

Guidelines

Non Rate Filings

RFG-3, RFG-4, RFG-5 and RFG-6 are considered Non Rate Filings.

FAILURE TO COMPLY WITH THESE GUIDELINES WILL RESULT IN RETURN OF FILING WITH REQUEST TO AMEND AND RE-SUBMIT.

OMISSION OF ANY OF THE FILING OR DISCLOSURE GUIDELINES WILL RESULT IN A DELAY OF THE REVIEW PROCESS.

When referring to the New Brunswick Insurance Board, NBIB and the Board are interchangeable.

A. GENERAL INFORMATION

Risk and Risk Classification System Legislation and Regulations

The Board's regulatory role is to confirm compliance with the *Insurance Act* provisions that rates be just and reasonable.

Section 267 of the *Insurance Act* requires insurers to file with the Board the rates it proposes to charge for automobile insurance at least once every 12 months. The NBIB has a set filing date for the Private Passenger Class vehicles of September 15th.

Furthermore, section 267.51(1) states that an insurer shall appear before the Board where the insurer

- a) Files rates more than twice in a period of 12 months, or
- b) Files rates where the average rate increase is more than 3% greater than the rates charged by it in the 12 months before the date on which it proposes to begin to charge the rates.

In addition, Regulation 2003-15 outlines the prohibited underwriting practices for all categories of automobile insurance in New Brunswick:

4. An insurer may not decline to issue, refuse to renew or terminate a contract of automobile insurance or refuse to provide or continue any coverage or endorsement, under any circumstance, on any of the following grounds:
 - (a) the age, gender or marital status of the applicant or another person who would be an insured person under the contract;
 - (b) the age of the vehicle that would be insured by the contract, unless the vehicle:
 - (i) is an antique vehicle,
 - (ii) is a reconstructed vehicle, or
 - (iii) has been substantially modified for enhanced performance;
 - (c) whether the applicant or another person who would be an insured person under the contract is or has been insured by the Facility Association;
 - (d) whether the applicant or another person who would be an insured person under the contract was declined insurance or refused a renewal of insurance by an insurer;

- (e) whether the applicant or another person who would be an insured person under the contract has claimed in the past under a policy of automobile insurance, as a result of an accident for which the applicant or that person was not at fault;
 - (f) whether the applicant or another person who would be an insured person under the contract failed to make one payment to an insurer, other than the first payment of a periodic payment plan, if the missed payment was made within 30 days of the date on which it was originally due;
 - (g) whether the applicant or another person who would be an insured person under the contract has a lapse in coverage under a contract of automobile insurance for a period of less than 24 months, unless the lapse resulted, directly or indirectly, from
 - (i) the termination of a policy of automobile insurance as a result of a failure to pay premiums due under the contract, or
 - (ii) the suspension of the person's driver's licence for an offence related to the use or operation of an automobile.
5. No insurer may terminate a contract of automobile insurance or refuse to provide or continue any coverage or endorsement in respect of a contract of automobile insurance where
- (a) an insured ceases to be a member of a group, or
 - (b) the insurer terminates a group marketing plan.

Filing Guidelines

The purpose of these Guidelines is to communicate to insurers the requirements for non-rate filings and to provide a systematic approach through which insurers may provide that information and thus facilitate the process of preparing as well as reviewing these filings.

The following tables summarize the type and purpose of filings.

Type of Filing	Purpose of Filing
RFG - 1 Major Rate Filing	Rate filing requiring actuarial analysis support (including Facility Association, and IAO Actuarial Consulting Services Inc.) for any type of vehicles.
RFG - 2 IAO Rate Filing	Rate filing for companies adopting the most recent approved IAO rates.
RFG - 3 Rate Group Update Filing	Non – rate filing for updating/implementing new/approved vehicle rate group tables
RFG - 4 Rating Rule Filing	Non – rate filing to amend, delete, or make additions to rating rules
RFG - 5 Endorsement Filing	Non – rate filing to amend, delete, or make additions to endorsements.
RFG - 6 Underwriting Rule Filing	Non – rate filing to amend, delete, or make additions underwriting rule.

