

Oregon Division of Financial Regulation

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STANDARDS FOR PERSONAL LINES LIABILITY AND COMMERCIAL LINES LIABILITY FORMS, RATES, AND RULES

This checklist (product standards) has been provided as an aid to assist you in preparing your filing. This checklist includes relevant statutes, rules, bulletins, and other documented positions and is required by OAR 836-010-0011(2) & (3). Please review each item, and mark the "Yes", "Confirm", or the "N/A" box. In some cases, to assist in our review, we may ask you to provide the Page and Paragraph where filed verbiage may be found. The standards are Summaries and review of the entire statute or rule will be necessary. "Not applicable" can be used only if the item does not apply to the coverage being filed. Any line left blank may result in the delay or disapproval of the filing. Complete and attach this checklist in SERFF.

Contractual Liability Reimbursement Insurance (Sub-TOI 17.1004) to insure service contracts or vehicle protection product warranties will use checklist 440-3623. For TOIs and Sub TOI's not listed below, please refer to our Web site, the product coding matrix, or to the Submission Requirements tab in SERFF.

- For filing rating organization loss costs and/or modification factors, see Rating Organization Loss Cost on our Web site.
If registering a risk purchasing group, or risk retention group, contact the Insurance Institutions Section. A form, rule, rate filing is not required.
Filing of simple endorsements, title or declaration pages, or advertisements does not require a checklist of standards, see the Web site.

Market: [] Personal [] Commercial

Table with columns: TOI's, Occurrence or Claims Made, Occurrence Only, Claims Made Only. Rows include Medical Malpractice, Other Liability, Contractual Liability (other than GAP Waiver, or Service Contract/VPP Reimbursement Insurance), Contractual Liability (ORS 742.390), Contractual Liability (GAP Waiver), Professional Liability, Umbrella and Excess (commercial) - Includes excess D&O and excess E&O, Umbrella and Excess (personal), Internet Liability, Provider Excess, Cyber Liability, Product Liability, Tuition Reimbursement.

Coverage Explanations:

Contractual Liability (other) [17.0004] – The policy will provide liability coverage of an insured who has assumed by written or oral contract, the legal liability of another party. This includes a contractual liability policy providing coverage for all obligations and liability incurred by a contract provider under the terms of contracts issued by the provider.

Contractual Liability Reimbursement Insurance (covering a registered obligor or warrantor) [17.1004] – see product standards checklist 440-3623

Contractual Liability (GAP Waiver) [17.2004] – Follows ORS 646A.770 to 646A.787 and does not have its own statute number. A guaranteed asset protection (GAP) “waiver” is an agreement between a creditor and a borrower to waive the creditor’s right to collect all or part of an amount due from a borrower under certain circumstances. HB 2845 (2015) moved regulation of these waiver agreements from the Oregon Insurance Code to the Unlawful Trade Practices Act, and added consumer protections specific to GAP waivers. GAP “insurance” continues to be regulated through existing statutory provisions.

Liability coverage of an insured who has assumed the GAP waiver liability through either a written or oral contract, may be covered by an authorized insurance company through use of a CLIP (contractual liability insurance policy) providing coverage for all obligations and liability incurred by a contract provider under the terms of contracts issued by the provider.

An example of the type of business that could issue a GAP waiver agreement would be an automobile dealer, such as Ford Motor Company, who carries their own paper on the loan or lease of a motor vehicle. If a seller of a vehicle is financing the sale (acting as the bank, not for a bank), this party is a lender and can use a waiver in their sales agreement. HB 2845 (2015) allowed the dealer to assign their obligation.

Under Section 6 of HB 2845 (2015) a dealer that sells a GAP waiver must insure the GAP waiver with a reimbursement insurance policy.

Cyber Liability – Stand-alone comprehensive coverage for liability arising out of claims related to unauthorized access to or use of personally identifiable or sensitive information due to events including but not limited to viruses, malicious attacks, or system errors or omissions. This coverage could also include expense coverage for business interruption, breach management, and/or mitigation services. When cyber liability is provided as an endorsement or as part of a multi-peril policy, as opposed to a stand-alone cyber policy, use the appropriate Sub-TOI of the product to which the coverage will be attached.

Internet Liability – Liability arising out of claims for wrongful acts related to the content posted on a website by the insured or the insured’s failure to maintain the security of its computer systems.

Provider Excess – Oregon considers Provider Excess to be “casualty” insurance. The Filing Description on the first screen in SERFF, Product Name, or Project Name should identify the filing is for Provider Excess. These insurance policies provide excess coverage to a health care provider from catastrophic patient losses or adverse cash flow, including, but not limited to, shortfalls from capitated payment agreements. A provider may be, but is not limited to, a physician, dentist, hospital, pharmacy, medical group practice, nurse, or nursing home.

