

**STATE OF DELAWARE - DEPARTMENT OF INSURANCE  
PERSONAL & COMMERCIAL FILING STATE SPECIFICS**

Company NAIC #: \_\_\_\_\_

Company Reference #: \_\_\_\_\_

1. Does this filing result in any restriction of coverage?  Yes  No

2. If yes, where is such restriction explained in the filing? \_\_\_\_\_  
\_\_\_\_\_

3. Where is any broadening of coverage explained? \_\_\_\_\_  
\_\_\_\_\_

4. State the estimated effect of #1 as percent of premiums (attach separate sheet if more space is needed). \_\_\_\_\_  
\_\_\_\_\_

5. State the classes or types of risk which will be affected by filed changes in rules, forms or rating plans if such changes are substantially greater than the effect stated in #4.  
\_\_\_\_\_  
\_\_\_\_\_

6. Statewide Percent Change

<b>Earned Exposures</b>	<b>Earned Premiums</b>	<b>Percent Change</b>

7. Indicate the classes and/or territories for which the filed rates would produce increases 15% or more above the average effect stated under #6 above.  
\_\_\_\_\_  
\_\_\_\_\_

8. Show dates and the statewide average rate level changes that resulted from rate revisions effective during the 60-month period prior to the date of this filing, for the categories to which this filing applies.

**Statement of Compliance**

Pursuant to the requirements of 18 Del. C., Section 2528, and subject to the penalties found in 18 Del. C., Section 106, I certify that the information stated above and in the attachments consisting of \_\_\_\_\_ pages is correct and complete to my best knowledge and belief and fully conforms to all applicable laws, regulations, and requirements of the State of Delaware.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title (Must be a Company Officer)*