RFG - 7 Simplified Rate Filing	Rate filing proposing to continue with current rates. Acceptable only for miscellaneous vehicle classes. Refer to Information Bulletin 2009-003 .
RFG - 8 Minor Rate Filing	Rate filing to be used for insurers where full actuarial justification is not required due to the nature of the class of vehicle or where the level of written premium is below a certain threshold. Refer to Information Bulletin 2009-003

The following changes may also be included within an RFG-1, RFG-2 or RFG-8 Filing:

- Discounts/Surcharges, Underwriting Rule, Rating Rule – Introduction, Amending, Removing (refer to Section 4.m & 4.n)
- Endorsements - Introduction, Amending, Removing
 - Proposed Endorsement – Include a copy of the proposed wording in both official languages.
 - Copy to Superintendent of Insurance – A copy of the proposed wording must also be sent to the Superintendent of Insurance at: info@fcnb.ca (Companies must have approval from both the Board and the Superintendent of Insurance prior to implementing.)
- Rate Group Table Update
 - Companies do not need to submit the tables. Provide rate group table identification (i.e., year and type) and complete Section 2: NBIB Summary Sheets – Step 2 NBIB Confidential row 82-87.

Filing Format-Master

Subject to the guidelines set forth in Section C, the filing should contain the informational sections, as outlined below, and in the order outlined below:

Section	Contents/Document	Format	Document Name
	Cover Letter	Word, PDF	Cover Letter
1	Table of Contents	Word, PDF	
2	NBIB Summary Sheets	Excel	Filing Summary
3	Appendix A	Word, PDF	Appendix
4	Actuarial Justification (if applicable)	PDF	Actuarial Justification
5	Final Rates/Rate Level Change	Excel	BR Current BR Proposed
6	Proposed Manual Pages Containing Revised Rates and Rating Program	Word, PDF	Pr Manual

7	Final Filing (only required <i>after filing has been approved</i> and only for filings that were amended through the review/approval process)	PDF, Excel	FINAL
9	Endorsement Wording	Word,PDF	Endorsement

Naming Convention

See NBIB Summary Sheet “Start Here Cover Sheet” Row 2 for Naming Convention of Company Short Name and Type of Vehicle Short Name

Email Subject Line:

Date Submitted “YYYY_MM_DD” “Company Short Name” “Type of Vehicle Short Name” “RFG-#” “Original/Amendment/Response”

Documents:

“Company Short Name”_”Type of Vehicle Short Name”_”RFG-#”_”Document Name”

Submitting a filing to the Board

Original Filing

Filings must be submitted electronically by email to filings@nbib-canb.org .

RFG-1 requires an electronic filing as well as one (1) paper copy.

RFG- 2, 7, 8 require electronic filings only.

Paper copy must be sent to the attention of:

Kelly Ferris, Manager Insurance Services
New Brunswick Insurance Board
600 – 55 Union St
Saint John, NB E2L 5B7

- Separate filings must be submitted for each vehicle class i.e., PPV, Commercial (acceptable to combine Interurban with Commercial Vehicles), Motorcycles (including mopeds), ATV, SV, etc.
- If an insurer is submitting filings for more than one company, separate emails must be sent for each company and each filing.
- **Actuarial Justification Pages Must Be Numbered.** Each section and subsection should be labeled according to the section and subsection numbering outlined in the Actuarial Justification Outline section below. Pages must be 3-hole punched.
- Footnotes must be included where applicable (e.g., explanation as to how exhibits interconnect with each other.)

Amendments:

- Submit amendments via email only, unless otherwise directed by the Board.

- **Subject line format is** “(Date Amended) YYYY_MM_DD” “Company Short Name” “Type of Vehicle Short Name” “RFG-#” “Amendment”. Example: **2015_09_30 Company PPV RFG-1 AMENDMENT**

For Effective Dates Amendments

- Submit via email and include all corresponding filing documents with the new effective dates.

For Summary Sheet Amendments

- Provide details of the amendment(s) and if applicable the cell(s) in the spreadsheet that are affected.

For Actuarial Justification Amendments

- **Actuarial pages must be sequentially numbered to match original filing numbering.** If an amendment is an additional page to be inserted between page 98 and 99, label it 98a. Companies must indicate if the page is an additional or replacement page. **Indicate on the top right corner the date of amendment. The entire actuarial justification document must be resubmitted.**

Approval Process

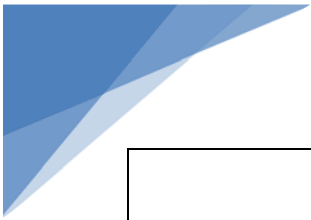
The NBIB will send an email to the insurer within two (2) business days to acknowledge receipt of a filing. The filing will then be reviewed for completeness based on these filing guidelines and the Insurer will be informed of any information required to complete this filing.