Review Requirements	Reference	Description of review standard requirements					
GENERAL REQUIREMENTS (FOR ALL FILINGS)							
Requirements	OAR 836-010-0011 As required on SERFF or our Web site	<p>Filing requirements are located on SERFF or on our web site at: http://dfr.oregon.gov/rates-forms/pc/Pages/pc.aspx.</p> <p>General Information Tab. A complete description/explanation of the filing contents is included. Please note, information included in the Filing Description may be edited by a Post Submission update. If a cover letter is attached under Supporting Documentation, the cover letter could be revised.</p> <p>When filing endorsements only, please include the approved filing/tracking number for the approved base policy form. Please place the approved base policy form under the Supporting Documentation tab of the new filing submission.</p>			Yes	N/A	
FORM FILING REQUIREMENT	Verify Affiliation with Rating Organization OAR 836-010-0011	Is the insurer a member or subscriber of a Rating Organization for this line of business?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		American Association of Insurance Services (AAIS)			<input type="checkbox"/>	<input type="checkbox"/>	
		Insurance Services Office (ISO)			<input type="checkbox"/>	<input type="checkbox"/>	
		Does the bureau (rating organization) have form filing authority for this line of business for the named insurance company(s)?			<input type="checkbox"/>	<input type="checkbox"/>	
		Provide under Supporting Documentation proof of affiliation for this line of business.			<input type="checkbox"/>	<input type="checkbox"/>	

Review Requirements	Reference	Description of review standard requirements																	
Requirements	ORS 742.003, OAR 836-010-0011	<p>Form Schedule Tab:</p> <ol style="list-style-type: none"> 1. Only the clean copy of the submitted form should be individually attached as a PDF under the Form Schedule. Comparison or red-lined copies must be placed under Supporting Documentation. 2. Only one PDF per Form Schedule Item. 3. The form number should appear exactly as shown on the PDF. 4. Any edition/revision date used in the form number must be included under the Form Number column. Do not use the Edition Date column as this creates duplicate information in the DFR database. 5. The Form Type column must be completed correctly. 6. When replacing a form, the filer must correctly fill out the Previous Filing # field under the Action Specific Data column with the Oregon 8-digit state filing (tracking) number, and when applicable, the SERFF tracking number. If the filing was submitted after September, 2011, there will only be a SERFF tracking number. The form number of the previously approved form must be typed under the Replaced Form # field. Please be sure to type this form number (including the edition date) exactly the way it appeared when the replaced form was originally approved. Filers can reach out to our staff for assistance in locating the correct previous filing information. 	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	ORS 737.205, ORS 737.207 OAR 836-010-0011	<p>Rate and Rule Tab:</p> <p>Rates and rules should be submitted under the Rate and Rule tab in SERFF. (Place the Actuarial Memorandum under the Supporting Documentation tab. See below.)</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>												
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Review requirement	Reference	Description of review standards requirements	Check Answer or Confirm
Requirements	OAR 836-010-0011 As required on SERFF or our Web site	<p>Supporting Documentation tab: Other filing requirements as listed below, or other documentation used to assist us in our review, should be submitted under the Supporting Documentation tab under the correct heading.</p> <ol style="list-style-type: none"> If the General Information area is not used, then a Cover letter or Filing Memorandum should be under the Supporting Documentation tab that fully explains the intent or purpose of the forms/rules/rates. A Third-party filer’s letter of authorization if applicable. A signed Certificate of Compliance, form 440-3894. A comparison document (annotated, highlighted, red-lined, or side-by-side) must be provided for each previously approved form. An Actuarial Memorandum with an overview of the contents of the filing and the reasons and procedures used to support the rating plan. Attach to the Supporting Documentation tab, all applicable approved amendments that will bring the filed forms into compliance with Oregon law. For example: ISO form number IL 01 42 09 08 OREGON CHANGES DOMESTIC PARTNERSHIP. <p>State Specific Tab The answer to each question applies to the current filing.</p> <p>Companies and Contacts Please provide up to date filer’s information. Include a toll-free (if available) telephone number for the filer. Also, include the filer’s email address.</p> <p>Filing Fees Oregon does not charge filing fees per submission.</p>	<p>Yes N/A</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes N/A</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
Marketing Plan	ORS 742.009	Every filing, including any new and innovative product, is expected to contain under the Supporting Documentation tab, a thorough explanation of the product purpose. That document should cover the targeted audience, and how the product will be marketed.	Confirm <input type="checkbox"/>

