

**These 3 pages are informational only and do not need to be submitted with your filings!**

**Notes for Uniform Property & Casualty Transmittal Document,  
Form Filing Transmittal,  
Rate/Rule Filing Transmittal**

**DESCRIPTION OF ITEMS  
IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT, FORM FILING  
SCHEDULE AND RATE FILING SCHEDULE**

**PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

1. **Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
2. **Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. **Date the filing is received by the Insurance Dept.**
  - b. **Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. **Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. **Date of Disposition of the filing**—date filing is finished
  - e. **Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. **State Filing #:** The number the state assigns to the filing (if applicable).
  - g. **SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
3. **Group Name and Group NAIC #** as assigned by NAIC.
4. **Company Name(s), State of Domicile, NAIC #, FEIN#:** Every company to which this filing applies must be listed and the company information must be supplied. A filing that lists a group without supplying company info will not be accepted in most states.
5. **Company Tracking Number:** The filing number assigned by the insurance company, if any.
6. **Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
7. **Signature of authorized filer:** Many states require a signature of the authorized filer.
8. **Please print name of authorized filer:** So we can decipher #7 above!

9. **Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
10. **Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
11. **State Specific Product code(s): See State Specific Requirements for these codes**
12. **Company Program Title:** Marketing title, if applicable.
13. **Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.
14. **Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.
15. **Reference Filing:** Yes/No
16. **Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.
17. **Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.
18. **Company’s Date of filing:** The date the company sends the filing.
19. **Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

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20. **This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
21. **Filing Description:** This area should be similar to the body of a cover letter and is free-form text.
22. **Filing Fees:** Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

### FORM FILING SCHEDULE

1. **This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
2. **This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
3. **Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

### RATE/RULE FILING SCHEDULE

1. **This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
2. **This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.

**Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. **Overall percentage rate impact for this filing:** This is the statewide average percentage change to the approved rates for the coverages including in the filing.
4. **Effect of Rate Filing—Written Premium Change for this program:** This the statewide change in written premium based on the requested overall percentage rate impact (#3).
5. **Effect of Rate Filing—Number of policyholders:** This is the number of policyholders affected by the overall percentage rate impact (#3).
6. **Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.
7. **Rate Change by Company:** If the filing is for multiple insurance companies, please indicate the changes by company.
8. **Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.
9. **Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.
10. **Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.
11. **Component or Exhibit Name/Description/Synopsis:** This is the list of changes to the rate/rule manual.