

Company Name: _____

Group Name: _____

Category of Insurance: _____

SUMMARY OF INFORMATION

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

- Base rate change to physical damage coverages only, not due to off-balancing differential or discount changes, that is uniform by territory

1b. Which CLEAR table are you proposing to use:

- IBC CLEAR Table
- IBC CLEAR-Combined Table
- IBC CLEAR Table with modifications (please describe):

1c. Indicate the year of the CLEAR table that is currently in use.

Current Table: _____

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%

- 5a. State the dates and rate level change percentages that were effective for renewal business in the last 12 months (please round the figures to two decimals):

Effective Date for Renewal Business				
<u>Coverage</u>	<u>1st Prior Change</u>	<u>2nd Prior Change</u>	<u>3rd Prior Change</u>	<u>4th Prior Change</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	%	%	%	%

- 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: _____%.

5c. Provide the Earned Incurred Loss Ratios for the physical damage coverages for the latest three accident years. Indicate the source.

Source: _____

	Accident Year (please insert years)		
Coverage			
Direct Compensation - Property Damage	%	%	%
Specified Perils	%	%	%
Comprehensive	%	%	%
Collision or Upset	%	%	%
All Perils	%	%	%

5d. If the rate group drift and loss trends in Appendix D are used, please check here:

Otherwise, provide the following information regarding the rate group drift used for this filing and the selected future loss trends, if they deviate from the benchmarks in Appendix D.

Coverage	Rate Group Drift	Future Loss Trends
Direct Compensation – Property Damage	%	%
Specified Perils	%	%
Comprehensive	%	%
Collision or Upset	%	%
All Perils	%	%

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: _____