

**Financial Services Commission of Ontario**

***Other Than Private Passenger Automobile 2015 Reform  
Rate Filing Guidelines  
for Proposed Revisions to Other Than Private Passenger  
Automobile Insurance Rates and Risk Classification Systems***

**A. GENERAL INFORMATION**

These *Other than Private Passenger Automobile 2015 Reform Rate Filing Guidelines* are to be used for filing rate and risk classification changes for categories of automobile insurance other than Private Passenger Automobile (PPA) insurance, as a result of 2015 automobile insurance changes where an insurer has been ordered to file an application in accordance with section 410 of the *Insurance Act*.

The changes include reductions to the compulsory standard accident benefits coverage as set out in the Statutory Accident Benefits Schedule (SABS), with the continued ability for consumers to buy enhanced optional benefits. Actuarial costings have shown that the changes should result in a decrease in the cost for compulsory coverages.

In addition the government has implemented a series of other cost reduction measures since the 2010 auto insurance reforms, including accident benefit procedural changes, adjustments to the auto insurance product and broader systemic changes.

In consideration of these extensive and ongoing efforts of the Government to improve road safety and to reduce fraud and claims costs generally, the Superintendent has concluded that it is reasonable to estimate an additional cost savings for these measures in addition to the cost savings actuarially estimated for specific amendments. These are reflected in Appendix D to the [Private Passenger Automobile 2015 Reform Rate Filing Guidelines](#) with the other cost factors.

It is expected that all renewals will be issued with the standard accident benefits coverage, unless the consumer previously selected optional accident benefits. The existing accident benefits coverages will continue to apply until the consumer's first renewal effective on or after June 1, 2016. For comprehensive coverage, renewals will be issued either at a \$500 deductible level or at the higher deductible that a consumer previously selected. For other coverages, renewals will be issued at the limits or deductibles that consumers previously selected.

Appendix D to the [Private Passenger Automobile 2015 Reform Rate Filing Guidelines](#) contains a set of benchmark reform factors and forms part of these Guidelines. Please note that the reform factors applicable to a given insurer will depend in part on the extent (if any) that any recent filing by the insurer already reflects the reforms. Please contact your rate analyst if you are uncertain whether this applies to you.

**Required Filing**

As a result of these auto insurance reforms, insurers will be required to take the reforms into consideration, make certain changes to their current risk classification systems and rates and submit a filing to FSCO following the Orders issued under the *Insurance Act*.

It is expected that the Superintendent will be issuing Orders under s.410 and 415 of the *Insurance Act* to insurers that write non-fleet automobile insurance on OAP 1 or OPF 2 to submit rate and risk classification filings to the Financial Services Commission of Ontario (FSCO) by **November 20, 2015**.

**No other changes may be made under these Filing Guidelines.** If an insurer chooses to propose changes other than those listed above, it must submit a filing using the [Other Than Private Passenger Automobile Filing Guidelines](#). However, FSCO will not be in a position to review such filings until all reform filings have been processed.

## Filing Process

Each filing should contain the following informational sections, in the order indicated below:

Section	Contents
1.	Table of contents
2.	Summary of Information (Appendix A)
3.	Certificate of the Officer/Designate (Appendix B1) Certificate of the Actuary (Appendix B2) - where applicable
4.	Rating methodology <ul style="list-style-type: none"> <li>a. Optional Accident Benefits</li> <li>b. Liability-Bodily Injury base rates</li> <li>c. Accident Benefit base rates</li> </ul> <p>Note: If you are not using the FSCO reform benchmark rate adjustment factors, detailed support for the proposed rate level changes must be provided. In this instance Sections 4.a. to 4.j. (Actuarial Support) of the <a href="#">Other Than Private Passenger Automobile Filing Guidelines – Major</a> must be included in this filing as an attachment in ARCTICS. These sections form part of these Filing Guidelines by reference. A Certificate of the Actuary is also required.</p>
5.	Rating algorithm
6.	Base rates, differentials and discounts/surcharges
7.	Rating rules
8.	Calculation of Final Rate Level Change
9.	Dependent Categories (if applicable)
10.	Proposed manual pages
11.	Rating profiles examples (Appendix C)

FSCO may request further information from the insurer, other than that specified above.

