

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

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**STANDARDS FOR PORTABLE ELECTRONICS INSURANCE FORMS, RATES, AND RULES FILING**

This checklist (product standards) relate to the specific insurance requirements found in ORS 646A.575 through ORS 646A.592 and OAR 836-071-0550 to OAR 836-071-0570.

For purposes of this checklist, “portable electronics” means an electronics device that is portable and includes accessories and services, including but not limited to wireless services related to use of the device. “Portable electronics insurance coverage,” means insurance that provides coverage for the repair or replacement of portable electronics in the event of loss, theft, inoperability due to mechanical failure, malfunction, damage or need for repair or replacement as a result of some other covered source of peril.

This checklist applies to the situation where an insurer or supervising entity sells or offers to sell a master policy for portable electronics insurance to vendor policyholders. That vendor policyholder would then sell or offer to sell the portable electronics insurance coverage to their customers. The vendor policyholder must have a limited license from the Department of Consumer and Business Services to engage in this activity and must comply with the licensing requirements. A definitions section has been provided below to assist with the meaning of some of the terms used throughout the statutes and this checklist.

**Please note:** These product standards do not cover any other situation where an insurer offers to sell or sells wireless communication insurance. The producer transacting that insurance would need a full casualty license. These products would need to be filed under Inland Marine per checklist 440-3627.

**Please attach the completed checklist under Supporting Documentation in SERFF.** [ORS 731.296, OAR 836-010-0011(2) & (3).]

This checklist includes relevant statutes, rules, bulletins, and other documented positions to enforce ORS 646A.575 through ORS 646A.592. **The standards are summaries. Review of the entire statute or rule will be necessary.** After diligent consideration has been given to each item, mark either confirm, or the “Yes” or the “N/A” box. You may need to provide Page and Paragraph for some elements noted in the checklist. Compliance with these provisions must be certified by both the filer and an officer of the company signing the Certificate of Compliance form. These signatures certify the forms being submitted meet the requirements of our checklist and statutes. “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.

**Highlighted sections are either new sections or simply highlighted to assist the filer in recognizing high importance items.**

**TOI code:**  09.0 Inland Marine  
(Cellular Telephones)

**Sub-TOI:**  9.0007 Communication Equipment

**Type of filing:**  Master policy issued to a vendor policyholder

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>			
Requirements	OAR 836-010-0011 As required on SERFF or our Web site	<p>Required filing requirements are located on SERFF or on our Web site at: <a href="http://dfr.oregon.gov/rates-forms/Pages/index.aspx">http://dfr.oregon.gov/rates-forms/Pages/index.aspx</a>.</p> <p><b>General Information Tab.</b> A description/explanation of the filing contents. Please note, information included in the Filing Description can be edited by using a Post Submission update. If a cover letter is attached, a new cover letter could be submitted if necessary.</p> <p><b>Form Schedule Tab:</b></p> <ol style="list-style-type: none"> <li>1. Only the clean copy of the submitted form should be individually attached under the Form Schedule.</li> <li>2. Only one PDF per Schedule Item.</li> <li>3. The form number should appear exactly as shown on the PDF. Any edition/revision date used in the form number must be included under the Form Number column.</li> <li>4. It is not necessary to use the Edition Date column. This would create duplication issues.</li> <li>5. The Form Type column must be completed correctly.</li> <li>6. When replacing a form, the filer must correctly fill out the Previous Filing # field under the Action Specific Data column with the 8 digit State assigned filing number, and when applicable, the SERFF Tracking Number. If the filing was submitted after September 2011, there will only be a SERFF tracking number assigned. 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 original filing was submitted.</li> </ol> <p><b>Rate and Rule Tab:</b> Rates and rules should be submitted under the Rate and Rule tab. (Place the Actuarial Memorandum under the Supporting Documentation tab. See below.)</p>	<p>Yes    N/A <input type="checkbox"/>    <input type="checkbox"/></p> <p>Yes    N/A <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 <input type="checkbox"/>    <input type="checkbox"/></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>1. If the General Information area is not used, then a Cover letter or Filing Memorandum should be under the Supporting Documentation tab that explains the intent or purpose of the forms/rules/rates.</li> <li>2. Third-party filer's letter of authorization if applicable.</li> <li>3. Signed Certificate of Compliance, form 440-3894.</li> <li>4. For form submissions, a comparison document (annotated, highlighted, red-lined, or side-by-side) must be provided for each previously approved form. Submit comparison document/s under the Supporting Documentation tab.</li> <li>5. Rates, rules, and actuarial memorandum with an overview of the contents of the filing and the reasons and procedures used to support the rate change.</li> <li>6. Attach to the Supporting Documentation tab, those previously approved Oregon Amendatory Endorsements that bring the submitted forms into compliance with Oregon requirements.</li> <li>7. Written disclosures for our review.</li> </ol> <p><b>State Specific Tab</b> Please make sure the answer to each question applies to the current filing.</p> <p><b>Companies and Contacts</b> Please make sure the filer's information is up to date. Include a toll-free (if available) telephone number for the filer. Include the filer's email address.</p> <p><b>Filing Fees</b> Oregon does not charge filing fees per submission.</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">None</td> <td></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"/>	Yes	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	
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Review requirement	Reference	Description of review standards requirements	Answer Yes or No
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 or other evidence of insurance 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"/>
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.	Yes N/A <input type="checkbox"/> <input type="checkbox"/>
<b>Marketing Plan</b>	<b>ORS 742.009</b>	<b>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. Please explain any information obtained for underwriting, claim settlement, or other purposes. If the Application for Insurance has not yet been filed for our review, please include it under the Form Schedule tab.</b>	Confirm <input type="checkbox"/>
<b>FORM REQUIREMENTS</b>			
Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Legibility	ORS 742.005(2)	The forms are clear and understandable in the presentation of premiums, labels, descriptions of content, 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"/>
Application	ORS 742.013	Claims cannot be denied based upon information provided by the insured, or on behalf of an insured, unless the signed application is made part of the policy. If the application is attached to, or made part of the policy by reference, prior approval is required.	Yes N/A <input type="checkbox"/> <input type="checkbox"/>

