Collision or Upset	%	%	%	%
All Perils	%	%	%	%
OPCF 44R	%	%	%	%
All Optional Coverages	%	%	%	%
All Coverages Combined	%	%	%	%

5b. State the *Average Cumulative Rate Change* for all coverages. It is based on the *All Coverages Combined Proposed Rate Level Change* (as stated in the response to question 4) and the *All Coverages Combined Rate Level Change(s)* (as stated in the response to question 5a), that occurred within the 12 months before the proposed rate change is expected to be effective for renewal business.

The *Average Cumulative Rate Change* for all coverages is: _____%.

6. State other categories of automobile insurance that are affected by the proposed rate change for private passenger automobile insurance (e.g., motorhome rates that are dependent on private passenger rates), and the rate level change percentage (*as per section 7 of the Bill 5 Simplified filing guidelines*). All changes must be based solely on the changes associated with the dependent category.

Dependent Category (check where applicable)	Filing included with this submission	If not included - state the expected filing date	Rate Level Change impact for each category (%)
Personal Vehicles - Motorcycles	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Vehicles - Motorhomes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Vehicles - Trailers and Camper Units	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Vehicles - Off-Road Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Vehicles - Motorized Snow Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Vehicles - Historic Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Commercial Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Public Vehicles - Taxi and Limousines	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Public Vehicles - Other Than Taxi and Limousines	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Individual to whom questions concerning this filing may be addressed:

Name: _____

Title: _____

Company: _____

Address: _____

Phone No.: _____

Facsimile No.: _____

E-mail Address: _____