

NORTH CAROLINA DEPARTMENT OF INSURANCE

DEVIATION QUESTIONNAIRE

A. GENERAL DESCRIPTION

- (1) NAME OF COMPANY _____
- (2) FILER'S FILE # _____
- (3) LINE OF INSURANCE _____
- (4) SUBLINE/PROGRAM TITLE (IF APPLICABLE) _____
- (5) PREVIOUS DEPARTMENT FILE # (IF APPLICABLE) _____
- (6) PROPOSED EFFECTIVE DATE AND RULES OF IMPLEMENTATION
(Note: no retroactive effective dates will be given)
- _____

B. IMPACT OF THE AGGREGATE DEVIATION

- (7) COMPANY'S CURRENT N.C. VOLUME OF BUSINESS FOR THE LINE:
WRITTEN PREMIUM: \$ _____ EXPOSURES: _____
- (8) COMPANY'S N.C. MARKET SHARE BASED ON WRITTEN PREMIUM: _____%
- (9) COMPANY'S CURRENT COUNTRYWIDE VOLUME OF BUSINESS FOR THE LINE:
WRITTEN PREMIUM: \$ _____ EXPOSURES: _____
- (10) ESTIMATED NUMBER OF N.C. EXPOSURES AFFECTED BY ONE OR MORE
COMPONENTS OF THE AGGREGATE DEVIATION:
CURRENT DEVIATION: _____ PROPOSED DEVIATION: _____
- (11) PERCENTAGE OF COMPANY'S N.C. EXPOSURES AFFECTED BY ONE OR MORE
COMPONENTS OF THE AGGREGATE DEVIATION:
CURRENT DEVIATION: _____% PROPOSED DEVIATION: _____%
- (12) WHAT IS THE TOTAL DOLLAR AMOUNT OF PREMIUMS THAT WILL NOT BE
COLLECTED ON THE PROPOSED DEVIATION ON AN ANNUAL BASIS AS A RESULT
OF THIS DEVIATION? \$ _____

- (13) WHAT IS THE AVERAGE DOLLAR DIFFERENCE PER EXPOSURE FROM MANUAL RATES? \$_____
- (14) INDICATE THE MAXIMUM DEVIATION POSSIBLE FOR ANY ONE INSURED.
%_____
- (15) INDICATE WHETHER THE DEVIATION MAY PRODUCE A PREMIUM GREATER THAN MANUAL FOR AN INDIVIDUAL INSURED:

CURRENT DEVIATION: YES ☐ NO ☐ PROPOSED DEVIATION: YES ☐ NO ☐

- (16) IF EITHER ANSWER TO (15) IS YES, PROVIDE AN EXPLANATION:

C. DEVIATION COMPONENTS

- (17) PROVIDE A LIST OF ALL THE INDIVIDUAL DEVIATION COMPONENTS. IDENTIFY EACH COMPONENT AS INTRODUCED AS PART OF A NEW DEVIATION (I), ADDED TO A CURRENT DEVIATION (A), CHANGED ON A CURRENT DEVIATION (C), NOT CHANGED ON A CURRENT DEVIATION (NC), OR ELIMINATED FROM A CURRENT DEVIATION (E). ATTACH A SEPARATE EXCEPTION PAGE FOR EACH COMPONENT EXPLAINING HOW THAT COMPONENT IS TO BE APPLIED.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____

(18) CREDIT SCORING. COMPLETE THIS QUESTION ONLY IF YOUR DEVIATION INCLUDES CREDIT SCORING.

A. A CREDIT SCORING MODEL DEVELOPED BY:

(1) COMPANY - YES ☐ NO ☐ (2) THIRD PARTY VENDOR - YES ☐ NO ☐
IF THIRD PARTY'S MODEL, PLEASE LIST VENDOR'S NAME _____.
IF IT IS THE COMPANY'S INDEPENDENT MODEL, HAS IT BEEN FILED WITH
THE DEPARTMENT IN ACCORDANCE WITH NCGS §58-36-90(F) YES ☐ NO ☐.
IF FILED, PLEASE LIST DEPARTMENT'S FILE NUMBER _____.

B. A NOTIFICATION FORM THAT IS IN COMPLIANCE WITH NCGS §58-36-90(C),
HAS BEEN PREVIOUSLY APPROVED, OR IS ATTACHED.

YES ☐ FILE # _____

D. CERTIFICATION

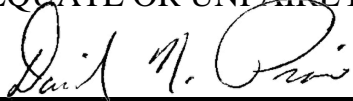
(19) I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE AND
THE ATTACHED EXHIBITS IS TRUE AND CORRECT AND THE FILING COMPLIES
WITH STATUTORY REQUIREMENTS TO THE BEST OF MY KNOWLEDGE.



SIGNATURE OF COMPANY OFFICER/FILINGS DEPARTMENT HEAD

(20) ACTUARIAL CERTIFICATION

I, _____, AM A MEMBER OF THE CASUALTY
ACTUARIAL SOCIETY AND AM QUALIFIED TO RENDER AN ACTUARIAL OPINION
IN THIS MATTER. I HEREBY CERTIFY THAT EACH DEVIATION COMPONENT(S)
PRESENTED IN THIS FILING IS CALCULATED IN ACCORDANCE WITH SOUND
ACTUARIAL PRINCIPLES AND RESULTS IN RATES WHICH ARE NOT EXCESSIVE,
INADEQUATE OR UNFAIRLY DISCRIMINATORY.



SIGNATURE OF ACTUARY