

Louisiana Department of Insurance

Physical Address

1702 North Third Street
Baton Rouge, Louisiana 70802

Mailing Address

Post Office Box 94214
Baton Rouge, Louisiana 70804-9214

Property & Casualty Transmittal Document

(Form Filings and Rate/Rule Filings are to be made separately)

Reserved for Insurance Department Use Only

2. Insurance Department Use only
a. Date the filing is received:
b. Examiner:
c. Date Assigned:
d. Disposition:
e. Date of Disposition of the filing:
f. State Filing No.:
g. SERFF Filing No.:

3.	Group Name	Group NAIC No.

4.	Company Name(s)	Domicile	NAIC No.	FEIN No.

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone No.	FAX No.	E-mail

Filing information (see General Instructions for descriptions of these fields)

7.	State Specific Product code(s)	
8.	Program Title (Marketing title)	
9.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) <input type="checkbox"/> Initial Filing <input type="checkbox"/> Revised Filing
10.	Effective Date(s) Requested	New: _____ Renewal: _____
11.	Adoption Filing?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Non-Adoption
12.	Name of Filing Organization	
13.	Filing Identification No. & Title	
14.	Submittal Date of Filing	
15.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

16.	This filing transmittal is associated with Company Tracking No.	
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17.	Filing Description - This area should be similar to the body of a cover letter and is free-form text
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18.	Filing Fees – demonstrate how you calculated the filing fees
<p>Number of Products: Check Number: Amount:</p> <p style="text-align: center;"><i>PLEASE ATTACH CHECK TO COVERLETTER</i></p>	

FORM FILING SCHEDULE

This form must be completed for all form filings
(Does not apply to adoptions)

1.	This filing transmittal is associated with Company Tracking No.				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form No. Include edition Date	Replacement, Withdrawn or New	If replacement, give form No. it replaces	Previous LA DOI filing number
01			[] Replacement [] Withdrawn [] New		
02			[] Replacement [] Withdrawn [] New		
03			[] Replacement [] Withdrawn [] New		
04			[] Replacement [] Withdrawn [] New		
05			[] Replacement [] Withdrawn [] New		
06			[] Replacement [] Withdrawn [] New		
07			[] Replacement [] Withdrawn [] New		
08			[] Replacement [] Withdrawn [] New		
09			[] Replacement [] Withdrawn [] New		
10			[] Replacement [] Withdrawn [] New		

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

1. Required filing fee, per product, per insurance company; required filing fee per endorsement filing; per insurance company; or required filing fee per filing adoption, per designation, per insurance company;
2. A completed Transmittal document (LA DOI – PCTD);
3. A completed Form Filing Schedule Document (PC FFS);
4. Forms filed for approval;
5. Statement of Compliance for said product(s);
6. Duplicate set of the policy forms filing, as filed for approval;
7. Explanation of any rate/rule impact, with a copy of any rate/rule approval letters issued by the department, if none, so state; and
8. Stamped, self-addressed envelope of sufficient size for use in returning the company's set of the policy forms filed, unless filed electronically.

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.)

1.	This filing transmittal is associated with Company Tracking No.	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)
 Rule Filing

3.	Overall percentage rate impact for this filing	
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4.	Effect of Rate Filing – Written premium change for this program	
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5.	Effect of Rate Filing – Number of policyholders	
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6.	Filing Method: Personal Lines (Prior Approval, File & Use, Flex Band, etc.) Commercial Lines (Commercial De-Reg, Commercial De-Reg Informational)	
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7.	Rate Change by Company		
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Company Name	Percentage Change	Effect of Rate Filing	
		No. of policyholders for this program	Written premium change for this program

8.	Overall percentage of last rate revision	
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9.	Effective Date of last rate revision	
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10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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11.	Exhibit Name/Description /Synopsis	Rule No. or Page	Replacement or withdrawn?	Previous LA DOI filing number
01			[] Replacement [] Withdrawn [] Neither	
02			[] Replacement [] Withdrawn [] Neither	
03			[] Replacement [] Withdrawn [] Neither	
04			[] Replacement [] Withdrawn [] Neither	
05			[] Replacement [] Withdrawn [] Neither	

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

1. A completed Rate/Rule Filing Transmittal document (PC RRS) (Do not refer to the body of the filing for the component/exhibit listing.)
2. A completed Property & Casualty Transmittal Document (LA DOI PC TD)
3. One copy of all rate/rule components/exhibits submitted with the filing
4. The appropriate state review requirements, if required
5. The appropriate filing fees, if required
6. A postage-paid, self-addressed envelope large enough to accommodate the return.