

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.765 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.



The Form Type column must be completed correctly.

When replacing a form, the filer must correctly fill out the Previous Filing # field under the Action Specific Data column with the Oregon assigned filing (tracking) number for forms approved before 10/2011, and the SERFF Tracking Number for filings made after 10/2011.

The form number of the previously approved document must be typed under the Replaced Form # field, and include the edition/revision number of the replaced form. This form number (including the edition date) must be shown exactly the way it appeared on the document being replaced.

**Rates and Rules Tab:**

Rates and rules should be submitted under the Rate and Rule tab.

Place the Actuarial Memorandum, expense exhibits, and any other rate justification under the Supporting Documentation tab. (See below.)

Review requirement	Reference	Description of review standards requirements	Check Answer or Confirm																					
Requirements	<p>OAR 836-010-0011 As required on SERFF or our Web site</p> <p><b>Marketing Plan</b></p>	<p><b>Supporting Documentation tab:</b> 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"> <li>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.</li> <li>A Third-party filer’s letter of authorization if applicable.</li> <li>A signed <a href="#">Certificate of Compliance, form 440-3894</a>.</li> <li>A comparison document (annotated, highlighted, red-lined, or side-by-side) must be provided for each previously approved form.</li> <li>An Actuarial Memorandum with an overview of the contents of the filing and the reasons and procedures used to support the rating plan.</li> <li><b>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.</b></li> <li><b>Every filing is expected to contain a thorough explanation, including any new and innovative product, of the product purpose, targeted audience, and how it will be marketed. Explain any information gathering for underwriting, eligibility, tiering, claim settlement practices, or other purposes.</b></li> </ol> <p><b>State Specific Tab</b> The answer to each question applies to the current filing.</p> <p><b>Companies and Contacts</b> Please provide up to date filer’s information. Include a toll-free (if available) telephone number for the filer. <b>Also, include the filer’s email address.</b></p> <p><b>Filing Fees</b> Oregon does not charge filing fees per submission.</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>N/A</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		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"/>		<input type="checkbox"/>	<input type="checkbox"/>
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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 <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"/>
Interline Forms	Information Only Division position	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 any 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 <input type="checkbox"/> N/A <input type="checkbox"/>
Requirements not part of a listed Category	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 <input type="checkbox"/> N/A <input type="checkbox"/>
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	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 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.  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.	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Arbitration	Bulletin DFR 2020-1	Voluntary arbitration is permitted by the Oregon Constitution and statutes. Please see additional details below: <ul style="list-style-type: none"> <li>• Either party may elect arbitration at the time of the dispute (after the claimant has exhausted all internal appeals if applicable);</li> <li>• Unless there is mutual agreement to use an arbitration process, the decision will only be binding on the party that demanded arbitration;</li> <li>• Arbitration will take place in the insured's county or at another agreed upon location;</li> <li>• Arbitration will take place according to Oregon law, unless Oregon law conflicts with Federal Code.</li> <li>• The process may not restrict the injured party's access to other court proceedings;</li> </ul> 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"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm	
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, ORS 742.708, OAR 836-085-0010	<p><b>Commercial liability:</b> The effective date of cancellation for cause is no less than 10 working days after the insured receives notice. A policy in effect for 60 or more days, may be canceled prior to policy expiration only for specified reasons:</p> <ul style="list-style-type: none"> <li>a. Nonpayment of premium.</li> <li>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.</li> <li>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.</li> <li>d. Failure to comply with reasonable loss-control recommendations.</li> <li>e. Substantial breach of contractual duties, conditions, or warranties.</li> <li>f. Determination that the continuation of a line of insurance or class of business will jeopardize a company's solvency, or will place the insurer in violation of the insurance laws of Oregon or any other state.</li> <li>g. Loss or decrease in reinsurance covering the risk.</li> </ul> <p>Any other reason approved by the director by rule.</p>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 742.224 and ORS 742.702, ORS 746.687 (HO)	<p><b>Minimum advance notice for package business:</b> 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. This clarification is provided at the advise of our AG.</p>	Confirm <input type="checkbox"/>	



Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Cancellation/non renewal, continued	ORS 742.706(1), OAR 836-085-0025	If an insurer offers to renew a <b>commercial liability</b> 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	Nonrenewal of a <b>commercial liability</b> 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 <b>commercial liability</b> 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"/>
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 burden of proof remains with the insurance company, who must show objective steps were taken to investigate the legitimacy of such allegations.	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 _____