Filings must be submitted by using our web-based filing system called ARCTICS. If you require a password, please contact your Team Lead/Rate Analyst.

A final set of manual pages in electronic format (or CD) containing the approved rates and risk classification system **must** be submitted within 30 days after the filing has been approved. The electronic copy of the rate manual submitted to FSCO **must** be identical to any hard copy or versions that are being

distributed to anyone, including brokers, agents or other vendors. The insurer shall also provide a copy of the most current vehicle rate group tables if they have not already been filed with FSCO. Refer to the [Rate Manual Filing Guidelines](#) for instructions. The insurer may be subject to regulatory action by FSCO if it fails to provide the required information within this time frame.

## **B. GUIDELINES**

An insurer must provide a separate filing for each category of automobile insurance. The format of the filing must be as follows:

### **SECTION 1: TABLE OF CONTENTS**

The table of contents must list the page number of each section of the filing. The pages of the filing, including exhibits, must be numbered consecutively and dated.

### **SECTION 2: SUMMARY OF INFORMATION**

The summary section contains certain key information on the proposed rate level, differentials or risk classification element changes. The form to be used is attached to this document as Appendix A.

### **SECTION 3a: CERTIFICATE OF THE OFFICER/DESIGNATE**

Each filing must be accompanied by an original signed authorized Certificate of the Officer/Designate. A copy of the Officer/Designate form is attached as Appendix B1. Authorized officers are the President, CEO, COO, CFO or Chief Agent for Canada. Alternatively, the President, CEO, COO, or CFO may authorize a designate to sign the Certificate of Officer/Designate. The Designate must be Vice-President rank or above.

### **SECTION 3b: CERTIFICATE OF THE ACTUARY**

Filings that do not use the FSCO Reform Benchmark Rate Adjustment Factors (RBRaf) must be accompanied by an original certificate of a Fellow of the Canadian Institute of Actuaries. A copy of the required form is attached as Appendix B2.

### **SECTION 4: RATING METHODOLOGY**

#### **a. Optional Accident Benefits**

This section of the filing must indicate the approach used in costing, a general narrative of the process, a general description of the data used and the data itself.

#### **b. Liability-Bodily Injury Base Rates**

The RBRaf for PPA are provided for your consideration (see Appendix D to [Private Passenger Automobile 2015 Reform Filing Guidelines](#)). Insurers are expected to use the PPA reform factors and make appropriate adjustments by premium volumes. Insurers can make future adjustments to rates as the full impact of the reforms on Other Than PPA categories of automobile insurance are better known.

If you are proposing to:

- i) decrease base rates by at least the published RBRaf as set out in Appendix D, you must show how current base rates are adjusted; or

- ii) not decrease base rates by at least the published RBRAF, then detailed actuarial support as outlined in Sections 4.a. to 4.j. (Actuarial Support) of the [Other than PPA Filing Guidelines – Major](#), including reform impact analysis, must be provided in the filing. You must indicate whether the FSCO Reform Benchmark Cost Adjustment Factors (RBCAF) and other information as set out in the Technical Notes are used in the filing.

#### **c. Standard Accident Benefits Base Rates**

The RBRAF for PPA are provided for your consideration (see Appendix D to [Private Passenger Automobile 2015 Reform Filing Guidelines](#)). Insurers are expected to use the PPA reform factors and make appropriate adjustments by premium volumes. Insurers can make future adjustments to rates as the full impact of the reforms on other than PPA lines of business are better known.

If you are proposing to:

- i) decrease base rates by at least the published RBRAF as set out in Appendix D, you must show how current base rates are adjusted; or not decrease base rates by at least the published RBRAF, then detailed actuarial support as outlined in Sections 4.a. to 4.j. (Actuarial Support) of the [Other than PPA Filing Guidelines – Major](#), including reform impact analysis, must be provided in the filing. You must indicate whether the FSCO RBCAF and other information as set out in the Technical Notes are used in the filing.

