



Office of Insurance Regulation  
 Bureau of Property & Casualty Forms and Rates

FLORIDA EXPENSE SUPPLEMENT FOR INDEPENDENT RATE FILINGS

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 (GROUP)

1) Combination to which this page applies \_\_\_\_\_  
 (Line, Subline, Coverage, Territory, Class, etc.)

2) Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

- A. Commission and Brokerage \_\_\_\_\_%
- B. Other Acquisition \_\_\_\_\_%
- C. General Expense \_\_\_\_\_%
- D. Premium taxes \_\_\_\_\_%
- E. Miscellaneous licenses and fees, other taxes \_\_\_\_\_%
- F. Other expenses \_\_\_\_\_%
- G. Expected Profit Margin & Contingency Factor  
 (per Florida Rule 690-170.003) \_\_\_\_\_%
- H. TOTAL (Expected Expense Ratio) \_\_\_\_\_%

3) Expected Loss Ratio:  $ELR = 100\% - 2H =$  \_\_\_\_\_%

4) Current Number of Policies in Force: \_\_\_\_\_

5) Florida Rate Filing History:

	Rate Change Requested	Rate Level Indication	Latest Calendar/Accident Year			Rate Change Approved	New Bus. Effective Date	Renewal Effective Date
			Incurred Loss Ratio	Earned Premium Volume				
New Filing	_____ %	_____ %	_____ %	\$ _____	_____ %	_____	_____	
1st Prior Filing	_____ %	_____ %	_____ %	\$ _____	_____ %	_____	_____	
2nd Prior Filing	_____ %	_____ %	_____ %	\$ _____	_____ %	_____	_____	