TITLE 28. INSURANCE
Part I. Texas Department of Insurance
Chapter 5. Property and Casualty Insurance

Adopted Sections Page 1 of 75

SUBCHAPTER M. FILING REQUIREMENTS

DIVISION 4. FILINGS MADE EASY – TRANSMITTAL INFORMATION AND GENERAL FILING REQUIREMENTS FOR PROPERTY AND CASUALTY FORM, RATE AND RULE, UNDERWRITING GUIDELINE, AND CREDIT SCORING MODEL FILINGS 28 TAC §§5.9310 – 5.9312

DIVISION 5. FILINGS MADE EASY – REQUIREMENTS FOR PROPERTY AND CASUALTY POLICY FORM AND ENDORSEMENT FILINGS 28 TAC §§5.9320 – 5.9328

DIVISION 6. FILINGS MADE EASY – REQUIREMENTS FOR RATE AND RULE FILINGS 28 TAC §§5.9330 – 5.9335

DIVISION 7. FILINGS MADE EASY – REQUIREMENTS FOR UNDERWRITING
GUIDELINE FILINGS
28 TAC §§5.9340 – 5.9342

DIVISION 8. FILINGS MADE EASY – REQUIREMENTS FOR CREDIT SCORING MODEL FILINGS FOR PERSONAL INSURANCE

28 TAC §5.9351 and §5.9352

DIVISION 9. FILINGS MADE EASY – REDUCED FILING REQUIREMENTS FOR CERTAIN INSURERS

28 TAC §§5.9355 – 5.9357

DIVISION 10. FILINGS MADE EASY – ADDITIONAL FILING REQUIREMENTS FOR CERTAIN COUNTY MUTUAL INSURANCE COMPANIES

28 TAC §5.9360 and §5.9361

DIVISION 11. FILINGS MADE EASY – CERTIFICATES OF PROPERTY AND CASUALTY INSURANCE

28 TAC §§5.9370 – 5.9374 and 5.9376

INTRODUCTION. The Texas Department of Insurance (TDI) adopts amendments to 28 TAC §§5.9310, 5.9330, 5.9331, 5.9334, 5.9335, 5.9340 – 5.9342, 5.9351, 5.9352, 5.9355 – 5.9357, 5.9360, 5.9361, 5.9370 – 5.9374, and 5.9376 without changes to the proposed text as published in the January 11, 2019, issue of the *Texas Register* (44 TexReg 205). The repeal of §§5.9320 – 5.9323 and new §§5.9312, 5.9320, 5.9321, 5.9324, and 5.9326 – 5.9328 are adopted without changes to the proposed text. These rules will not be republished. TDI adopts amendments to §5.9332 and §5.9333, and new §§5.9311, 5.9322, 5.9323, and 5.9325 with nonsubstantive changes to the proposed text. These rules will be republished.

Section 5.9311 was changed to clarify that commercial property filings by Lloyd's plans and reciprocals or interinsurance exchanges are excepted from the public inspection requirement in Insurance Code §2301.009, §5.9323 was changed to correct punctuation, and §5.9325 was changed to clarify a reference. TDI revised new §5.9322 and §5.9325 in response to a public comment. Sections §5.9332 and 5.9333 are adopted with nonsubstantive changes to the proposed text. Both sections were changed to provide background information on the categories of information required by each section in response to a comment.

These amendments, new sections, and repeal relate to requirements for property and casualty filings for forms, rates, rules, underwriting guidelines, credit scoring models, and certificates of insurance and implement Senate Bill 978, 84th Legislature, Regular Session (2015); Senate Bill 1554, 84th Legislature, Regular Session (2015); and House Bill 1298, 85th Legislature, Regular Session (2017). These bills revised Insurance Code Chapters 2053, 2251, and 2301. The amendments and repeal also reorganize and update the rules to make them clearer and more user friendly, and they promote more efficient

processing of filings by making the use of the System for Electronic Rate and Form Filing (SERFF) mandatory for most filings.

REASONED JUSTIFICATION. The amendments, new sections, and repeal relate to requirements for property and casualty filings for forms, rates, rules, underwriting guidelines, credit scoring models, and certificates of insurance. The adopted amendments, new sections, and repeal are necessary to implement SB 978, 84th Legislature, Regular Session (2015); SB 1554, 84th Legislature, Regular Session (2015); and HB 1298, 85th Legislature, Regular Session (2017). These bills revised Insurance Code Chapters 2053, 2251, and 2301. The amendments and repeal are important, as they improve efficiency by reorganizing and updating the rules to make them clearer and more user-friendly and they promote more efficient processing of filings by making the use of the SERFF mandatory. The following section-by-section summary provides detailed descriptions of the changes to Divisions 4 through 11 of 28 TAC Chapter 5, which are commonly referred to as the "Filings Made Easy rules."

Division 4. Transmittal Information and General Filing Requirements for Property and Casualty Form, Rate and Rule, Underwriting Guideline, and Credit Scoring Model Filings.

Section 5.9310. Property and Casualty Transmittal Information and General Filing Requirements. The amendments to §5.9310 alphabetize the definitions, revise the definitions of "interline filing" and "multi-peril insurance," add definitions for the terms "NAIC" and "SERFF," and make minor editorial revisions to the definition of a "reference filing."