Once a filing is deemed complete, the NBIB and/or its consulting actuaries will proceed to review the technical components of the filing. The NBIB may request further information from the insurer.

Queries from the Board or its consulting actuaries must be responded to **within four business days**.

B. DEFINITIONS

Affiliated Insurers	Two or more insurers are considered to be affiliated if any of the following criteria are met: (i) one of the insurers is a subsidiary of another insurer; (ii) both are subsidiaries of the same body corporate; each of the insurers is controlled by the same person.
Allocated Loss Adjustment Expenses(ALAE)	All external expenses that can be directly charged to a particular claim file, whether a loss payment is made or not, including: (i) adjuster's accounts (including all disbursements) - excluding staff adjusters; (ii) appraisal costs (including appraisal center costs) - excluding staff appraisal costs or costs included under (i); (iii) legal expenses including all first party legal costs charged to a particular claim file - excluding staff legal fees or costs or fees included under (i); (iv) all other external claims expenses.
Average Rate	For a Coverage: The average rate for the coverage expressed in premium dollars per insured vehicle for a 12-month policy term. For Multiple Coverage:



	<p>(i) For each coverage in question, multiply the average rate for the coverage by the fraction A/B, in which:</p> <p>A = the total number of vehicles insured by the Insurer that had that coverage in the most recently completed calendar year; and</p> <p>B = the total number of vehicles insured by the Insurer in the most recently completed calendar year;</p> <p>(ii) Add the amounts determined under (i) for each coverage.</p>
Base Rate	The rate that serves as the starting point for developing all other rates by territory, limit of liability, deductible, and all other factors.
Capping	Limiting the impact on premium of revisions to the rating program on a per vehicle basis.
Category of Automobile Insurance	<p>For purposes of these Filing Guidelines, categories of automobile insurance include the following:</p> <p>personal vehicles - private passenger automobiles</p> <p>personal vehicles - motorcycles</p> <p>personal vehicles - motor homes</p> <p>personal vehicles - trailer and camper units</p> <p>personal vehicles - off-road vehicles</p> <p>personal vehicles - motorized snow vehicles</p> <p>personal vehicles – antique/classic vehicles</p> <p>commercial vehicles</p> <p>public vehicles - taxis and limousines</p> <p>public vehicles - other than taxis and limousines</p> <p>The above category titles should be used when possible. If subdivisions of the above categories are made, the insurer should indicate within which of the above categories the subdivisions fall.</p>
Coverage	<p>For the purposes of these Filing Guidelines, Coverage includes the following:</p> <p>Third Party Liability - Bodily Injury</p> <p>Third Party Liability - Property Damage</p> <p>Direct Compensation - Property Damage</p> <p>Accident Benefits</p> <p>Uninsured Automobile</p> <p>Underinsured Motorist (SEF44)</p> <p>All Perils</p> <p>Collision</p> <p>Comprehensive</p> <p>Specified Perils</p>

Endorsement	An endorsement (policy change form), approved by the Superintendent, to a contract of automobile insurance. Standard endorsements are issued under a series of SEF numbers. Non-standard or conditional endorsements, which must also be approved by the Superintendent, are uniquely identified for each insurer. For purposes of these Filing Guidelines, Underinsured Motorist - SEF 44 is treated as coverage, rather than as an endorsement.
Fleet	A group of not less than five automobiles, that are under common ownership or management, of which at least five are commercial vehicles, public vehicles or vehicles used for business purposes, including any vehicles leased to the same insured person for a period in excess of 30 days.
Investment Income	All income attributable to the investment of policyholder supplied funds and shareholder supplied funds and surplus, including realized capital gains (and losses), net of investment expenses.
Investment Return on Cash Flow	The rate of return associated with the portion of investment income earned from the investment of insurance cash flows or the investment of policyholder-supplied funds.
Profit Provision	The percentage of the premium targeted to provide for a reasonable profit level.
Prior Approval	Insurers must have their rates and rating programs approved before use in accordance with legislation. The prior approval system applies to: insurance written by the Facility Association; coverage as defined above for private passenger automobiles and other risks written on SPFs 1 and 4.
Rate	All amounts payable as premium under contracts of automobile insurance, or endorsements to such contracts, for an identified risk exposure. Rates may be expressed in terms of dollars and/or in terms of multiplicative or additive factors to be applied to a base premium amount. Rates are to include all provisions reflecting surcharges/discounts for applicable risk exposures. Rates are to be inclusive of commissions and other expense provisions used by the insurer, and are to be considered prior to the granting of policyholder dividends. Rates are subject to the provisions of legislation.
Rate Differentials/Relativities	Multiplicative or additive factors/rates that are applied to the base rate to arrive at the rates for individual risk profiles.
Rating Algorithm	The manner in which base rates, rate differentials, and other surcharges/discounts are combined to arrive at the premium

