



TEXAS DEPARTMENT OF INSURANCE

Regulatory Policy Division - P&C Filings Intake and Open Records (104-3B)
333 Guadalupe, Austin, Texas 78701 \* PO Box 149104, Austin, Texas 78714-9104
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Property and Casualty
Filing Transmittal Form

TDI Use Only
TDI Link Number: \_\_\_\_\_

1. List all companies. [ ] Additional sheet attached (if necessary)

Table with 4 columns: Company Name(s), NAIC No(s), EID No(s), TDI File No(s). Includes a 'TDI USE ONLY' header for the last two columns.

2. Company Group Name \_\_\_\_\_ Group NAIC No. \_\_\_\_\_

3. Company Filing Number \_\_\_\_\_

4. Type of Filing: [ ] New Filing [ ] Revision/Replacement: TDI File No. or Link No. \_\_\_\_\_

[If revision/replacement, provide TDI File No. or Link No. that is being revised/replaced. If reference filing, refer to Item 8.]

5. Proposed Effective Date: New \_\_\_\_\_ Renewal \_\_\_\_\_

6. Line of Insurance (Refer to Instructions, Item 6) \_\_\_\_\_

6.a. [ ] Dual Filing. The filing will also be used as part of a multi-peril policy.
TDI File No(s). or Link No(s). of previously approved monoline and multi-peril policy: \_\_\_\_\_

6.b. [ ] Interline Filing. List applicable lines of insurance: \_\_\_\_\_

7. Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TDI may release my e-mail address in response to a public information request [ ] Agree [ ] Do not agree

8. Description of Filing

[ ] Rate Filing (rates, rating manual, rating rule, supporting information, etc.)

[ ] Initial/No Prior Experience

[ ] Rate Change

[ ] Rates Associated With Forms/Endorsements (endorsement filing # if filed separately \_\_\_\_\_)

[ ] Credit Scoring Model (filing cannot be combined with any other filing type)

[ ] Underwriting Guidelines (filing cannot be combined with any other filing type)

**Policy Form**

**Endorsement**

**Manual Rules (other than rating rules)**

**Reference Filing**

Rates: Insurance Company/Advisory Organization Name: \_\_\_\_\_  
TDI File Number or Link Number/Reference Number: \_\_\_\_\_  
Prospective Loss Costs: \_\_\_\_\_

Policy Forms/Endorsements: Insurance Company/Advisory Organization Name: \_\_\_\_\_  
TDI File Number or Link Number/Reference Number: \_\_\_\_\_

Manual Rules: Insurance Company/Advisory Organization Name: \_\_\_\_\_  
TDI File Number or Link Number/Reference Number: \_\_\_\_\_

9. If a similar filing has been made with TDI in the past by your company/group provide company name and TDI File No.(s) or TDI Link No.: \_\_\_\_\_

10. If a deemer provision applies to the filing, do you waive the deemer application?  Yes  No