Review requirement	Reference	Description of review standards requirements	Check Answer or Confirm
Policy documentation	ORS 742.003(1), ORS 737.205	Check all that are submitted in this filing for review: 1. New policy or program. 2. Endorsements. 3. Certificate of insurance, if using a master policy. 4. Application form. 5. Rates and Rules.	Yes N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interline Forms	OAR 836-010-0011	A simple, generic, one-subject endorsement form that can be used on any P/C policy may be filed using "interline" coding. For example, a FRAUD WARNING, or DOMESTIC PARTNERSHIP endorsement. File these forms using either commercial interline or personal interline coding. Interline forms need only be filed once. Oregon does not require interline forms to be filed separately for each line of insurance, or each product they might be used with. A commercial endorsement form that specifies under the form title those lines of business it applies to, can be filed using CMP (Commercial Multi-Peril) coding.	
Policy Documentation	ORS 742.003, ORS 742.005(2), ORS 742.023	When variable Items within any property and casualty form are [bracketed] or otherwise marked to denote variability, either a Statement of Variability (SOV) or Explanation of Variables (EOV) is attached as a separate Schedule Item under the Supporting Documentation tab. The SOV/EOV provides the form number of the document it applies to. The SOV/EOV provides the options for each variable item (E.G. in or out, limit or value range, deductible options, etc.). The SOV/EOV contains confirmation that any changes, or modification to the options, are limited to new issues of the contract and do not apply to in-force contracts. All variables affecting pricing of the product must be submitted as part of a form/rule/rate or rule/rate filing prior to use.	Yes N/A <input type="checkbox"/> <input type="checkbox"/>
Personal Vehicle Sharing Requirements	ORS 742.005, ORS 742.585	If filing an excess or umbrella product that will be used with an underlying personal automobile liability policy, please explain any differences between the statutory definition of personal vehicle sharing (PVS) found in ORS 742.585, and the PVS references found in the policy form. The excess or umbrella policy should clearly identify and describe any differences between the Oregon statutory definition and the policy language.	Yes N/A <input type="checkbox"/> <input type="checkbox"/>
Filing Requirements	ORS 742.003, ORS 737.205	No policy has been issued or will be issued upon the forms in this filing until approved. Rates may be used only after receipt by the Division.	Confirm <input type="checkbox"/>

