

**NORTH CAROLINA DEPARTMENT OF INSURANCE
LOSS COST FILING QUESTIONNAIRE: NONESSENTIAL LINES
(FOR RATING ORGANIZATIONS ONLY)**

A. General Description

- (1) Name of Licensed Rating Organization _____
- (2) Filer's File # _____
- (3) Type of Filing: Licensed rating organization
- (4) Line(s) of insurance: _____
- (5) Subline/program title (if applicable): _____
- (6) Type of policies involved: Occurrence Claims made Other
- (7) Reasons for the filing:

- (8) Proposed effective date and rules of implementation:

- (9) Has required Exhibit 1 listing all active rate or loss costs filings (including rating plans) relating to the risks affected by the current filing and the proposed changes to them been attached? Yes
- (10) Has required Exhibit 2, a side-by-side or summary comparison of current and proposed loss costs been attached? Yes

B. Impact of the Filing

- (11) Percentage loss costs change proposed: _____%
- (12) Estimated total dollar impact of the filing upon North Carolina policyholders:
\$_____
- (13) Do you estimate that this filing will increase the premium of any North Carolina policyholder? Yes No
- (14) Has required Exhibit 3, a history of all loss costs or rate filings affecting this subline (line) during the last five years been attached? Yes

C. Statistical Information: Exposures and Losses

- (15) Has required Exhibit 4A and 4B, listing exposure and loss experience data for the years underlying the proposed loss costs on a direct basis for North Carolina and countrywide been attached? Yes
- (16) Exposure unit used _____
- (17) Type of loss data included: Calendar year Policy year
Accident year Report year Notice year
Other (explain) _____

D. Loss Costs Derivation Factors

(18) Have credibility factors been used in the filing? Yes No

If yes, in which parts? _____

(19) Loss development

a. Have losses been developed to ultimate? Yes No

b. If yes, what method of development was used? _____

c. If no, why were losses not developed to ultimate? _____

(20) Trend factors

a. Have incurred losses been trended? Yes No

b. If yes, what are the following?

Annual loss trend used: _____%

Date to which losses are trended: _____

Source(s) from which the trend factor(s) was (were) derived:

c. If no, why were incurred losses not trended?

(21) Changes in methodology

a. Does this filing involve changes in the methodologies used in previous filings of this type? Yes No

b. If yes, describe those changes:

E. Certification

(22) I certify that the information contained in this questionnaire is true and correct and the filing complies with statutory requirements to the best of my knowledge.

Signature of Filings Department Head

Notes

1. After reviewing the filing, the Department may request additional information as specified in N.C. General Statute 58-41-50 and described in N.C. Administrative Code Title 11, Regulation 10.0107.
2. The requirements for a proper filing must be fulfilled no later than sixty days before the effective date of the requested change.

**EXHIBIT 1: EFFECT OF THE PROPOSED FILING ON ACTIVE FILINGS
AFFECTING THE LINE OR SUBLINE**

(1) Name of Licensed Rating Organization

(2) Filer's File # _____

(3) Eff. Date	(4) NCDOI File #	(5) Type of Filing Licensed Rating Org.	(6) Effect of Proposed Filing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXHIBIT 2: COMPARISON OF CURRENT AND PROPOSED LOSS COSTS
(Attach Separate Page Providing This Information)

EXHIBIT 3: FIVE-YEAR RATE OR LOSS COSTS FILING HISTORY

(3) Eff. Date	(4) NCDOI File #	(5) % Change	(6) Reasons for Filing
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____

EXHIBIT 4A: NORTH CAROLINA DIRECT LOSS DATA

(1) Name of Licensed Rating Organization

(2) Filer's File # _____

NORTH CAROLINA DIRECT DATA

YEAR _____

(3) Exposure Units _____

(4) Insured Losses _____

(5) Adjusted Incurred Losses _____

(6) Pure Premium (5-3) _____

5-Year Combined

(3) Exposure Units _____

(4) Insured Losses _____

(5) Adjusted Incurred Losses _____

(6) Pure Premium (5-3) _____

EXHIBIT 4B: COUNTRYWIDE DIRECT LOSS DATA

(1) Name of Licensed Rating Organization

(2) Filer's File # _____

COUNTRYWIDE DIRECT DATA

YEAR _____

(3) Exposure Units _____

(4) Insured Losses _____

(5) Adjusted Incurred Losses _____

(6) Pure Premium (5-3) _____

5-Year Combined

(3) Exposure Units _____

(4) Insured Losses _____

(5) Adjusted Incurred Losses _____

(6) Pure Premium (5-3) _____