	charged to an individual risk profile.
Rating Rule	A rule by which a risk is assigned to a specific rating cell or by which a discount or surcharge is applied. Examples include rules by which territory, driver classification and vehicle rating group are assigned. Rating rules differ from underwriting rules that involve the decision to accept or decline a risk (for other than private passenger).
Territorial Base Rate	The rate that serves as the starting point for each territory for developing all other rates by class, limit of liability, deductible, etc. It is the rate in the territory for that particular combination of class, limit of liability, deductible, etc. for which the multiplicative factors are all 1.00 and the additive factors are all zero.
Unallocated Loss Adjustment Expenses	All claims settlement and processing costs, excluding ALAE, but including staff adjusters, appraisers, lawyers, clerical support, and a portion of general expenses reasonably attributable to the claims function.
Underwriting Profit	Direct premiums earned less undiscounted claims and adjustment expenses, plus investment income earned on cash flow, less commissions and other acquisition expenses, less taxes (excluding income and real estate taxes), less general expenses (applicable to insurance operations) divided by direct premiums earned.
Proposed Underwriting Profit Provision	The provision for underwriting profit in the proposed rate, expressed as a percentage of the rate.
Target Underwriting Profit Provision	The provision for underwriting profit in the actuarially indicated rate, expressed as a percentage of the rate.
Underwriting Rules	Those rules that govern the decision by an insurer to accept or decline a risk, coverage or endorsement.

C. FILING DOCUMENTS REQUIRED FOR RATE FILING – MAJOR FILING

COVER LETTER

Provide details on the filing being submitted and outline the changes being proposed and the rationale. The filing cover letter must set out the name, title, insurer name, business address, telephone number and email address of the individual authorized to act as contact on behalf of the Insurer. The named contact person must be prepared to respond to questions posed by the NBIB or its consulting actuary and accept correspondence from either on behalf of the insurer relating to this filing.



SECTION 1: TABLE OF CONTENTS

This section contains a listing of the contents of Section 2 through 7 of the filing and should be in sufficient detail to serve as a reference, by page number, for the location of specific elements of the filing.

SECTION 2: NBIB SUMMARY SHEETS

NBIB Summary Sheet Template (Excel Format ONLY) – Available on the NBIB website for download.¹

The NBIB Summary Sheet is one Excel document with multiple worksheet tabs. It must be completed and submitted as part of the filing package with the correct naming convention: “*Company Short Name*” “*Type of Vehicle Short Name*” “*RFG-#*” *Original Filing Summary*. Example: ***Company PPV RFG-1 Original Filing Summary***.

If necessary, the amendments should be submitted with the naming convention: “*Company Short Name*” “*Type of Vehicle Short Name*” “*RFG-#*” *Amended Filing Summary*. Example: ***Company PPV RFG-1 Amendment Filing Summary***.

The worksheet tabs are as follows:

Technical Notes - Technical notes to aid the insurer in the filing

Stat Territory Map - Mapping of the 11 statistical territories in New Brunswick

Start Here NBIB Cover Sheet – Row 2 NBIB Document Name for the correct naming convention. Considered non-confidential.

Dislocation and Rate Capping - Capping of rates is a tool that insurers employ to limit dislocation of premium and, thereby, improve retention where revisions to rating programs create substantial changes in the distribution of premium among risk profiles. The principal causes of such dislocation are revision of relativities for existing rating variables or introduction of a new algorithm with new rating variables, though it could relate to acquisition of a portfolio.

Insurers have the option to apply capping to premium and can use capping so as to preserve overall premium level provided.


Step 2 NBIB Confidential - The information on this sheet is considered confidential and NOT available to be viewed by the public.

Map of Rating Territories – The map is considered confidential. If varying from the 11 statistical territories, insurers MUST include a copy of the proposed or existing rating territories

Wording Change Doc – Complete ONLY when there is a proposed change to underwriting rules, rating rules, and/or discounts and surcharges.

FA Comparison – Complete ONLY by Non-Standard market writers. Compares the most recent approved Facility Association rates to the company’s proposed rates.