FORM REQUIREMENTS			
Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Fraud	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 is general in nature and does not state that the applicant is “guilty” of fraud, but that they 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 N/A <input type="checkbox"/> <input type="checkbox"/>
	ORS 742.013, Bulletin INS 2010-3	<p>Fraud or misstatement warnings that mention denial of recovery as a possible consequence of an omission, concealment, misstatement or misrepresentation must disclose that in order to deny a claim on this basis, the insurer must demonstrate that the misinformation was material to the content of the contract, that the insurer relied upon this information, and that the misinformation was either provided fraudulently or was material to the risk or hazard assumed by the insurer. (ORS 742.013)</p> <p>Fraud or misstatement warnings that mention cancellation, voiding, or rescission of a policy as possible consequences of an omission, concealment, misstatement or misrepresentation must disclose the line-specific statutory limits to these remedies. Insurers should review Bulletin 2010-3 and the Insurance Code to determine whether their statements comply.</p>	Yes N/A <input type="checkbox"/> <input type="checkbox"/>

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
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.	Yes <input type="checkbox"/> N/A <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"/>
Promotional Offers		<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. 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"/>
Policy period	ORS 742.048, ORS 742.023(1)(d)	<u>Effective date and time</u> – Policy states that coverage commences at 12:01 a.m. on the policy effective date. 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.  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.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Controlled Substances, Marijuana, Cannabis	Bulletin DFR 2021-4	Policy language must be clear and unambiguous 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 products are legal both medicinally and recreationally under Oregon laws	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Criminal Acts 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.	Yes <input type="checkbox"/> 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.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Intentional Act Exclusion	ORS 742.005 (2)  OAR 836-080-0900, 836-080-0905  Bulletin DFR 2022-2	Intentional acts exclusions are allowable in policies, but should not encompass losses due to negligence or unintended acts or harm.  <b>OAR 836-080-0900</b> <b>Definitions</b> 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.  <b>OAR 836-080-0905</b> <b>Language used for co-insureds on property and casualty personal lines policies</b> 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.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Intentional Act Exclusion (continued)	ORS 742.005 (2) OAR 836-080-0900, 836-080-0905 Bulletin DFR 2022-2	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).	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Access to courts	ORS 742.061	Attorney fees – If a claim settlement is not made within six months and action is brought to court, should the plaintiff’s recovery exceed the amount of payment made 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"/>
Arbitration, Appraisal or Dispute Resolution	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>• There must be mutual agreement at the time of the dispute to use an arbitration process. Mandatory arbitration is not allowable.;</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.</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.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Definitions	ORS 646A.575	“Customer” means a person that purchases or leases portable electronics. “Enrolled customer” means a customer that purchases portable electronics insurance coverage from a vendor policyholder. “Insurer” means an insurer as defined in ORS 731.106 that issues, sells or offers for sale policies of portable electronics insurance to vendor policyholders. “Supervising entity” means an insurer as defined in ORS 731.106 or an insurance producer as defined in ORS 731.104, that may or may not issue, sell or offer for sale policies of portable electronics insurance to vendor policyholders.	Confirm <input type="checkbox"/>