FORMS REQUIREMENTS

Access to courts	ORS 742.061	Attorney fees - If a claim settlement is not made within six months and action is brought to court, and the plaintiff's recovery exceeds the amount paid by the defendant, the court will set attorney fees to be paid as part of the costs of legal action and any appeal.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Application	ORS 742.013, ORS 742.016, Bulletin INS 2010-3	<p>If any material or information obtained through the application process will be used to deny a claim or cancel coverage, then the application needs to be filed under the Form Schedule tab for prior approval. This includes any supplemental application form being used. Insurers offering via the internet would need to file screen prints so we can assure none of the questions are unfairly discriminatory, and make sure any fraud warning used complies with Oregon laws.</p> <p>If the insurance policy contains fraud, concealment, and/or material misrepresentation verbiage – the application must also contain a compliant Oregon fraud warning. See insurance bulletin INS 2010-3 for guidance.</p>	Confirm <input type="checkbox"/>
Additional Living Expenses	ORS 742.270, ORS 742.273, ORS 742.276, (HB 3272, 2021), SB 82 (2023) (Effective 1/1/2024)	<p><u>Homeowner Policies:</u> For a declared emergency order, this new law requires insurer that provides coverage for full replacement costs of damaged or destroyed property to allow insured not less than 12 months within which to repair, rebuild or replace damaged or lost property or, if damage or loss to property occurred in location subject to declaration of emergency and damage or loss is directly related to emergency <i>or was directly related to a fire that was subject of an order under ORS 476.510 to 476.610</i>, not less than 24 months (and in some cases, not less than 36 months). The Building limit and Other Structures limit can be combined when the Building limit alone is not enough to provide replacement.</p> <p><i>Wording in italics will be effective 1/1/2024</i></p>	Page _____ Paragraph _____ if In the filed Forms N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm	
Arbitration	Bulletin DFR 2020-1	<p>Voluntary arbitration is permitted by the Oregon Constitution and statutes. Please see additional details below:</p> <ul style="list-style-type: none"> • Either party may elect arbitration at the time of the dispute (after the claimant has exhausted all internal appeals if applicable); • There must be mutual agreement at the time of the dispute to use an arbitration process. Mandatory arbitration is not allowable; • Arbitration will take place in the insured's county or at another agreed upon location; • Arbitration will take place according to Oregon law. • The process may not restrict the injured party's access to other court proceedings; Restricting participation in a class action suit is permissible. 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Bankruptcy	ORS 742.031	The policy includes a bankruptcy provision similar to that in ORS 742.031.	Confirm <input type="checkbox"/>	
Cancellation/ Non-renewal	ORS 742.023(1)(e)	Any cancellation and calculation of return of premium provisions must be explained in the policy.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 742.702, OAR 836-085-0010, OAR 836-085-0055	<p>Commercial liability: (1) Except as provided in ORS 742.710, a contract of commercial liability insurance may not be canceled by an insurer before the expiration of the policy, except on one or more of the following grounds:</p> <ul style="list-style-type: none"> (a) Nonpayment of premium. (b) Fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining the policy, continuing the policy or in presenting a claim under the policy. (c) Substantial increase in the risk of loss after insurance coverage has been issued or renewed, including but not limited to an increase in exposure due to rules, legislation or court decision. (d) Failure to comply with reasonable loss control recommendations. (e) Substantial breach of contractual duties, conditions or warranties. (f) Determination by the Director of the Department of Consumer and Business Services that the continuation of a line of insurance or class of business to which the policy belongs will jeopardize a company's solvency or will place the insurer in violation of the insurance laws of Oregon or any other state. (g) Loss or decrease in reinsurance covering the risk. (h) Any other reason approved by the director by rule. 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Cancellation/non-renewal		The notice requirement for non-payment of premium is 10 working days. The notice requirement for any other reason is 30 days advance notice.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.710 Exemption	If a policy containing commercial liability is new and has been in effect less than 60 days, the insurer needs to give at least a 10-day advanced notice of cancellation.	
	ORS 742.706(1)	If an insurer offers to renew a commercial liability policy on terms less favorable or at higher rates, the new terms or rates may take effect on the renewal date with 45 days' written notice. If the insurer does not provide such notice, the insured may cancel the renewal policy within 45 days of receipt. Earned premium for the period of time the renewal policy was in force shall be calculated pro rata at the lower of the current or previous year's rate. If the insured accepts the renewal, changes shall be effective immediately following the prior policy's expiration date.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.706(2), OAR 836-085-0055	Nonrenewal of a commercial liability policy is not effective until at least 45 days after the insured receives a written notice of nonrenewal. If, after an insurer provides a notice of nonrenewal as described in this statute, the insurer extends the policy 90 days or less, an additional notice of nonrenewal is not required with respect to the extension.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.706(4), OAR 836-085-0015	If a commercial liability policy is issued for a term longer than one year, and for additional consideration the premium is guaranteed for the term of that policy, the insurer may not refuse to renew the policy or increase the premium.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.708	A post-office certificate of mailing to the named insured at the last-known address will be proof of receipt of the cancellation or nonrenewal on the third calendar day after the date of the certificate of mailing.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.224 and ORS 742.702, ORS 746.687 (HO), OAR 836-085-0055	Minimum advance notice for package business: Homeowners, Farm, a combined Dwelling Fire/Dwelling Liability, commercial multi-peril, Businessowners, or any other "package" will need a minimum cancellation notice of 10-days advance notice for non-payment (personal insurance) or 10-working days advance notice for non-payment (commercial) and 30-days minimum advance notice for any other reason.	Confirm <input type="checkbox"/>
ORS 746.687(4)	Homeowner policies: An insurer must provide an advance notice of non-renewal or renewal on altered terms. This notice should be sent no less than 30 days prior to the expiration of the policy period.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Cancellation, Non-Renewal, or Increased Premium Relating to Wildfire Risk	SB 82 Enrolled (2023) (Effective 1/1/2024)	<p>Homeowner Policies: This notice must be filed for review and approval.</p> <p><i>An insurer that cancels or decides not to renew a homeowner insurance policy for a property, or that increases a premium for a homeowner insurance policy for a property, for a reason that is not nonpayment of a premium and that is materially related to wildfire risk, shall send a notice of the cancellation, decision not to renew or premium increase to the insured that describes:</i></p> <ul style="list-style-type: none"> <i>(a) Any property-specific characteristics related to wildfire risk that resulted in the cancellation, decision not to renew or premium increase.</i> <i>(b) Wildfire risk mitigation actions the insured could undertake to improve the insurability of the property, if there are any.</i> <i>(c) If the insurer used wildfire risk scores or classifications to assess the property, the following information:</i> <ul style="list-style-type: none"> <i>(A) In plain language, a description of how wildfire risk scores and classifications are determined, including a description of any general variables the insurer considers.