¹ <http://www.nbib-canb.org/en/filingPackage.php>



SECTION 3: Appendix A

LOA / STATEMENT REGARDING FA DATA/CERTIFICATE OF ACTUARY

- **Signed Letter of Authorization** - A letter signed by an officer of the company on whose behalf the filing is being made, granting the individual identified the authority to submit the filing. Authorized officers are the President, CEO, CFO, CCO, any vice-president, the treasurer, or the corporate secretary or Chief Agent for Canada for the company.

SECTION 4: ACTUARIAL SUPPORT

4. m. Discount/Surcharges

4.m.1. Indicated Discounts or Surcharges

The ratemaking process must be outlined in detail where an insurer proposes to introduce or make changes to the amount or value of a discount (except a group discount which is to be disclosed in section 4.n) or surcharge.

The insurer's own loss data should be used to the extent possible. The filing must clearly indicate the basis for the discount or surcharge. The insurer must have appropriate information to support the discount or surcharge. If the insurer finds it necessary to rely on outside data or a different source of company data, the insurer must identify the source of the data and provide an explanation of its applicability. All data used in the process of developing the indicated discounts or surcharges should be exhibited and labeled.

A comparison of current, indicated and proposed discounts or surcharges must be provided for each coverage when a change is proposed. Included in this should be the written premium distribution and the exposure distribution by discounts or surcharges.

If credibility procedures are used, they must be disclosed in the same detail as outlined in section 4.h.


If no changes to discounts/surcharges are proposed in the filing, insurers must still list all existing discounts and surcharges (including expense-based discounts and group discounts, if applicable).

A current and proposed distribution of the insurer's book of business that is affected by the discount or surcharge change must be provided to determine the average premium changes (shift). All assumptions and detailed calculation must be provided to support the rate level change.

The general approach to calculating discounts or surcharges can be expected to remain reasonably constant over the years. Any change in either the approach or the underlying data from the prior rate filing should be disclosed and supported.

4.m.2. Off-balance

The aggregate premium may be increased or decreased through the introduction of new discounts or surcharge, or by changes to existing ones. The filing must account for these changes using off-balance procedures or by accounting for the premium change in its rate level. *In the event that the change in discount or surcharge is not off-balanced and instead a rate level change is generated, sections 4.a. – 4.j. must be completed.*



All data used in the process of calculating the off-balance must be exhibited and labeled. The calculation of each off-balance must be shown. All judgments associated with the process of calculating the off-balance should be disclosed and supported.

Off-balance calculations should be based on the insurer's own distribution of business for discounts or surcharges. Should the insurer find it necessary to rely on outside data or a different source of internal data, the filing must identify the source of the data and provide an explanation of its applicability in the circumstances.

The general approach to calculating the off-balance can be expected to remain reasonably constant over the years. Any change in either the approach or the underlying data from the prior rate filing should be disclosed and supported.

4.n. Rating Based on Group Membership

4.n.1. Indicated Discounts or Rates for Groups

The ratemaking process must be outlined in detail where an insurer proposes to introduce or make changes to:

- a discount or schedule of rates based on membership in a group; or
- discounts or a schedule of rates that vary among groups.


A discount or a schedule of rates based on group membership could be based on lower (higher) loss costs based on (un)favorable experience, or risk management programs, or identifiable characteristics of a group that would result in lower or higher loss exposure or lower expenses based on lower administrative expense or lower acquisition cost.

Insurers should maintain separate premium and loss statistics to support a discount or schedule of rates based on group membership. The basis of the discount or surcharge should be defined in sufficient detail so that naming individual organizations is not necessary. Insurers are **not** expected to develop a unique discount or schedule of rates for a specific group unless such a group is of sufficient size that its own experience supports such a discount or schedule of rates. Support for discounts and rates must be actuarially credible and therefore only in the instance of large groups would a unique discount or schedule of rates be appropriate. In the case where more than one discount is proposed, (e.g., variation of discounts based on types of groups), a list of groups and discounts applicable is required to be submitted with the filing, as well as on a periodic basis. Insurers should complete a regular compliance review of group business to ensure that the business continues to qualify as a group and that the group discount or schedule of rates continue to be supported.

The insurer's own loss data should be used to the extent possible. If the insurer finds it necessary to rely on outside data or a different source of company data, the insurer must identify the source of the data and provide an explanation of its applicability. All data used in the process of developing the indicated discounts or surcharges based on group membership should be exhibited and labeled.

A comparison of current, indicated and proposed discounts or schedule of rates must be provided for each coverage when a change is proposed. Included in this should be the written premium distribution and the exposure distribution by discounts or schedule of rates.

