

Department of Consumer & Business Services  
**Oregon Division of Financial Regulation – 5**

P.O. Box 14480  
350 Winter St. NE, Rm. 440  
Salem, Oregon 97309-0405  
Phone (503) 947-7983

**Reference Filing Adoption Form**  
Adoption of Rating Organization  
Prospective Loss Costs

Date: \_\_\_\_\_ NAIC no.: \_\_\_\_\_

1. Insurer name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title \_\_\_\_\_

Filing entity (if not insurer)\*: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City State ZIP

Toll-free/collect phone no.: \_\_\_\_\_

Fax no. and e-mail address: \_\_\_\_\_

**Department action:**

Approved;  
limitations: \_\_\_\_\_  
\_\_\_\_\_

Disapproved;  
reason: \_\_\_\_\_  
\_\_\_\_\_

Effective date: \_\_\_\_\_

Analyst: \_\_\_\_\_

Filing no.: \_\_\_\_\_

Action date: \_\_\_\_\_

2. LINE OF INSURANCE \_\_\_\_\_

3. RATING ORGANIZATION \_\_\_\_\_

4. RATING ORGANIZATION REFERENCE FILING # \_\_\_\_\_

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of insurance. 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 costs multipliers and, if utilized, the expense constants specified in the attachments.

6. PROPOSED RATE LEVEL CHANGE \_\_\_\_\_% EFFECTIVE DATE \_\_\_\_\_

7. PRIOR RATE LEVEL CHANGE \_\_\_\_\_% EFFECTIVE DATE \_\_\_\_\_

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"  
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants 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 prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. 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 This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Rating Organization Reference Filing.