</i> <i>(B) The range of wildfire risk scores or classifications that could potentially be assigned to a property.</i> <i>(C) The relative position of the wildfire risk score or classification assigned to the property.</i> <i>(D) Impacts, if there are any, that wildfire risk mitigation actions could have on a wildfire risk score or classification assigned to the property.</i> <i>(d) General information about factors the insurer considers in order to classify, measure or otherwise determine the wildfire risk to a property.</i> <i>(e) Any other information specified by rule by the Department of Consumer and Business Services.</i> <p><i>(3) In addition to the requirements of subsection (2) of this section, a notice for a premium increase that is materially related to wildfire risk must describe:</i></p> <ul style="list-style-type: none"> <i>(a) What wildfire risk mitigation actions the insured could undertake, if any, that would result in a discount, incentive or other premium adjustment.</i> <i>(b) The amount of the potential discount, incentive or other premium adjustment</i> <p>Wording in italics will be effective 1/1/2024</p>	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Wildfire Risk	ORS 742.202, ORS 742.204, ORS 742.005	Oregon is a standard fire state and has taken a firm position against any restrictions or conditions on coverage of losses related to wildfire. Basically, a fire is a fire, therefore, there can be no separate definitions, deductibles, restrictions, or exclusions related to wildfire. This filing guidance has been consistently applied for the past several years.	Confirm <input type="checkbox"/>
Alleged Acts	ORS 746.230, ORS 742.013, ORS 742.016, ORS 742.407	Insurers may use the words "allege," "alleged," and "alleging" in exclusionary language that denies coverage for certain types of claims the line of business is not intended to cover. These words are problematic in exclusionary language that denies certain types of acts. The insurer shall conduct a reasonable investigation when there are alleged acts, based on all available information.	Page _____ Paragraph _____
Concurrent Exclusion Wording	ORS 742.005(2)(4)	Insurance policies need to be clear and unambiguous. If an uninsured event occurs at the same time as a covered event, the covered damages must be covered. Any policies written to deny coverage to insured portions of losses when they cannot be separated from uninsured portions of losses, will be disapproved as unjust, unfair, or inequitable.	Page _____ Paragraph _____
Controlled Substances, Marijuana, or Cannabis	DFR 2021-4	Policy language must be clear and unambiguous and be based upon Oregon laws. Any exclusion for possession or use of a controlled substance must allow for the legal use or possession of a prescribed substance. Marijuana and cannabis are legal in Oregon both medicinally and recreationally.	If you use this in your forms then Page _____ Paragraph _____ N/A <input type="checkbox"/>
Criminal Act Exclusion	ORS 742.005 (2)	Contract language must be clear and unambiguous, and non-subjective in its application to a specific loss. There should be a connection to the coverage being provided under the policy.	If you use this in your forms then Page _____ Paragraph _____ N/A <input type="checkbox"/>
Dishonest Act	ORS 742.005 (2)	Contract language must be clear and unambiguous, and non-subjective in its application to a specific loss. The insurer must be able to prove the claimant committed a dishonest act and that it was intended to cause a loss under the policy.	If you use this in your forms then Page _____ Paragraph _____ N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Defense Cost	ORS 742.005, ORS 742.023, ORS 742.063	<u>Defense within Limits:</u> A liability form that states defense costs are included within the policy limits will contain a prominent statement disclosing that the costs of defending a claim are included in the policy limits and may reduce the limit available to pay claims. This Disclosure Notice should be at the top of the Declarations page, or under the title of each policy form or endorsement that is subject to Defense within Limits.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Discrimination	ORS 106.300- ORS 106.340, Bulletin INS 2008-2, OAR 836-081-0010	If the policy extends coverage to a spouse, then a provision that recognizes a Domestic Partnership is included in the policy.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 746.015(4)	A victim of domestic violence is not discriminated against in the availability of coverage, premiums, exclusions or limitation, or against agents submitting the business.	Confirm <input type="checkbox"/>
	ORS 746.015	The policy does not unfairly discriminate in availability of insurance, application of rates, dividends, or other benefits or terms and conditions of insurance policies	Confirm <input type="checkbox"/>
Fraud	ORS 742.013, ORS 742.016, Bulletin INS 2010-3	If the policy has fraud, concealment, misrepresentation language, then the application is required to include a fraud warning. If one is included, it must be general in nature and does not state that the applicant is “guilty” of fraud, but that he or she “may be” guilty of fraud. Fraud or misstatement warnings that mention criminal or civil penalties must avoid definite statements of the criminal nature of an act, guilt, or possible penalties. A warning that specifies that knowingly providing false information “may be” a crime, which “may be” grounds for criminal or civil penalties is appropriate.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Fraud (cont'd)	ORS 742.013, ORS 742.016, Bulletin INS 2010-3	<p>To deny or cancel coverage due to the insured's (or on behalf of the insured) misrepresentations, omissions, concealments of fact, or incorrect statements; the written application must be indorsed upon (or included by reference in the policy), or attached to the policy when issued.</p> <p>This includes any written or electronic Application form, supplemental application, and/or questionnaire. If other media is used to obtain information regarding the applicant that could be used to later cancel a policy or deny a claim, this must be disclosed to the applicant.</p> <p>The insurer must show the misrepresentations, omissions, concealments of fact, or incorrect statements are material. The insurer must also show they have relied upon them, and that they are either:</p> <p>A. Fraudulent or;</p> <p>B. Material either to the acceptance of the risk or to the hazard assumed.</p> <p>Insurers should review Bulletin 2010-3 and the Insurance Code to determine whether their statements comply.</p>	<p>Yes N/A</p> <p><input type="checkbox"/> <input type="checkbox"/></p>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Intentional Acts Exclusion	<p>ORS 742.005 (2) OAR 836-080-0900, 836-080-0905 Bulletin DFR 2022-2</p>	<p>Intentional acts exclusions are allowable in policies, but should not encompass losses due to negligence or unintended acts or harm.</p> <p>OAR 836-080-0900 Definitions As used in OAR 836-080-0900 to 836-080-0905: (1) "Covered loss" means any loss, damage, or injury that would be covered by a property and casualty personal lines policy unless arising out of an act or omission of a person insured under such policy. (2) "Innocent person" means, with respect to any covered loss, a person: (a) Who did not cause such covered loss; (b) Who did not materially contribute to such covered loss; and (c) Who did not know that such covered loss was reasonably likely to occur or undertook reasonable efforts to prevent or limit such covered loss.</p> <p>OAR 836-080-0905 Language used for co-insureds on property and casualty personal lines policies No property and casualty personal lines policy may contain any provision or other language that would deny coverage to any innocent person insured under such policy for any covered loss arising out of any act or omission of any other person insured under such policy.</p> <p>Language conveying that an exclusion applies whether or not the insured had the requisite intent will also be disapproved. Currently approved exclusionary language without this type of expansive language may continue to be used. Unclear, ambiguous, vague or misleading policy exclusion language that would potentially exclude coverage for a policyholder over negligent acts or unintended acts, injuries, damages or harms will be disapproved, pursuant to ORS 742.005(2).</p>	<p>If you use this in your forms then Page _____ Paragraph _____</p> <p>N/A <input type="checkbox"/></p>
