



# 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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## Texas Addendum NAIC Property & Casualty Transmittal

1.	This filing transmittal is part of Company Tracking #
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2.	<b>Type of Filing:</b> <input type="checkbox"/> New Filing _____ <input type="checkbox"/> Revision/Replacement: _____ <input type="checkbox"/> TDI File No. or Link No. _____ <i>[If revision/replacement, provide TDI File No. or Link No. that is being revised/replaced. If reference filing, refer to Item 5.]</i>
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3.a.	<input type="checkbox"/> <b>Dual Filing.</b> The filing will also be used as part of a multi-peril policy.	<i>TDI File No. or Link No.</i>
b.	<input type="checkbox"/> <b>Interline Filing.</b> <i>[List applicable lines of insurance]</i> _____ _____	

4.	<b>Description of Filing:</b> <input type="checkbox"/> <b>Rate Filing</b> <i>(rates, rating manual, supporting information, etc.)</i>	<input type="checkbox"/> Initial/No Prior Experience <input type="checkbox"/> Rate Change <input type="checkbox"/> Rates Associated With Forms/Endorsements <i>(endorsement filing number if filed separately)</i> _____
	<input type="checkbox"/> <b>Credit Scoring Model</b> <i>(filing cannot be combined with any other filing type)</i>	
	<input type="checkbox"/> <b>Underwriting Guidelines</b> <i>(filing cannot be combined with any other filing type)</i>	
	<input type="checkbox"/> <b>Policy Form</b>	
	<input type="checkbox"/> <b>Endorsement</b>	
	<input type="checkbox"/> <b>Manual Rules</b> <i>(other than rating rules)</i>	

5.	<b>Reference Filing</b> <input type="checkbox"/> <b>Rates:</b> Insurance Company/Advisory Organization Name: _____ TDI File Number or Link Number/Reference Number: _____ Prospective Loss Costs: _____	
	<input type="checkbox"/> <b>Policy Forms/Endorsements:</b> Insurance Company/Advisory Organization Name: _____ TDI File Number or Link Number/Reference Number: _____	
	<input type="checkbox"/> <b>Manual Rules:</b> Insurance Company/Advisory Organization Name: _____ TDI File Number or Link Number/Reference Number: _____	

6.	If a deemer provision applies to the filing, do you waive the deemer application? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7.	TDI may release my e-mail address in response to a public information request <input type="checkbox"/> Agree <input type="checkbox"/> Do Not Agree
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