

PERSONAL LINES HOMEOWNER RATE CHECKLIST

Instructions

Please confirm compliance with all the following items in Column A by completing shaded cells in columns C, and D where applicable. Blank boxes in the shaded area (Column C) indicate non-compliance with applicable Connecticut General Statutes, regulations, or Department positions. Blank boxes in Column C will cause the filing to be rejected per Connecticut **Bulletin PC-62**. This checklist must be completed with every rate filing. If the checklist does not apply, be sure to explain exactly why in the notes.

Complete the Form, Page and Paragraph numbers (Column D) to indicate where compliance can be found in the filed document/s. If items in Column A are not applicable, enter NA in column C and explain in detail in the blank space at the end of the checklist.

NOTE: If rating impacts underwriting guidelines or the rules, please complete both the Homeowner Underwriting Guideline checklist and the Homeowner Rules checklist.

Please review and answer the Supplemental Questions section at the end of this checklist. This section must be completed for every rate filing, or the company must provide the state tracking number of the filing in which the information was previously provided. If this information is not provided, the filing will be rejected without review.

| A | B | C | D |
|--|--|---|--|
| Item | Department Reference (Law/Reg/Department Position) | Confirm compliance with item in Column A by inserting a check mark here | Provide Form/Page/Para Reference |
| FLEX RATING PROVISIONS | CGS §38a-688a | | |
| That the overall statewide rate change does not result in an increase or decrease of more than 6% | Only one flex rate filing may be made within a 12-month period unless the combination of all rate filings made in the preceding 12 months (flex and non-flex) does not result, in a multiplicative cumulative increase or decrease of more than 6% | | Form _____ Page _____ Para _____ |
| That all rate changes are made during the twelve-month period preceding this filing | | | Form _____ Page _____ Para _____ |
| That the rate filing does not include changes to class definitions, rating rules or rating model variables | | | Form _____ Page _____ Para _____ |
| That the company has used "Flex Rate" as the filing type in SERFF | A flex rate filing must use the "flex rate" filing type or the filing will be rejected | | Form _____ Page _____ Para _____ |

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| Item | Department Reference (Law/Reg/Department Position) | Confirm compliance with item in Column A by inserting a check mark here | Provide Form/Page/Para Reference |
| That the company provided a rate profiles exhibit (in both .pdf and Excel format) if there is a statewide base rate homeowner rate change | | | Form _____ Page _____ Para _____ |
| That the filing includes the effective dates for new business and renewals | | | Form _____ Page _____ Para _____ |
| That the rate filing includes rate impacts by policy form | | | Form _____ Page _____ Para _____ |
| That the company filed underwriting guidelines that clearly delineate which risks are acceptable for each tier at new business and renewal if different rating tiers are used to rate business | | | Form _____ Page _____ Para _____ |
| That the annual inflation increase does not exceed 8% | 8% is the maximum annual inflation permitted by the state | | Form _____ Page _____ Para _____ |
| Automatic Rate Increases - That there is NO mechanism in your rating algorithm that includes an automatic trend factor that will increase rates | CGS §38a-688 All rate changes must be filed with the Department | | Form _____ Page _____ Para _____ |
| MODELS That the use of a General Linear Model (GLM) complies with the following: | | | Form _____ Page _____ Para _____ |
| The GLM checklist is fully completed if this rate filing introduces a GLM <i>[Provide link to GLM checklist]</i> | | | Form _____ Page _____ Para _____ |
| If a GLM is currently in use, the company has included the SERFF state tracking number of the original GLM filing | | | Form _____ Page _____ Para _____ |
| The company has filed any changes to the GLM since its original approval Please provide the SERFF state tracking number(s) | | | Form _____ Page _____ Para _____ |
| The GLM checklist is fully completed if this rate filing includes any revisions to the current GLM(s) in use <i>[Provide link to GLM checklist]</i> | | | Form _____ Page _____ Para _____ |
| FINANCIAL HISTORY PROGRAMS FOR PERSONAL RISK INSURANCE (Use of Credit Score or Financial Stability) | | | |
| That this filing includes an exhibit with all score ranges included | | | Form _____ Page _____ Para _____ |
| That the financial measurement program is included in this filing if not previously filed | | | Form _____ Page _____ Para _____ |

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| Item | Department Reference (Law/Reg/Department Position) | Confirm compliance with item in Column A by inserting a check mark here | Provide Form/Page/Para Reference |
| That the rates do not penalize the insured for having no credit history (no hit or no score) | | | Form _____ Page _____ Para _____ |
| That the underwriting criteria has been filed to identify risk placement in HO programs (tiers) or rating impact for insureds with no credit history | | | Form _____ Page _____ Para _____ |
| Provide SERFF filing number | | | |
| MISCELLANEOUS FILING REQUIREMENTS Confirm that the filing includes all of the following: | | | |
| A detailed summary of the filing in the General Information tab or via an Explanatory Memorandum in the Supporting Documentation tab | | | Form _____ Page _____ Para _____ |
| A detailed side by side comparison illustrating all revisions to current rates and manual rules (if applicable) | | | Form _____ Page _____ Para _____ |
| An Actuarial Memorandum | Required on all rate filings | | Form _____ Page _____ Para _____ |
| <p>Please provide a detailed explanation for any highlighted for all NA responses below:</p> | | | |
| <p>Supplemental Questions – to be answered on every Rate filing:</p> <p>1.Does this Rate filing utilize artificial intelligence (AI) or machine learning in the development of or determination of policy forms</p> <p>2.Does the company use Artificial Intelligence (AI) or machine learning in determining coverage or exclusion selection</p> <p>3.If yes was answered to questions 1 and/or 2, please provide a description of how the company is using AI or machine learning in a separate document</p> <p>4.Is the company using a vendor or is it developed internally? If using a vendor, please provide the vendor contact information</p> <p>The company should be able to provide evidence the AI/machine learning has been vetted thoroughly and that it does not contain any biases or proxy discrimination</p> | | | |