#### **d. Comprehensive Base rates**

If you are proposing to:

- i) decrease base rates by at least the published RBRAF as set out in Appendix D, you must show how current base rates are adjusted; or
- ii) not decrease base rates by at least the published RBRAF, then detailed actuarial support as outlined in Sections 4.a. to 4.j. (Actuarial Support) of the [Other than PPA Filing Guidelines – Major](#), including reform impact analysis, must be provided in the filing. You must indicate whether the FSCO RBCAF and other information as set out in the Technical Notes are used in the filing.

#### **e. All other Coverages base rates**

If you are proposing to:

- i) decrease base rates by at least the published RBRAF as set out in Appendix D, you must show how current base rates are adjusted; or
- ii) not decrease base rates by at least the published RBRAF, then detailed actuarial support as outlined in Sections 4.a. to 4.j. (Actuarial Support) of the [Other than PPA Filing Guidelines – Major](#), including reform impact analysis, must be provided in the filing. You must indicate whether the FSCO RBCAF and other information as set out in the Technical Notes are used in the filing.

### **SECTION 5: RATING ALGORITHM**

Each insurer is required to file its current and proposed rating algorithm including the application of discounts and surcharges for all coverages, including 6 month policy calculation (if applicable) and, including optional accident benefits.

## **SECTION 6: BASE RATES, DIFFERENTIALS AND DISCOUNTS/SURCHARGES**

### **a. Base Rates**

Each insurer must file current and proposed base rates for all coverages, and for optional accident benefits.

### **b. Differentials**

Each insurer must file its current and proposed differentials for all coverages, and for optional accident benefits. Where an insurer currently does not offer a \$500 comprehensive deductible, the proposed differential must be included here.

The only changes permitted to differentials are those required to implement the auto insurance reforms.

### **c. Discounts and Surcharges**

Each insurer must file its current discounts and surcharges. No changes to discounts except those specific to the reforms, and no changes to surcharges are permitted in reform filings.

## **SECTION 7: RATING RULES**

Each insurer is required to file its current rating rules.

## **SECTION 8: CALCULATION OF FINAL RATE LEVEL CHANGE**

The section must clearly describe and show how the rate level impact of changes to base rates are used to calculate the overall rate level change on a per coverage basis. This calculation must reconcile with the Proposed Rate Level Change from Appendix A, Question 4a.

## **SECTION 9: DEPENDENT CATEGORIES**

For those categories of automobile insurance that are dependent on the rate filing submitted, please provide the following:

- (i) The rate level effects of the proposed changes.
- (ii) The calculations that validate the rate level effect of the proposed changes.
- (iii) A copy of the rating rule that stipulates the linkage to the category of automobile insurance.

## **SECTION 10: PROPOSED MANUAL PAGES CONTAINING RATES AND RISK CLASSIFICATION SYSTEMS**

A draft set of manual pages containing all proposed rating rule changes or definition changes must be provided in the filing. A draft set of rate manual pages that contain the rates by territory, class, driving record, vehicle rate group table, etc. is optional at the time of submitting the filing. Any proposed changes to the manual pages must be denoted by a side bar ( | ).

A rate manual filing containing the approved rates and risk classification system must be submitted within 30 days after approval in electronic format (or CD) in accordance with the [Rate Manual Filing Guidelines](#). Failure to submit a rate manual filing can be treated as a compliance matter and the insurer may be subject to further regulatory action by FSCO.

## **SECTION 11: RATING PROFILES**

Each insurer must file with FSCO the rating examples reflecting the rates it is proposing to charge. Please refer to the attached Appendix C for the rating profiles. A standardized spreadsheet will be provided to each insurer for completion and then submission to FSCO.

If, based on the insurer's filed underwriting rules, a risk profile is not written, please indicate so and do not complete the risk profile.

Company Name: \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Category of Insurance: \_\_\_\_\_

### SUMMARY OF INFORMATION

1. Check all the items that apply to the changes proposed in this filing:



- a) Base rate change, uniform by territory for the Auto Reform product changes:  
 Indicate whether the 2015 Auto Reform Benchmark Rate Adjustment Factors being used are the same as those published by FSCO (refer to Appendix D in the Filing Guidelines).

Yes       No

Are you using the published FSCO Reform Loss Cost Adjustment Factors? (refer to Appendix D of the [Private Passenger Automobile 2015 Reform Rate Filing Guidelines](#)).

