

# ADOPTION OF RATING ORGANIZATION ADVISORY PROSPECTIVE LOSS COSTS RATE FILING

## I. GENERAL INFORMATION

1. **RATING ORGANIZATION:** \_\_\_\_\_  
**LOSS COST REFERENCE FILING #** \_\_\_\_\_

*The above insurer hereby declares that it is a participant of the named rating organization. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.*

*The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustments specified below.*

2. **CURRENT LOSS COST MULTIPLIER:** \_\_\_\_\_  
3. **PROPOSED LOSS COST MULTIPLIER:** \_\_\_\_\_

If you are proposing to make a change to your current multiplier, you must submit an explanation and justification which supports the proposed change.

4. **AMOUNT OF CHANGE DUE TO ADOPTION ONLY** \_\_\_\_\_ %  
**AMOUNT OF CHANGE DUE TO MULTIPLIER CHANGE** \_\_\_\_\_ %  
**PROPOSED OVERALL CHANGE** \_\_\_\_\_ %  
5. **AMOUNT OF OVERALL PRIOR RATE CHANGE** \_\_\_\_\_ %  
**EFFECTIVE DATE OF PRIOR RATE CHANGE** \_\_\_\_\_  
**LOSS COST REFERENCE FILING # OF PRIOR CHANGE** \_\_\_\_\_

6. **NUMBER OF POLICYHOLDERS AFFECTED BY THIS PROPOSAL** \_\_\_\_\_

*The insurer hereby requests that its loss costs adjustment be applicable to future revisions of the rating organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the rating organization's loss costs and the insurer's loss cost adjustments. The rates will apply to policies written on or after the effective date of the rating organization's prospective loss costs. This authorization is effective until amended or withdrawn by the insurer, except that Loss Cost Modifications are renewable annually.*

## **II. PRICING INFORMATION**

### **1. INSURER LOSS COST MODIFICATION**

SELECT ONE

- The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing without modification.
- The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Document with the following modification(s). (Cite nature and percent deviation, and attach supporting data and/or rationale for the deviation.

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### **2. INSURER EXPENSE COMPONENT** (Attach exhibit detailing insurer expense data/and or other supporting information. Use separate sheets if more than one set of expenses is to be used.)

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|--|----------------|---|
| a. Total Production Expense              | _____          | % |
| b. General Expense                       | _____          | % |
| c. Taxes, Licenses & Fees                | _____          | % |
| d. Underwriting Profit and Contingencies | _____          | % |
| e. Miscellaneous                         | _____          | % |
| f. Investment Income                     | ____(____)____ | % |
| g. TOTAL                                 | _____          | % |

### **3. INSURER LOSS COST ADJUSTMENT MULTIPLIER** (combination of Insurer Loss Cost Modification [A. Above] and Insurer Expense Component [B. Above]) Attach separate sheets if needed.

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### **4. INSURER EXPENSE CONSTANT** (if applicable) \_\_\_\_\_