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
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. Just so you know, 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"/>
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"/>
Discrimination	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"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm	
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"/>
	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>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Intentional Acts Exclusion	Bulletin DFR 2022-2	<p>Policy intentional act exclusions must be clear and unambiguous. A policyholder has to deliberately participate in an intentional act creating a loss that is grounds for excluding coverage. Any excluded policyholders must have a sufficient connection to the intentional act itself to be excluded from coverage. To establish such a connection, the insurer has the burden of proving that the policyholder deliberately participated in the intentional act itself. Merely being associated with the person(s) who committed the intentional act is insufficient for establishing a policyholder's connection with the intentional act triggering coverage exclusion. The policyholder must receive the benefit of any doubts as to whether the policyholder has a sufficient connection with the intentional act that triggered coverage exclusion. 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>NOTE: Regardless of existing policy or endorsement wording, the insurance company must settle claims pursuant to bulletin DFR 2022-2. All forms will need to be re-filed to comply with the bulletin guidance.</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)	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.	Confirm <input type="checkbox"/>
Limits	ORS 742.023	Limits of coverage are clearly described.	Confirm <input type="checkbox"/>
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"/>
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	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. When parties agree, a binder may commence coverage at an hour different that 12:01 a.m. Any statement of time shall mean time according to the legal standard of time at the insured's primary location or residence premises. <b>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.</b>	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. <b>ORS 746.045 (3) allows an exception if the total value does not exceed \$100.</b>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer or Confirm
Requirements not part of a listed category	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, rules, and rates are required to be filed for prior approval. Policyholder Disclosure forms are also required to be filed for review and approval.	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"/>

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"/>

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"/>
Fictitious groups	ORS 737.600(3)(d) & (f), OAR 836-042-0300 thru OAR 836-042-0322	If filing a group for rate purposes, the group meets the requirements of ORS 737.600(3)(f) and mass-marketing plan rules.	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"/>
Rebates	ORS 746.035, ORS 746.045	Are inducements or rebates specified in the policy? If "yes," explain in the cover letter and identify the location in the policy and the rating plan.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Rate-making generally			Check answer	
Credibility	ORS 737.310, OAR 836-010-0021	<ol style="list-style-type: none"> <li>1. Provide all data used and judgments made.</li> <li>2. Provide description of methodology used.</li> </ol>	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"> <li>1. Earned premium and earned premium at present rates for each coverage or combined coverages using the extension of exposures or on level factors.</li> <li>2. A rate level history.</li> <li>3. Adjustment for inflation.</li> <li>4. State whether data is on a basic or total-limits basis.</li> </ol>	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"> <li>1. Loss data:               <ul style="list-style-type: none"> <li>• For each coverage, and each year used in calculating the rate level, state whether data is on a basic or total-limits basis.</li> </ul> </li> <li>2. Each year and coverage includes:               <ul style="list-style-type: none"> <li>• Earned exposures.</li> <li>• Incurred losses.</li> <li>• Loss development factors.</li> <li>• Description of the methodology used to derive the loss development factors.</li> <li>• Unallocated loss adjustment expense.</li> <li>• Allocated loss adjustment expenses.</li> <li>• Ultimate incurred losses and loss adjustment expenses.</li> <li>• Trend factors.</li> <li>• Trended ultimate incurred losses and loss adjustment expense.</li> </ul> </li> <li>3. If losses are separated into catastrophic and non-catastrophic, a description of the method used to separate losses.</li> </ol>	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"/>	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"/>
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"> <li>1. Earned premium, earned exposures, incurred loss, and number of claims.</li> <li>2. Methodology and judgments used to arrive at the differentials.</li> <li>3. Adjustments to ensure homogeneity of rating group characteristics.</li> <li>4. All data used and judgments made.</li> <li>5. Description of the methodology used.</li> </ol>	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	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	Provide all internal loss-trend data or external fast-track-loss-trend data used. Separate determinations of loss severity and frequency trends. Calculation of annual trend factors including statistical results. All data used and judgments made. 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	Oregon data for commission and brokerage. Countrywide data for general and other acquisition expenses as reported in the Insurance Expense Exhibit. Oregon data for taxes, licenses, and fees. Expense trend. Historic experience.	YES <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"/>