

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

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

Proposed effective date for **renewal** policies: _____

(Note: proposed effective dates must be on or before April 15, 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	%		
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 after April 15, 2003 (please round the figures to two decimals):

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

5b. State the *Cumulative Rate Change*, on an *All Coverages Combined* basis, assuming an April 15, 2004 date for implementation of proposed rate changes under question 4, and the response to question 5a on changes that occurred after April 15, 2003: _____%.

5c. State the percentage impact, on an *All Coverages Combined* basis, for auto insurance cost savings, that have already been reflected in approved rates: _____%.

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 6 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	_____	_____
_____	<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: _____