Legibility of forms	ORS 742.005(2)	<p>The forms are clear and understandable in the presentation of premiums, labels, and description of contents, title, headings, backing, and other indication (including restrictions) in the provisions. The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.</p>	Confirm <input type="checkbox"/>
Limits	ORS 742.023	Limits of coverage are clearly described.	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Loss Settlement	ORS 742.053(1)	The insurer will furnish a claim form upon request.	Confirm <input type="checkbox"/>
	ORS 742.023	Settlement provisions are clearly explained.	Confirm <input type="checkbox"/>
	HB 2982 (2023)	<p><u>Personal Insurance:</u> If an insured:</p> <ul style="list-style-type: none"> • Experiences a total loss of the contents of a residence; • Resulting from a major disaster declared by the Governor; and • They provide documentation that the residence was furnished, and The loss resulted from a major disaster in an area subject to a state of emergency declaration, and the loss was directly related to the state of emergency. <p>Then the insurer shall:</p> <ul style="list-style-type: none"> • Offer a minimum of 70% or a larger percentage (agreed upon by the insured and insurer) of the coverage purchased for the contents, without requiring the insured to submit a written inventory of the loss. • Pay for covered costs for debris removal not later than 60 days after receiving documentation showing the date and cost of removal (exception is if a governmental agency removes debris or is involved the insurer must pay within a reasonable time). • Pay for any covered loss of trees, shrubs, or landscaping within 30 days after receiving documentation of the loss that shows the number, nature of trees/shrubs/landscaping damaged or destroyed (exception in the event of a coverage dispute, or if insurer and insured agree pay costs later). 	Confirm <input type="checkbox"/>
Misrepresentation/ Misstatements	ORS 742.013	A provision in the policy, or the application, makes it clear that statements made by the insured, are representations and not warranties.	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Participating policies	OAR 836-080-0120(1)	Upon request, a written statement is provided to the policyholder, specifying whether the policy is or is not a participating policy.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-080-0120(2)	A participating policy requires a participation provision that includes substantially equivalent wording to that stated in the rule.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-080-0125	The insurer is prohibited from representing payment of any dividend as a specific amount or a premium percentage, or fixing the dividend formula.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-080-0130 Commercial only	Any dividend statement made to the policyholder must be in writing and follow the requirements in this rule.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Policy period	ORS 742.048	<p>Coverage will commence at 12:01 a.m. at the insured's address on the date the policy takes effect. If the policy does not insure real property, use the insured's principal place of business within Oregon, or the insured's residence. The effective date and time shall not be prior to the time at which coverage commences.</p> <p>When parties agree, a binder may commence coverage at an hour different than 12:01 a.m.</p> <p>Any statement of time shall mean time according to the legal standard of time at the insured's primary location or residence premises.</p> <p>A full term of coverage would be 12:01 am on the effective date of the policy to 12:01 am on the expiration of the policy term. Use of a different expiration time could result in an unintentional lapse of coverage that might harm the insured. We recommend using a consistent start and end time.</p>	Confirm <input type="checkbox"/>
Primary coverage	ORS 742.023(1)(f), ORS 742.005(2)	Terms used in describing the coverage are clearly defined. The policy describes the conditions and provisions pertaining to the coverage, amount, terms, exceptions, limitations, and exclusions.	Confirm <input type="checkbox"/>
Rebates	ORS 746.035, ORS 746.045 ORS 746.045 (3)	Are inducements or rebates specified in the policy? If "yes," explain in the cover letter and identify the location in the policy and rating plan. ORS 746.045 (3) allows an exception if the total value does not exceed \$100 per person/per year.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
<u>Promotional Offers:</u>	ORS 746.015, ORS 746.045 (3)	<u>Promotional Offers:</u> Any promotional offer or item disclosed in the policy should be specifically identified including what it is and the benefit to the policyholder. Vague language that does not specify the benefit or item offered is not acceptable. Any promotional offer or item that is not related to the risk assumed by the insurer is offered to everyone in a non discriminatory manner. It is not necessary to file if the value of the gift does not exceed \$100 per person/per year.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Terrorism	INS 2015-1 bulletin and 2019 Re-authorization e-notification	Loss due to terrorism may not be excluded, limited, or restricted in any personal insurance product. Commercial insurance is subject to the Federal Terrorism Risk Insurance Act (TRIA) and its re-authorizations (TRIPRA). Beginning in 2002, Oregon has issued guidance on the subject of TRIA/TRIPRA. Forms are required to be filed for prior approval. Policyholder Disclosure forms are also required to be filed for review and approval. Rules and rates (or loss costs) are required to be filed.	Confirm <input type="checkbox"/>
Titles & headings	ORS 742.005(2)	The forms are clearly titled and headings for benefits include references to any limitations and restrictions contained in the provision. Policy language may not combine give and take-away language in the same sentence or same paragraph as this is considered to be unclear and ambiguous.	Confirm <input type="checkbox"/>
Mass Marketing Plans	OAR 836-042-0320	If an insurer is accepting personal insurance premium payments from an approved association or master policy holder for individual policies, 10 days notice is provided for cancellation or non renewal due to non payment of premium. Coverage for a former member remains in force for 60 days after termination with timely payment of premium. Mass marketing of personal lines insurance is covered in OAR 836-042-300 through 836-042-0322.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Medical Malpractice additional standards			Check answer
Policy documentation	ORS 742.405	Membership in a professional association cannot be required as a condition of issuance of medical malpractice insurance to a physician. However, a non-member may be subject to reasonable risk management, loss control, or similar programs and conditions to which members are subject. No surcharge or discount can be applied based on membership.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Professional Liability	HB 2002 (2023)	<p>An insurer that provides malpractice insurance for a health care provider for care provided in Oregon may not take any adverse action, including but not limited to sanctions, fines, penalties, rate increases or denial or revocation of coverage, against a health care provider authorized to provide care in this state if the adverse action is:</p> <p>(1) Based solely on the health care provider's providing, authorizing, recommending, aiding, assisting, referring for or otherwise participating in a reproductive or gender affirming health care service, including abortion, that is lawful in Oregon but unlawful in the jurisdiction in which the health care provider provided the service, so long as the service provided was performed in accordance with the standard of care applicable to the service; or</p> <p>(2) A result of an adverse action taken against the health care provider's license issued by another state that resulted solely from the health care provider's providing, authorizing, recommending, aiding, assisting, referring for or otherwise participating in a reproductive or gender-affirming health care service, including abortion, that is lawful in Oregon but provided to a resident of a jurisdiction in which the service is unlawful or is unlawful in the jurisdiction in which the health care provider provided the service, so long as the service provided was performed in accordance with the standard of care applicable to the service.</p>	Confirm <input type="checkbox"/>

RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			Check answer	
Filing submission	ORS 737.205	Copies of rates, rating plans, and rating systems are included in the filing.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		Effective date cannot be earlier than the date the filing is received by the Division of Financial Regulation.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Discrimination	ORS 746.015, OAR 836-081-0010	Rates, rating plans, and rating systems do not discriminate unfairly in the availability of insurance and application of rates.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Schedule Rating Plans	ORS 737.205	Schedule rating plans (IRPM) identify the credit or debit criteria and the minimum and maximum modification for each. Rating plans must be filed prior to use.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Wildfire Risk	ORS 737.310 (17), SB 82 Enrolled (2023) (Effective 1/1/2024) SB 82 Enrolled (2023) (Effective 1/1/2024)	<p><u>Homeowner Policies:</u></p> <p><i>Reflect in the insurer's underwriting guidelines and rating plans how the insurer addresses or considers wildfire risk mitigation actions including defensible space, home hardening, certification as a wildfire prepared home by the Insurance Institute for Business and Home Safety and community mitigation efforts such as Firewise USA site designation or similar program established by the State Fire Marshall.</i></p> <p><i>An insurance company may not use a map published by an Oregon State agency that identifies areas of wildfire risk or exposure as a basis for:</i></p> <p><i>(1) Canceling or declining to renew a homeowner insurance policy; or</i></p> <p><i>(2) Increasing a premium for a homeowner insurance policy</i></p> <p>Wording in italics will be effective 1/1/2024</p>	Confirm <input type="checkbox"/>	

