

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

**Louisiana Department of Insurance
Property & Casualty Transmittal Document
Form Filing Schedule
Rate/Rule Filing Schedule
INSTRUCTIONS**

PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

1. **Reserved for Insurance Department Use Only**
2. **Insurance Department Use Only:** This box includes the following information:
 - a. **Date the filing is received** - by the Louisiana Department of Insurance
 - b. **Examiner** - analyst who reviews the filing and assigns final disposition
 - c. **Date Assigned** - date the filing is assigned to the Examiner
 - d. **Disposition** - this is the disposition that the Department assigns—approved, acknowledged, withdrawn, disapproved, etc.
 - e. **Date of Disposition of the Filing**- date the filing is closed
 - f. **State Filing Number:** the number the LA DOI assigns to the filing
 - g. **SERFF Filing Number:** SERFF assigned number
3. **Group Name and Group NAIC Number-** This number is assigned by NAIC.
4. **Company Name(s), State of Domicile, NAIC Number and FEIN Number:** Each 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 be disapproved as incomplete.
5. **Company Tracking Number:** The filing number, assigned by the insurance company, if any.
6. **Contact Info of Filer or Corporate Officer:** Supply information on the person the Examiner 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. **State Specific Product code(s):** This product code number is assigned by the LA DOI (as listed on the Statement of Compliance).
8. **Program Title:** This is the marketing title that will be used by the company or the filing designation title for adoptions.
9. **Filing Type:** Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal or Other. Also note if the filing is an initial filing or revised filing.
10. **Effective Date Requested:** The date the company indicates as their requested effective date for new or renewal business. It is not necessarily the date the filing officially becomes effective.
11. **Adoption Filing:** No, Yes, or Non-adoption
12. **Name of Filing Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc.

13. **Filing Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing (designation number). It is generally not the same number as the circular number, nor is it the form number.
14. **Submittal Date of filing:** The date the company sends the filing to the Department.
15. **Status of filing in domicile:** Not Filed, Pending, or Authorized
16. **This filing transmittal is part of Company Tracking Number:** This ties all of the pages of the transmittal to the same filing.
17. **Filing Description:** This area should be similar to the body of a cover letter and is free-form text. Provide detailed description of the filing.
18. **Filing Fees:** List the number of products in the filing, the check number and the check amount. Demonstrate how fee amount was calculated.

FORM FILING SCHEDULE

1. **This filing transmittal is part of Company Tracking Number:** This ties all of the pages of the transmittal to the same filing.
2. **This filing corresponds to rate/rule filing number:** Rates and forms are to be submitted separately due to different review procedures. This number 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.**

RATE/RULE FILING SCHEDULE

1. **This filing transmittal is part of Company Tracking Number:** 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, rate neutral, or rule filing.

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 (Number3).
5. **Effect of Rate Filing—Number of policyholders:** This is the number of policyholders affected by the overall percentage rate impact (Number3).
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.