view requirement	Reference	Description of review standards requirements	Answer Yes or No
Cancellation & nonrenewal	ORS 742.023(1)	The policy clearly defines the cancellation refund method.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
		The policy explains if a cancellation fee will be charged and how the fee will be calculated.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 646A.582(5)	Policy includes language that an enrolled customer can cancel at any time.	Confirm <input type="checkbox"/>
	ORS 646A.588(1)(a) ORS 646A.588	The policy requires notice of at least 30-days prior to the effective termination date. This notice from the insurer or supervising entity must be given to both the enrolled customer and vendor policyholder. This 30-day notice does not relate to termination for non-payment of premium, fraud/misrepresentation, or immediate termination discussed below.	Confirm <input type="checkbox"/>
	ORS 646A.588(4)	The policy requires vendor policyholders who have issued electronics insurance coverage to provide notice to the enrolled customer at least 30 days prior to the effective date of termination. The supervising entity can provide this notice on the policyholder's behalf.	Confirm <input type="checkbox"/>
	ORS 646A.588(2)(a) through ORS 646A.588(2)(b)	<u>Termination for Non-Payment of Premium or Fraud/Misrepresentation:</u> An insurer or supervising entity may terminate an enrolled customer's insurance for fraud/misrepresentation or nonpayment of premium. If terminating for these reasons, the policy requires an insurer or supervising entity to notify the enrolled customer at least 15 days before a termination.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 646A.588(3)(a)	<u>Immediate Termination for Discontinuation of Wireless Service with Vendor Policyholder:</u> The policy may allow an insurer or supervising entity to immediately terminate an enrolled customer's insurance if the enrolled customer no longer has active wireless service with the vendor policyholder.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
ORS 646A.588(3)(b)	<u>Immediate Termination for Limit Exhaustion:</u> The policy may allow an insurer or supervising entity to immediately terminate an enrolled customer's insurance if the enrolled customer exhausts the aggregate limit of liability, and the insurer or supervising entity sends notice of termination to the enrolled customer within 30 days after the enrolled customer exhausts the limit. If the insurer or supervising entity fails to send a timely notice of termination to the enrolled customer, notwithstanding the enrolled customer's exhaustion of the limit, coverage continues until the insurer or supervising entity sends the enrolled customer notice of termination. Any conflicts between the different cancellation requirements within a policy require the insurer to use the longest notification requirement.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Notice Requirements	ORS 646A.588(5)(a),(c)(A)	<u>Notice to Vendor Policyholder:</u> Required notice/or correspondence to the vendor policyholder can be sent electronically. If notice is not sent electronically, it can be sent by mail or delivered to the vendor policyholder at their principal place of business in this state.	Confirm <input type="checkbox"/>
	ORS 646A.588(5)(a),(b)(c) (B)	<u>Notice to Enrolled Customer</u> Required notice/or correspondence to the enrolled customer may be sent electronically if the enrolled customer agrees to receive notice or correspondence related to portable electronics insurance coverage electronically. If the notice is not sent electronically, the notice may be mailed or delivered to the last known mailing address for the enrolled customer.	Confirm <input type="checkbox"/>
	ORS 646A.588(5)(d)	<u>Record Retention of Notice:</u> The policy requires, an insurer, supervising entity, or a vendor policyholder that provides any required notice/or correspondence to maintain proof of providing the notice or sending the correspondence for a minimum of three years after the termination of the portable electronics insurance coverage.	Confirm <input type="checkbox"/>
Discrimination	ORS 106.300 thru ORS 106.340, ORS 746.015, Bulletin 2008-2, OAR 836-081-0010	A provision that recognizes a domestic partnership is included in the policy. When referring to a spouse, a registered domestic partner must be added. Terms and provisions in the Insurance Code and in rules adopted under the Code that refer to or indicate the marital relationship, its dissolution and dependents in a marital relationship will apply in the same manner to domestic partnerships, to their dissolution and to dependents in the partnership	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Fees and service charges	ORS 742.023, OAR 836-071-0269	All charges to the policyholder are included in filed rating plans and are listed on the declarations page. No unfiled charges may be added to the declarations page.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Limits	ORS 742.023	Limits on coverage are clearly described.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Limited License	ORS 646A.577(1) ORS 646A.575(10) and 646A.575(11) OAR 836-071-0550 through OAR 836-071-0570	A vendor is required to have a limited license issued from the Department of Consumer and Business Services to issue, sell or offer for sale portable electronics insurance coverage.	Confirm <input type="checkbox"/>
Vendor Disclosure	ORS 646A.582	<p>A vendor policyholder shall make available to prospective customers of portable electronics written materials that disclose:</p> <ul style="list-style-type: none"> <li>(1) That portable electronics insurance coverage may duplicate coverage already held by the customer, including but not limited to homeowner's insurance or renter's insurance;</li> <li>(2) That issuance of portable electronics insurance coverage is not required for the customer to purchase or lease portable electronics;</li> <li>(3) The material terms of coverage, including but not limited to: <ul style="list-style-type: none"> <li>(a) The identity of and contact information for the insurer or the supervising entity that issued the insurance policy to the vendor policyholder;</li> <li>(b) The amount of any applicable deductible and how the deductible is required to be paid when a claim is made;</li> <li>(c) The benefits of coverage; and</li> <li>(d) Whether the covered portable electronics will be repaired or replaced with a similar make and model, with a new or reconditioned device, accessory or part, or with a device, accessory or part from other than the original manufacturer;</li> </ul> </li> <li>(4) The process and requirements for returning portable electronics, and any fees that will apply in the event the enrolled customer does not comply with the process and requirements; and</li> <li>(5) That the enrolled customer may cancel the portable electronics insurance coverage at any time and that the person paying the premium shall receive a refund of the unused portion of any amount that has been paid for coverage. A reasonable administrative fee may be charged in an amount not to exceed 10 percent of the refund due.</li> </ul>	Confirm <input type="checkbox"/>