Yes       No



- b) Changes to the maximum interest rates on Monthly Pay Plan in accordance with the Regulation. Provide the following information:

Policy Term	Earned Premium (\$) (000's)	Earned Premium Dist	Current Maximum Interest Rate	New Maximum Interest Rate	Insurer's Proposed Interest Rate
12 month term		%	3.00%	1.30%	%
6 month term		%	1.50%	0.65%	%
3 month or less term		%	0.50%	0.22%	%
1 Payment Plan		%			
Other Payment Plans		%			
Total		100%			



- c) \$500 standard deductible level for Comprehensive coverage
- \$500 deductible level currently exists for Comprehensive Coverage  
 Introduction of new \$500 deductible level for Comprehensive Coverage

State the proposed \$500 deductible differential for Comprehensive, where applicable and indicate if it is a multiplicative or additive.

Comprehensive Coverage		
Rating Algorithm	Multiplicative	Additive
Deductible Factor	<input type="radio"/>	<input type="radio"/>
\$500 Deductible Differential (3 decimal places xx.xxx)		

d) New Optional Accident Benefits

- Introduce optional Medical, Rehabilitation & Attendant Care Benefit (\$130,000)
- Introduce optional Medical, Rehabilitation & Attendant Care Benefit (\$1,000,000)
- Introduce optional Catastrophic Impairment Benefit (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation and Attendant Care Benefit)

Provide the current or proposed rate where applicable.

Optional Accident Benefit Coverages	Current Rate (Specify Flat \$ or %)	Proposed Rate (Specify Flat \$ or %)
Income Replacement Benefit \$600		
Income Replacement Benefit \$800		
Income Replacement Benefit \$1,000		
Death and Funeral Benefits		
Medical, Rehabilitation & Attendant Care Benefit (\$130,000)		
Medical, Rehabilitation & Attendant Care Benefit (\$1,000,000)		
Catastrophic Impairment Benefit (add'l \$1,000,000)		
Caregiver, Housekeeping and Home Maintenance Benefit		
Dependant Care Benefit		
Indexation Benefit (Consumer Price Index)		

Tort Deductible OPCF 48	Current Rate (Specify Flat \$ or %)	Proposed Rate (Specify Flat \$ or %)

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

June 1, 2016

Proposed effective date for **renewal** policies:

June 1, 2016

3. Indicate the distribution of risks by policy term:

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

4.a) State the indicated rate level changes (if applicable) and the proposed average rate level changes and premium weights using direct written premiums that have been adjusted to current rate level. The impacts of each change included under Question 1 must be included in the calculation of the proposed average rate level change. (If direct written premiums are not available, use direct earned premiums.)

*Indicate whether the changes by coverage are weighted by written or earned premiums and state the source and date of data.*

**direct written premium**       **direct earned premium**

**Source of Data:** \_\_\_\_\_ **Date of Data:** \_\_\_\_\_

<u>Coverage</u>	<u>Indicated Rate Level Change (if applicable)</u>	<u>Proposed Average Rate Level Change</u>	<u>Weights</u>
Liability - Bodily Injury	_____ %	_____ %	_____
Liability - Property Damage	_____ %	_____ %	_____
Standard Accident Benefits	_____ %	_____ %	_____
Uninsured Automobile	_____ %	_____ %	_____
Direct Compensation - Property Damage	_____ %	_____ %	_____
<b>All Compulsory Coverages</b>	_____ %	_____ %	_____
Specified Perils	_____ %	_____ %	_____
Comprehensive	_____ %	_____ %	_____
Collision or Upset	_____ %	_____ %	_____
All Perils	_____ %	_____ %	_____
OPCF 44R	_____ %	_____ %	_____
<b>All Optional Coverages</b>	_____ %	_____ %	_____
<b>All Coverages Combined (Weighted Average)</b>	_____ %	_____ %	100.00%

- 4.b) State the current and proposed average rate, the proposed average rate level change and weights using direct written exposures (number of written vehicles) for each coverage. (If direct written exposures are not available, use direct earned exposures.)

The proposed average rate level change by coverage and the All Coverages Combined (Weighted Average) proposed rate level change must be the same as reported under Question 4a.

