



March 13, 2003

**ALL ASSOCIATION MEMBERS**

Circular Letter 03-1401

**RE: Uniform Property and Casualty Transmittal Document**

The Minnesota Department of Commerce has requested that we advise our membership that effective immediately the Department will now accept the National Association of Insurance Commissioners (NAIC) Uniform Property and Casualty Transmittal Document. Previously, carriers were required to use only the Minnesota Property-Casualty Transmittal Form when making workers' compensation Rate/Rule or Form filings with the Minnesota Department of Commerce.

Carriers may now use **either** transmittal form when making their filings. For those carriers that choose to use NAIC's Transmittal Form for workers' compensation filings in Minnesota, the Department of Commerce has added the following instructions to assist carriers in filling out that form.

- When Multiple Filings Are Required – Minnesota Rule 2605.0200F describes the types of filings that should be made separately. Carriers are reminded that rates and forms are reviewed separately and are generally subject to different approval timelines. In order to avoid unnecessary delays that might result from problems with one part of a multi-item filing, a carrier should consider whether separate filings for rates, forms or unrelated items is in the carrier's best interest.
- Item 4 Company Name(s), State of Domicile, NAIC #, FEIN# – For group filings, companies may list multiple companies on one transmittal form or they may choose to send in one transmittal for each company. Either approach is acceptable to the Department.
- Item 5 Company Tracking Number – The Department strongly encourages companies to assign a unique tracking number to each filing. Use of this number will assist the Department in distinguishing between multiple pending filings from one company or group.
- Item 7 Signature of authorized filer – Minnesota requires the signature of the authorized filer.
- Item 11 State Specific Product code(s) – Minnesota does not have any State Specific Product codes at this time.

- Item 15 Reference Filing – Reference filings are not necessary in Minnesota. Carriers need not re-file materials that have already been filed on their behalf by MWCIA.
- Item 16 Reference Organizations – The Department does not encourage “me too” filings that simply attempt to duplicate a filing by another company. Each company’s filing is reviewed on its own merits for compliance with administrative rules and statutes.
- Item 17 Reference Organization Number & Title – This would be used only in those instances where an MWCIA Circular Letter specifically instructs carriers to make individual filings with the Department.
- Item 19 Status of filing in domicile – This item is not required for workers’ compensation filings.

A copy of the Uniform Property and Casualty Transmittal Document, along with instructions, is attached for your review or you may obtain a copy from NAIC’s web site at [www.naic.org](http://www.naic.org). Please direct any questions you may have concerning this item to Tammy Lohmann, Chief Workers’ Compensation Analyst, Department of Commerce, at 651-296-2327.



## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
------------	--	--

<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
------------	---

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> <b>Amount:</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)

(Do **not** refer to the body of the filing for the forms listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[ ] Replacement [ ] Withdrawn [ ] Neither		
02			[ ] Replacement [ ] Withdrawn [ ] Neither		
03			[ ] Replacement [ ] Withdrawn [ ] Neither		
04			[ ] Replacement [ ] Withdrawn [ ] Neither		
05			[ ] Replacement [ ] Withdrawn [ ] Neither		
06			[ ] Replacement [ ] Withdrawn [ ] Neither		
07			[ ] Replacement [ ] Withdrawn [ ] Neither		
08			[ ] Replacement [ ] Withdrawn [ ] Neither		
09			[ ] Replacement [ ] Withdrawn [ ] Neither		
10			[ ] Replacement [ ] Withdrawn [ ] Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>			
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)			
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
<b>3.</b>	<b>Overall percentage rate impact for this filing</b>			
<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>			
<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>			
<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>			
<b>7.</b>	<b>Rate Change by Company</b>			
	<b>Company Name</b>	<b>Percentage Change</b>	<b>Effect of Rate Filing</b>	
			<b># of policyholders for this program</b>	
			<b>Written premium change for this program</b>	
<b>8.</b>	<b>Overall percentage of last rate revision</b>			
<b>9.</b>	<b>Effective Date of last rate revision</b>			
<b>10.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>			
<b>11.</b>	<b>Exhibit Name/Description /Synopsis</b>	<b>Rule # or Page #</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**These 3 pages are informational only and do not need to be submitted with your filings!**

**Notes for Uniform Property & Casualty Transmittal Document,  
Form Filing Transmittal,  
Rate/Rule Filing Transmittal**

**DESCRIPTION OF ITEMS  
IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT, FORM FILING  
SCHEDULE AND RATE FILING SCHEDULE**

**PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

1. **Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
2. **Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. **Date the filing is received by the Insurance Dept.**
  - b. **Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. **Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. **Date of Disposition of the filing**—date filing is finished
  - e. **Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. **State Filing #:** The number the state assigns to the filing (if applicable).
  - g. **SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
3. **Group Name and Group NAIC #** as assigned by NAIC.
4. **Company Name(s), State of Domicile, NAIC #, FEIN#:** Every company to which this filing applies must be listed and the company information must be supplied. A filing that lists a group without supplying company info will not be accepted in most states.
5. **Company Tracking Number:** The filing number assigned by the insurance company, if any.
6. **Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
7. **Signature of authorized filer:** Many states require a signature of the authorized filer.
8. **Please print name of authorized filer:** So we can decipher #7 above!

9. **Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
10. **Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
11. **State Specific Product code(s): See State Specific Requirements for these codes**
12. **Company Program Title:** Marketing title, if applicable.
13. **Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.
14. **Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.
15. **Reference Filing:** Yes/No
16. **Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.
17. **Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.
18. **Company’s Date of filing:** The date the company sends the filing.
19. **Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

**Start of Page 2**

20. **This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
21. **Filing Description:** This area should be similar to the body of a cover letter and is free-form text.
22. **Filing Fees:** Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.



### FORM FILING SCHEDULE

1. **This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
2. **This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
3. **Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

### RATE/RULE FILING SCHEDULE

1. **This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
2. **This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.

**Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. **Overall percentage rate impact for this filing:** This is the statewide average percentage change to the approved rates for the coverages including in the filing.
4. **Effect of Rate Filing—Written Premium Change for this program:** This the statewide change in written premium based on the requested overall percentage rate impact (#3).
5. **Effect of Rate Filing—Number of policyholders:** This is the number of policyholders affected by the overall percentage rate impact (#3).
6. **Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.
7. **Rate Change by Company:** If the filing is for multiple insurance companies, please indicate the changes by company.
8. **Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.
9. **Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.
10. **Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.
11. **Component or Exhibit Name/Description/Synopsis:** This is the list of changes to the rate/rule manual.