Rate-making generally			Check answer	
Credibility	ORS 737.310, OAR 836-010-0021	<ol style="list-style-type: none"> 1. Provide all data used and judgments made. 2. Provide description of methodology used. 	Yes <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/>
Fees, and Service Charges	ORS 737.310, OAR 836-010-0021	Provide cost-accounting justification on initial filings and subsequent changes.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Loss valuation	ORS 737.310, OAR 836-010-0021	Premiums: <ol style="list-style-type: none"> 1. Earned premium and earned premium at present rates for each coverage or combined coverages using the extension of exposures or on level factors. 2. A rate level history. 3. Adjustment for inflation. 4. State whether data is on a basic or total-limits basis. 	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<ol style="list-style-type: none"> 1. Loss data: <ul style="list-style-type: none"> • For each coverage, and each year used in calculating the rate level, state whether data is on a basic or total-limits basis. 2. Each year and coverage includes: <ul style="list-style-type: none"> • Earned exposures. • Incurred losses. • Loss development factors. • Description of the methodology used to derive the loss development factors. • Unallocated loss adjustment expense. • Allocated loss adjustment expenses. • Ultimate incurred losses and loss adjustment expenses. • Trend factors. • Trended ultimate incurred losses and loss adjustment expense. 3. If losses are separated into catastrophic and non-catastrophic, a description of the method used to separate losses. 	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Risk classification	ORS 737.310, OAR 836-010-0021	For each rating variable, territory, and tier levels provide the following information: <ol style="list-style-type: none"> 1. Earned premium, earned exposures, incurred loss, and number of claims. 2. Methodology and judgments used to arrive at the differentials. 3. Adjustments to ensure homogeneity of rating group characteristics. 4. All data used and judgments made. 5. Description of the methodology used. 	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check answer	
Investment income	ORS 737.310(9), OAR 836-010-0021	<ol style="list-style-type: none"> 1. Cash flow method Or 2. Alternative method showing amount of investment income earned on loss, LAE, and unearned premium reserve to earned premium. 	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
Requirements	ORS 737.207, OAR 836-042-0512	If filing for a rate increase greater than 15% for specified commercial liability markets the filing is prior approval. The affected markets are product liability, medical malpractice liability, other professional liability, liquor liability, child care liability, directors and officers' liability, recreational liability, non profit liability, commercial auto liability, municipal liability, or public official liability.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
Trending	ORS 737.310, OAR 836-010-0021	<ol style="list-style-type: none"> 1. Provide all internal loss-trend data or external fast-track-loss-trend data used. 2. Separate determinations of loss severity and frequency trends. 3. Calculation of annual trend factors including statistical results. 4. All data used and judgments made. 5. Description of methodology used. 	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Underwriting profit & contingencies	ORS 737.310, OAR 836-010-0021	<ol style="list-style-type: none"> 1. Oregon data for commission and brokerage. 2. Countrywide data for general and other acquisition expenses as reported in the Insurance Expense Exhibit. 3. Oregon data for taxes, licenses, and fees. 4. Expense trend. 5. Historic experience. 	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>