The average authorized rate for each coverage must be expressed in premium dollars per insured vehicle and must be based on a 12 month policy term.

Average rates exclude endorsement premiums, Optional Accident Benefits premiums and Optional Tort Deductible premiums.

For those insurers that currently have rate capping procedures approved and in place, the average authorized rate calculation must not include rate capping procedures.

Coverage	Current Average Rate (rounded to two decimals)	Proposed Average Rate (rounded to two decimals)	Proposed Average Rate Level Change	# of Insured Vehicles	Exposure Weight (Based on Bodily Injury Exposure)
Liability - Bodily Injury	\$	\$	%		%
Liability - Property Damage	\$	\$	%		%
Standard Accident Benefits	\$	\$	%		%
Uninsured Automobile	\$	\$	%		%
Direct Compensation-Property Damage	\$	\$	%		%
<b>All Compulsory Coverages</b>	\$	\$	%		
Specified Perils	\$	\$	%		%
Comprehensive	\$	\$	%		%
Collision or Upset	\$	\$	%		%
All Perils	\$	\$	%		%
OPCF 44R	\$	\$	%		%
<b>All Optional Coverages</b>	\$	\$	%		
<b>All Coverages Combined (Weighted Average)</b>	\$	\$	%		

5.a) State the Filing ID, Filing Type, Renewal Effective Date and approved average rate level change percentages that were effective for renewal policies in the last 18 months (please round the figures to two decimals):

Filing ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Filing Type (Major, Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Effective Date for Renewal Policies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<u>Coverage</u>	<u>1<sup>st</sup> Prior Change</u>	<u>2<sup>nd</sup> Prior Change</u>	<u>3<sup>rd</sup> Prior Change</u>	<u>4<sup>th</sup> Prior Change</u>
Liability - Bodily Injury	_____ %	_____ %	_____ %	_____ %
Liability - Property Damage	_____ %	_____ %	_____ %	_____ %
Standard Accident Benefits	_____ %	_____ %	_____ %	_____ %
Uninsured Automobile	_____ %	_____ %	_____ %	_____ %
Direct Compensation - Property Damage	_____ %	_____ %	_____ %	_____ %
<b>All Compulsory Coverages</b>	<input type="text" value="_____ %"/>			
Specified Perils	_____ %	_____ %	_____ %	_____ %
Comprehensive	_____ %	_____ %	_____ %	_____ %
Collision or Upset	_____ %	_____ %	_____ %	_____ %
All Perils	_____ %	_____ %	_____ %	_____ %
OPCF 44R	_____ %	_____ %	_____ %	_____ %
<b>All Optional Coverages</b>	<input type="text" value="_____ %"/>			
<b>All Coverages Combined</b>	<input type="text" value="_____ %"/>			

5.b) State the *Average Cumulative Rate Change* for all coverages. It is based on the *All Coverages Combined (Weighted Average) Proposed Average Rate Level Change* (as stated in the response to questions 4a and 4b) and the *All Coverages Combined Average 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 policies.

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

6. State other categories of automobile insurance that may be affected by this proposed rate change (e.g., public vehicle rates that are dependent on commercial vehicle rates), and the rate level change percentage. 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 - Taxis and Limousines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Public Vehicles - Other Than Taxis and Limousines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____		_____	_____
_____		_____	_____

**CERTIFICATE OF THE OFFICER/DESIGNATE**

I, \_\_\_\_\_ , \_\_\_\_\_  
 (Name of Officer) (Office held: President, CEO, COO, CFO, or Chief Agent for Canada)  
 of \_\_\_\_\_ (the "Insurer")  
 (Official Name of Company)

**CERTIFY THAT:**

1. This rate filing is in respect of \_\_\_\_\_ and the following  
 (Category of Automobile Insurance)  
 dependent categories: (Please check all that apply)

- Not Applicable
- Personal Vehicles - Motorcycles
- Personal Vehicles - Motorhomes
- Personal Vehicles - Trailer and Camper Units
- Personal Vehicles - Off-Road Vehicles
- Personal Vehicles - Motorized Snow Vehicles
- Personal Vehicles - Historic Vehicles
- Commercial Vehicles
- Public Vehicles - Taxis and Limousines
- Public Vehicles - Other than Taxis and Limousines

to be effective as of

\_\_\_\_\_ for new business and  
 (Date of Implementation)

