

**APPENDIX G**

**INSURANCE COMMISSIONER  
STATE OF WEST VIRGINIA**

**PROPERTY AND CASUALTY INSURANCE FORM FILING ABSTRACT**

INSTRUCTIONS: All questions must be answered. (If none, state none.) If this is a combination Rate & Form Filing, then Appendix F/Property and Casualty Insurance Rate Filing Abstract PCA-R-2004 must also be completed. Companies filing as a group may use a consolidated abstract if all forms are identical. Individual companies and Group must be identified.

1. Date filed: \_\_\_\_\_ Proposed effective date: \_\_\_\_\_

2. Company name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group name: \_\_\_\_\_

3. (a) Annual statement line of business number: \_\_\_\_\_

(b) Class of business: \_\_\_\_\_

(c) Coverages affected: \_\_\_\_\_

(d) Number of present policyholders potentially affected by this filing: \_\_\_\_\_

4. (a) Name of rating organization, if any: \_\_\_\_\_

(b) Affiliation:           Member            Subscriber

For Rules            Rates            Forms

5. Is this a reference filing? Yes            No            If yes, provide the following:

- (a) Filing designation and name: \_\_\_\_\_
- (b) Date of filing: \_\_\_\_\_
- (c) Date approved for use in WV: \_\_\_\_\_

6. Provide the information requested on Page 2 of this form.

CERTIFICATION: I hereby certify that the information contained in this Form Filing Abstract is true and correct to the best of my knowledge.

(Signed)\_\_\_\_\_

(Title)\_\_\_\_\_

(Company)\_\_\_\_\_

(Address)\_\_\_\_\_

(Telephone)\_\_\_\_\_

