

Company Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Category of Insurance: \_\_\_\_\_

**SUMMARY OF INFORMATION**

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

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

Optional income replacement benefits

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

Proposed effective date for **renewal** policies: \_\_\_\_\_

*(Insurers should take into consideration the 45 day notice period to brokers and 30 day notice period to insureds required under section 236 of the Act in determining effective dates. The rate changes for optional income replacement benefits are effective on January 1, 2004.)*

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	%		
<b>All Compulsory Coverages</b>	%		
Specified Perils	%		
Comprehensive	%		
Collision or Upset	%		
All Perils	%		
OPCF 44	%		
<b>All Optional Coverages</b>	%		
<b>All Coverages Combined</b>	%		100.00%

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

<b>Effective Date for Renewal Business</b>				
<u>Coverage</u>	<u>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	%	%	%	%
<b>All Compulsory Coverages</b>	%	%	%	%
Specified Perils	%	%	%	%
Comprehensive	%	%	%	%
Collision or Upset	%	%	%	%
All Perils	%	%	%	%
OPCF 44R	%	%	%	%
<b>All Optional Coverages</b>	%	%	%	%
<b>All Coverages Combined</b>	%	%	%	%

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 after January 1 of the year in which 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 may be affected by the proposed rate change of this category of automobile insurance (e.g., motorhome rates that are dependent on private passenger rates), and the rate level change percentage (as per section 6 of the Bill 198 Simplified filing guidelines). All changes must be based solely on the changes associated with the dependent category. Any other changes not dependent must be submitted in a separate Bill 198 Simplified filing.

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		
	<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: \_\_\_\_\_