\_\_\_\_\_ for renewal business.  
 (Date of Implementation)

2. I have knowledge of the matters that are the subject of this certificate.
3. The changes requested are in compliance with the requirements of the *Other Than Private Passenger Automobile 2015 Reform Rate Filing Guidelines*.
4. The information and each document contained in the filing accompanying this certificate are complete and accurate in all material respects.
5. I have satisfied myself:
  - (a) that the proposed rates are just and reasonable in the circumstances, would not impair the Insurer's solvency, and are not excessive in relation to the Insurer's financial circumstances; and
  - (b) the proposed risk classification system is just and reasonable in the circumstances, is reasonably predictive of risk and distinguishes fairly between risks.

6. If the filing is approved, all premiums (including all fees, discounts, surcharges and other components comprising such premiums) quoted and charged by the Insurer will at all times and in all material respects accurately reflect and conform to the filing as approved, whether such premiums are calculated manually or otherwise.
7. I have informed myself as to the Insurer's business systems and processes and confirm that any system or process changes that may be required to enable the Insurer to comply with paragraph 6 above will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the Insurer in a timely manner.
8. I further confirm that:
  - a) if the Insurer is an affiliated insurer as defined in section 0.1 of Ont. Reg. 7/00 (Unfair or Deceptive Acts or Practices Regulation), the Insurer's business systems and processes do not and will at no time permit the Insurer to act in the manner described in paragraph 8 of subsection 2 (1) of Ont. Reg. 7/00;
  - b) the Insurer's business systems and processes do not and will at no time permit the Insurer to use any circumstances or factors prohibited by section 16 of Ont. Reg. 664 (Automobile Insurance) as elements of its risk classification system except as permitted by that section;
  - c) the proposed risk classification system, including but not limited to the territories used in the proposed risk classification system, comply in all respects with the requirements of the Financial Services Commission of Ontario (FSCO) including, without limitation, the requirements set out in FSCO's Filing Guidelines.
9. I confirm that any changes that are ultimately approved in this rate filing will be reviewed both internally and, if needed, with the General Insurance Statistical Agency and/or its data provider to ensure that the required data can be properly and correctly delivered for inclusion in the Automobile Statistical Plan.

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*Signature of Officer*

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*Date, Location*

**CERTIFICATE OF THE ACTUARY**

I, \_\_\_\_\_, a Fellow of the Canadian Institute of Actuaries,  
*(Name of Actuary)*

have been authorized to prepare a rate filing on behalf of \_\_\_\_\_  
*(Official Name of Company)*

\_\_\_\_\_, (the “Insurer”) and hereby CERTIFY THAT:

1. This rate filing is in respect of \_\_\_\_\_ and the following  
*(Category of Automobile Insurance)*

dependent categories: *(Please check all that apply)*

- Not Applicable
- Personal Vehicles - Motorcycles
- Personal Vehicles - Motorhomes
- Personal Vehicles - Trailer and Camper Units
- Personal Vehicles - Off-Road Vehicles
- Personal Vehicles - Motorized Snow Vehicles
- Personal Vehicles - Historic Vehicles
- Commercial Vehicles
- Public Vehicles - Taxis and Limousines
- Public Vehicles - Other than Taxis and Limousines.

to be effective as of \_\_\_\_\_ June 1, 2016 \_\_\_\_\_ for new business  
and *(Date of Implementation)*

\_\_\_\_\_ June 1, 2016 \_\_\_\_\_ for renewal  
business. *(Date of Implementation)*

2. I have reviewed the data underlying this rate filing for reasonableness and consistency, and I believe the data is reliable and sufficient for the determination of the indicated rate changes.
3. The indicated rate changes have been calculated in accordance with Accepted Actuarial Practice.

In my opinion, the risk classification system is just and reasonable, reasonably predictive of risk and distinguishes fairly between the classes.

\_\_\_\_\_  
*Signature of Actuary*

\_\_\_\_\_  
*Date, Location*