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Vendor disclosure record requirement	OAR 836-071-0560(2)(h)	A certification by the supervising entity or the applicant that a copy of all written disclosure materials, as required under ORS 646A.582, that are currently being made available to prospective customers of portable electronics or have been made available to prospective customers in the past, shall be maintained by the supervising entity or the applicant. This information shall be maintained by the supervising entity or the applicant for a period of seven years and must be provided to the Director, upon request, within 21 calendar days.	Confirm <input type="checkbox"/>
Loss settlement	ORS 742.023(1)(a)	The policy shall specific the names of the parties to the contract.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.023	Settlement provisions are clearly explained.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 646A.582(3)(d)	The policy specifies if the covered portable electronics will be repaired or replaced with a similar make and model, with a new or recondition device, accessory or part, or with a device, accessory or part from other than the original manufacture.	Confirm <input type="checkbox"/>
Modification	ORS 646A.588(1)(a)(A) (B)	For modification of policy terms and conditions, the insurer or supervising entity must provide the vendor policyholder and enrolled customers with notice of at least 30 days before the effective date of the modification, in addition to the following: <ul style="list-style-type: none"> <li>1) Provide the vendor policyholder with a revised policy or endorsement that is evidence of the modification; and</li> <li>2) Provide each enrolled customer with a revised certificate, endorsement or other evidence of a change in terms and conditions, updated written materials and a summary of the material changes to the terms and conditions of coverage.</li> </ul>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Premium payment, refund, or retention	ORS 742.005(2), ORS 742.023, ORS 646A.582(5)	The policy clearly defines the cancellation refund method.  Person paying premium shall receive a refund for any unused portion of paid premium. An administrative fee may be charged, but cannot exceed 10% of the refund due.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirement	Reference	Description of review standards requirements	Answer Yes or No
Primary coverage	ORS 742.023	The policy states the value of the benefit, defines the terms of coverage, and describes the conditions and provisions pertaining to the coverage.	Yes <input type="checkbox"/> N/A <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"/>

RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
Review requirement	Reference	Description of review standards requirements	Answer Yes or No or page/paragraph
Requirements	ORS 737.205	Copies of rates, rating plans, and rating systems are included in the filing.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Schedule rating	ORS 737.205	Schedule rating plan identifies the credit or debit modification criteria and the maximum and minimum plan modification. Rating plans must be filed prior to use.	Yes <input type="checkbox"/> No <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 the application of rates.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fees and , service charges,	ORS 737.310, OAR 836-010-0021	Cost-accounting justification on initial filings and subsequent changes. Rates are filed as they are actually charged to the consumer, to include all expenses and fees. Field add-ons to the rates are not permitted.	<input type="checkbox"/> <input type="checkbox"/>
Investment income	ORS 737.310 and OAR 836-010-0021	1. Cash flow method; <i>Or</i>	<input type="checkbox"/> <input type="checkbox"/>
		2. Alternative method showing amount of investment income earned on loss, Loss Adjustment Expense (LAE) and unearned premium reserve to earned premium.	<input type="checkbox"/> <input type="checkbox"/>
Loss valuation	ORS 737.310 and OAR 836-010-0021	Premium data.	<input type="checkbox"/> <input type="checkbox"/>
		Loss and LAE data.	<input type="checkbox"/> <input type="checkbox"/>
		Expected loss ratio.	<input type="checkbox"/> <input type="checkbox"/>
Underwriting profit & contingencies	ORS 737.310 and OAR 836-010-0021	1. Oregon data for commission and brokerage.	<input type="checkbox"/> <input type="checkbox"/>
		2. Countrywide data for general and other acquisition expenses as reported in the <i>Insurance Expense Exhibit</i> .	<input type="checkbox"/> <input type="checkbox"/>
		3. Oregon data for taxes, licenses, and fees.	<input type="checkbox"/> <input type="checkbox"/>