

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

CECIL D ANDRUS  
Governor

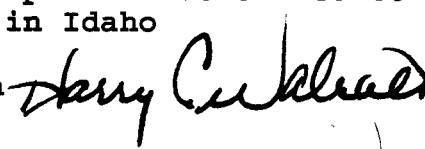
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Phone (208)334-4250  
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HARRY C WALRATH  
Director

**BULLETIN NO. 93-2**

DATE: June 18, 1993

TO: All Insurance Companies Authorized to  
Write Insurance in Idaho

FROM: Harry C. Walrath   
Director

SUBJECT: New Filing Procedures for Rates/Forms/  
Manuals/Rating Plans and Rules

The Idaho Department of Insurance Rates and Forms Section is now computerized. Due to this computerization, we will no longer accept group filings. A separate filing must be submitted for each company contained in the group. Each filing must contain all of the forms submitted for approval, the signed Regulation No. 9 Certification form, and completed transmittal notice. We would also prefer that the fees be issued in separate checks/drafts, if possible.

The attached memorandum will outline the necessary filing requirements. Please follow these guidelines to ensure prompt and accurate service.

Attached is a checklist for life/disability and property/casualty filings. This checklist does not remove any requirements of the memorandum. The list contains the most commonly found errors in the initial review, other than non-compliance with the Idaho Code, regulations, bulletins, etc.

We hope that we will be able to provide a more efficient service to both the public and insurance companies.

If you have questions, please call 208/334-4362.

*State of Idaho*

**FILING CHECKLIST FOR LIFE & DISABILITY**

Correct filing fees

All forms have form number in lower left-hand corner, including edition dates on front page

Signed Regulation 9

Facsimile signatures

If form number is changed in any way, a new filing fee is required

Transmittal notice

**FILING CHECKLIST FOR PROPERTY & CASUALTY**

Correct filing fee

Maximum of 20 forms per filing

No group filings

Regulation 9

Transmittal notice

**NOTE:** Once a form has been approved, it may be used with all applicable lines.

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Director

All Insurance Companies Authorized to Write Insurance in Idaho

New Filing Procedures for Rates/Forms/Manuals/Rating Plans and Rules

**I. TRANSMITTAL LETTER**

1. Submit transmittal letter in duplicate.
  - a. Include signed certification, Regulation No. 9
  - b. Include a completed Idaho Transmittal Form
2. Enclose a self-addressed envelope of suitable size with sufficient postage.
3. Do not combine life and disability filings in the same letter.
4. Do not include filings for more than one company in a transmittal letter. Group filings will no longer be accepted.
5. In the reference section at the beginning of the transmittal letter:
  - a. Indicate what type of filing (example: health, life, annuity or property and casualty).
  - b. Attach a list of **only** the forms being submitted for approval. If submitting previously approved forms, please state such.
  - c. If submitted form is new, so state; or
  - d. If submitted form replaces a previously approved form, give number of replaced form.

**II. FORMS & RATES SUBMISSION**

1. Each form must have its own identifying number. Life and Health forms must be in the lower left-hand corner of the first page.
2. Each life and disability form must bear the name of the company and contain the facsimile signature of authorizing officer.
3. Each form must be submitted in duplicate and final print.
4. The **MAXIMUM NUMBER OF FORMS** submitted per filing **MUST NOT EXCEED 20 FORMS**.

5. Life and Health forms should be completed in a "John Doe" fashion.
6. All new rate submissions or revised rates:
  - a. Shall be accompanied by an actuarial memorandum.
  - b. Shall be submitted with all forms if applicable.
7. When filing endorsements, riders, amendments, etc., please indicate the type, form number and name of policy with which it is to be used.
8. We request advertising material for disability forms to be submitted.
9. If pages are being replaced on an individual policy the complete policy must be submitted.

### **III. DISAPPROVED/PENDING/UNPROCESSED**

1. Disapproval - Complete file was returned with disapproval stamp.
  - a. Must be resubmitted as a whole new filing. Please include original batch number.
2. Pended files - Files held in our Department awaiting your response to our correspondence.
  - a. Only submit requested data, including batch number.
3. Unprocessed - Your filings submitted for approval that have not yet been processed by our Department.
  - a. No response required until requested by the Department.
  - b. If requesting status, please allow at least 45 days before contacting the Department. Please remember that status calls delay processing time.
4. If you do not respond to our request within 30 days, your filing will be disapproved and a new filing must be resubmitted.

### **IV. FILING FEES**

- 1 Fees are set in accordance with Regulation No. 44.

### **V. ANY CHANGES REQUIRED AFTER THE ORIGINAL FILING HAS BEEN SUBMITTED ARE NOT TO BE FILED UNTIL YOU HAVE RECEIVED CORRESPONDENCE FROM THIS DEPARTMENT**

**TYPOS AND EDITORIAL CHANGES NEED NOT BE MADE UNLESS REQUESTED BY THIS DEPARTMENT.**



# IDAHO FORMS TRANSMITTAL SUPPLEMENT

Attach to Transmittal Form NAIC-PCT (6/93)

Company Name \_\_\_\_\_  
Company Identifier \_\_\_\_\_

Type of liability coverage, if applicable:  Claims made or  Occurrence

Is there a corresponding rate filing?  Yes  No  
If yes, give date and file number \_\_\_\_\_

List of forms. Use additional sheet for multiple form filing, if necessary

Form title  
New form number  
Replaced form number and edition date  
Type of form  
Give brief description and purpose of forms

I certify that I am authorized to make this form filing on behalf of the Company. Further, that to the best of my knowledge and belief, the information contained in these transmittals and the filing is true, complete and correct and in compliance with all applicable laws of your state, including applicable policy readability standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type Name - Title

**IDAHO FORM: TRANSMITTAL UPPLEM NT**

*Sheet for Multiple Form Filing*

	Form Title	New Form Number	Replaced Form Number	Type of Form	Description of Form
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