

**STATE OF CONNECTICUT  
INSURANCE DEPARTMENT – P & C TRANSMITTAL FORM**

<b>Group Name:</b>	<b>Group NAIC #:</b>
Insurer Name:	Insurer NAIC #:
Insurer Name:	Insurer NAIC #:
Insurer Name:	Insurer NAIC #:

*Additional insurers should be recorded on a separate page*

Line of Business: \_\_\_\_\_  Personal Lines  Commercial Lines

New                      Type of Filing:  Forms  Rates  Flex Rates  Rules  Underwriting Guidelines  
 Replacement  
 Revision                  Proposed Effective Date: \_\_\_\_\_ Renewal Effective Date: \_\_\_\_\_

Program Name: \_\_\_\_\_  
 Program Number: \_\_\_\_\_

REFERENCE FILINGS ONLY: For Adopts and Non-Adopts of Rating and Advisory Organization Filings

Adopt     Non-Adopt     Adopt with Revisions (attach description of revisions)

Effective Date: \_\_\_\_\_ Renewal Effective Date \_\_\_\_\_  
 Reference Filing Adoption Form – Commercial Rate Filing attached?  Yes  No  
 Summary of Supporting Information Form – Insurer Rate Filing attached?  Yes  No

No further information is required on this transmittal form – attach cover letter with organization name and reference numbers.

Appropriate Connecticut Amendatory Forms Attached?  Yes  No

Checklist Attached?  Yes  No  Not Applicable/Not Available

Is a **Detailed** Explanatory Memorandum Attached?  Yes  No [explain how coverage, rates, or guidelines have changed and details of the impact on coverages and costs]

This is an exempt commercial filing per Bulletin PC-63  Yes [attach certification signed by a company officer]  No

Homeowner Filings – Are Rate exhibits and Appendices attached?  Yes  No  Not Applicable

Auto Filings – Are Rate Exhibits and Appendices Attached per Bulletin PC-36?  Yes  No  Not Applicable

Readability Certificates Attached for each Policy Form and Endorsement?  Yes  No [required for personal lines only]

Independent Co Commercial Rate Filing Form & Summary of Supporting Information Form Attached per Bulletin PC-35?  Yes  No  Not Applicable [required for all commercial rates and rules filings]

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Connecticut Forms List Attached?  Yes  No

Side by Side Comparisons Attached?  Yes  No [required for all forms revisions]

Authorized Filer's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ATT: Property and Casualty Division  
P.O. Box 816  
Hartford, CT 06142-0816**