If credibility procedures are used, they must be disclosed in the same detail as outlined in section **4.h**.



The general approach to calculating discounts or rates based on group membership can be expected to remain reasonably constant over the years. Any change in either the approach or the underlying data from the prior rate filing should be disclosed and supported.

4.n.2. Off-balance

The aggregate premium may be increased or decreased through the introduction of new discounts or rates, or by changes to existing ones. The filing must account for these changes using off-balance procedures or by accounting for the premium change in its rate level. *In the event that the change in discount or surcharge is not off-balanced and instead a rate level change is generated, sections 4.a. – 4.j. must be completed.*

All data used in the process of calculating the off-balance must be exhibited and labeled. The calculation of each off-balance must be shown. All judgments associated with the process of calculating the off-balance should be disclosed and supported.

Off-balance calculations should be based on the insurer's own distribution of business for group discounts or schedule of rates. Should the insurer find it necessary to rely on outside data or a different source of internal data, the filing must identify the source of the data and provide an explanation of its applicability in the circumstances.

The general approach to calculating the off-balance can be expected to remain reasonably constant over the years. Any change in either the approach or the underlying data from the prior rate filing should be disclosed and supported.

SECTION 5: FINAL RATES/RATE LEVEL CHANGE

Exhibits illustrating current and proposed rating algorithms, base rates, discounts/surcharges, and differentials, clearly identified as either current or proposed, must be disclosed in this section, including any explanatory material in support of the proposed changes. To facilitate the review process, all of 5.a. - 5.d. must be included even though the change may be to only one of the elements.

5. a. Algorithm

Not applicable

5. b. Base Rates RFG-3

Exhibits illustrating current and proposed base rates must be disclosed in this section. Provide a side-by-side comparison of current versus proposed base rates in Excel format.

5. c. Differentials RFG-3

Exhibits illustrating current and proposed differentials must be disclosed in this section. Provide a side-by-side comparison of current versus proposed differentials in Excel format.

5. d. Discounts and Surcharges

Exhibits illustrating all current and proposed discounts and surcharges for each applicable coverage must be disclosed in this section.

5. e. Calculation of Final Rates

Not applicable



5. f. Calculation of Rate Level Change and Average Rate

Not applicable

5. g. Dislocation and Rate Capping

Capping of rates is a tool that insurers employ to limit dislocation of premium and, thereby, improve retention where revisions to rating programs create substantial changes in the distribution of premium among risk profiles. The principal causes of such dislocation are revision of relativities for existing rating variables or introduction of a new algorithm with new rating variables, though it could relate to acquisition of a portfolio.

SECTION 6: PROPOSED MANUAL PAGES CONTAINING REVISED RATES AND RATING PROGRAM

A proposed set of manual pages with rating rules, discounts, surcharges or definition changes must be provided with the filing. A proposed set of manual pages that contain the rates by territory and class, driving record, etc. is optional at the time of submitting the filing.

Any changes or additions to the rating rules, definitions or text in the proposed rate manual should be denoted by a sidebar.

SECTION 7: RATING EXAMPLES (Profiles) ONLY UPON REQUEST

Each insurer must file with the NBIB, when requested, those rating examples that would be affected by the filing. Also, the NBIB may require additional and/or different rating examples as a consequence of the review process. The rating examples must be provided in Excel format.

The rating examples must be completed according to the risk description specified. Each insurer must provide both current and proposed rating criteria for each of the rating examples as required.

Any additional information pertaining to the rating example must be disclosed with a detailed description for each affected rating example.

Specific instructions and key assumptions that should be adopted when completing these rating examples are:


- All rates are to be stated on an annual basis. If annual policies are not issued, the rates should be converted to an annual basis.
- All risks should be rated strictly according to the information provided. DO NOT provide preferred rates unless the criteria as stated fit the eligibility rules for a preferred class. If so, provide only the preferred rates, and state so.
- Clearly identify all applicable surcharges/discounts that apply to each coverage.

SECTION 8: FINAL FILING

Not applicable

SECTION 9: ENDORSEMENT WORDING

- **Copy RFG-5 Filing to Superintendent of Insurance** - The Electronic filing must also be sent to the Superintendent of Insurance at: info@fcnb.ca **(Companies must have approval from both the Board and the Superintendent of Insurance prior to implementing)**

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- **Proposed Endorsement (RFG-5)** - A copy of the proposed wording in both official languages