



**OFFICE OF INSURANCE REGULATION**  
***Bureau of Property & Casualty Forms and Rates***

TO: ANY INSURANCE COMPANY WRITING PROPERTY AND CASUALTY  
INSURANCE IN FLORIDA OR RELATED INSURER SUPPORTED ENTITY SUCH AS  
A RATING AND ADVISORY ORGANIZATION

FROM: STEVE RODDENBERRY, BUREAU CHIEF, BUREAU OF PROPERTY AND  
CASUALTY FORMS AND RATES

DATE: MARCH 30, 1999

SUBJECT: FLORIDA STATUTE 627.0645 AND RULE 4-170.007  
ANNUAL RATE FILINGS

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The Bureau of Property and Casualty Forms and Rates would like to clarify what lines of business are covered by the aforementioned Statute and Rule. The only lines that are required to make annual rate filings, certifications, or exemptions in compliance with this statute and Rule are:

- Dwelling Fire and Allied Lines
- Homeowners
- Personal Liability
- Personal Umbrella
- Personal Inland Marine
- Private Passenger Auto
- Mobile Home Multiple Peril
- Mobile Home Physical Damage
- Commercial Auto
- Commercial Multiple Peril (indivisible premium package type policy)

As shown above, the Statute includes all personal lines, Commercial Auto and Commercial Multiple Peril. The statute excludes all other commercial property and casualty insurance as well as Fidelity and Surety. You may request an exemption because of low premium volume.

Enclosed are the transmittal form and certification or exemption form to be used for future filings.

SR/tah



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ANNUAL RATE FILING FORM TRANSMITTAL  
 ONLY ONE LINE OF BUSINESS PER FORM  
 627.0645 F.S. - RULE 4-170.007

1. FEIN (Lead Company): \_\_\_\_\_  
 FL Certificate of Authority: \_\_\_\_\_
  2. Group Name: \_\_\_\_\_
  3. Company Name: \_\_\_\_\_
  4. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_
  5. Company Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_
  6. Provide your FAX number: \_\_\_\_\_ 800 number: \_\_\_\_\_
- EFFECTIVE DATE OF THIS FILING \_\_\_\_\_

CHECK APPROPRIATE BOX

TYPE OF ANNUAL FILING	COVERAGE CODES																																																												
<table style="width: 100%;"> <tr> <td style="width: 20%;">CERTIFICATION</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">- FORM OIR-B1-586</td> <td style="width: 10%;"></td> <td style="width: 50%;">TYPE OF ANNUAL FILING</td> </tr> <tr> <td>EXEMPTION</td> <td><input type="checkbox"/></td> <td>- FORM OIR-B1-584</td> <td></td> <td>040 - HOMEOWNERS</td> </tr> <tr> <td>EXTENSION</td> <td><input type="checkbox"/></td> <td>*</td> <td></td> <td>050 - COMMERCIAL MULTI PERIL</td> </tr> <tr> <td>OTHER</td> <td><input type="checkbox"/></td> <td>*</td> <td></td> <td>090 - PERSONAL INLAND MARINE</td> </tr> <tr> <td>NEW LINE</td> <td><input type="checkbox"/></td> <td>*</td> <td></td> <td>192 - PPA LIABILITY</td> </tr> <tr> <td>REVISED DATE</td> <td><input type="checkbox"/></td> <td>*</td> <td></td> <td>194 - COMMERCIAL AUTO LIABILITY</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>211 - PPA PHYSICAL DAMAGE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>212 - COMMERCIAL AUTO PHYSICAL DAMAGE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>540 - MOBILE HOME MULTIPLE PERIL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>550 - MOBILE HOME PHYSICAL DAMAGE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1703U - PERSONAL LIABILITY</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1703Z - PERSONAL UMBRELLA</td> </tr> </table>	CERTIFICATION	<input type="checkbox"/>	- FORM OIR-B1-586		TYPE OF ANNUAL FILING	EXEMPTION	<input type="checkbox"/>	- FORM OIR-B1-584		040 - HOMEOWNERS	EXTENSION	<input type="checkbox"/>	*		050 - COMMERCIAL MULTI PERIL	OTHER	<input type="checkbox"/>	*		090 - PERSONAL INLAND MARINE	NEW LINE	<input type="checkbox"/>	*		192 - PPA LIABILITY	REVISED DATE	<input type="checkbox"/>	*		194 - COMMERCIAL AUTO LIABILITY					211 - PPA PHYSICAL DAMAGE					212 - COMMERCIAL AUTO PHYSICAL DAMAGE					540 - MOBILE HOME MULTIPLE PERIL					550 - MOBILE HOME PHYSICAL DAMAGE					1703U - PERSONAL LIABILITY					1703Z - PERSONAL UMBRELLA	
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**ANNUAL RATE FILING  
CERTIFICATION**

This is to certify that I have reviewed the base rates currently in effect for the company or companies and line of insurance indicated below and have determined that they conform to the requirements of the Florida Statutes as being actuarially sound and not inadequate, as defined in Sections 627.062 or 627.0651, Florida Statutes. **(Only One Line of Insurance Per Form)**

Signature of Consultant	or	_____ Certifying Actuary or Experienced Company Ratemaker
Type Name & Title		_____ Type Name & Title
Authorized Company Employee		_____ Date of Certification
Type Name & Title		_____ Last Certification or Base Rate
		\$ _____
<b>COMPANY OR COMPANIES</b>		Actual Annual Earned Premium
		Current Policies in force _____
		Average Incurred Loss Ratio _____ %
		Expected Loss Ratio _____ %
		Expected Profit Margin and Contingency Factor per Florida Rule _____ %
LINE OF INSURANCE		Total Expected Expense Ratio _____