Part I. Texas Department of Insurance
Chapter 5. Property and Casualty Insurance

The definition of "multi-peril insurance" in §5.9310(b)(3) incorporates the new definition of "commercial property insurance" in HB 1298. HB 1298 amended Insurance Code §2251.002 and §2301.002 by defining "commercial property insurance" as "insurance coverage against loss caused by or resulting from loss, damage, or destruction of real or personal property provided through a commercial property insurance policy. The term includes any combination of commercial fire or allied lines; commercial inland marine insurance; commercial crime coverage; boiler and machinery insurance other than explosion; glass insurance provided as part of other coverage; and, as authorized by Commissioner rule, insurance covering other perils or providing other coverages or other lines of first party property insurance."

The updated definition of an "interline filing" better describes the forms that can be filed together and used for more than one line of insurance.

The amendments also clarify that the company name the filer provides must be the name used for financial reporting to NAIC. New language requires filers to include the TDI file number for the previously approved policy to which a proposed form will be attached. A new subsection requires third-party filers to submit a letter of authorization.

Previous language in §5.9310 about information marked "copyright" or confidential information is deleted from the section, and similar language is in new §5.9311.

Amendments to §5.9310 also update the instructions on how insurers may submit filings. The rule requires that filings under Divisions 5, 6, 7, 8, and 9 must be submitted through SERFF.

SERFF is TDI's system of record for all filings subject to the Filings Made Easy rules. When filers deliver or mail paper filings to TDI, staff must organize, scan, and upload the filings into SERFF. When filers do not use SERFF, TDI must communicate with those filers

Part I. Texas Department of Insurance Chapter 5. Property and Casualty Insurance

by email, fax, mail, or by phone. There have been times when filers did not receive these communications from TDI, or vice versa, because of incorrect contact information. Using SERFF eliminates these communication problems and improves efficiency.

TDI has amended rule text regarding public disclosure of contact information so that it conforms to the mandatory use of SERFF. This text has been deleted from Divisions 5, 6, 8, and 9 and similar text is adopted in §5.9310(g), since that section will apply to all filings for property and casualty forms, rates and rules, underwriting guidelines, and credit scoring model filings.

Section 5.9311. Copyright, Public Inspection, and Confidential Filings. New §5.9311 organizes the rule to put similar items together. The amendments delete text about copyright and public inspection in previous §5.9310(e) and adopt similar provisions in §5.9311(a) and (b). The text in §5.9311 does not include the reference to Insurance Code Chapter 2251 that is in the previous §5.9310(e), as §5.9311(a) applies generally to all filings. Section 5.9311(b) provides information on public inspection of filings under Insurance Code Chapters 2053, 2251, and 2301 and restates the statutory language about public inspection in those chapters.

New §5.9311(c) addresses filings that are marked confidential. A function in SERFF allows filers to mark entire filings as confidential. When filers do this, the public cannot access information to determine whether a filing was made, but the public has a right to know that a filing exists. The fact that a filing was made is not confidential. TDI will reject filings that are marked wholly confidential and filers will need to resubmit their filings correctly.

The text of §5.9311(b) as proposed was changed to clarify that Insurance Code §2301.003(c) excepts commercial property filings by Lloyd's plans and reciprocals or

interinsurance exchanges from the public inspection requirement in Insurance Code §2301.009.

Section 5.9312. Personally Identifiable Information. New §5.9312 states that TDI may reject filings that include personally identifiable information. This kind of information must remain confidential and should not be included in filings.

New Division 5. Requirements for Property and Casualty Policy Form and Endorsement Filings.

Section 5.9320. Purpose and Definitions. New §5.9320 provides the purpose and definitions for Division 5, which is similar to §5.9320(a) and (b) in the repealed rule.

Section 5.9321. General Filing Requirements. New §5.9321 provides the general filing requirements for policy forms and endorsements. Many of these requirements are the same as in repealed §5.9320(c) and (h). The new information required in this section includes the requirements that filings contain the form number and edition date for each proposed form, the TDI file number for the previously approved policy to which a proposed form will attach, and a form usage table. TDI staff often request this information from filers. Requiring this information with the filing will help reduce the time for staff to review the filing. Section 5.9321 requires that filers provide a separate marked-up copy of each amended policy form and endorsement. Many filers already do this, but making it a requirement will also help expedite TDI staff's review of filings.

Section 5.9321 also requires filings to include the readability score from the Flesch Reading Ease Test for each filed form or endorsement for personal automobile and residential property. This requirement is in Insurance Code §2301.053 and is included in Commissioner's Order Number 92-0573. The requirement is included in the new rule for efficiency.

Section 5.9322. Additional Information. New §5.9322 includes filing requirements similar to those in repealed §5.9320(c)(2), along with new language clarifying that TDI may request related forms or information to support the filing. Filers already provide supporting information at TDI's request.

In response to comment, the text of §5.9322(a)(1) as proposed was changed in the adoption order to clarify that related forms or information requested by TDI must be necessary for review of the filing.

Section 5.9323. Requirements for Reference Filings. New §5.9323 is substantially similar to §5.9320(e) in the repealed rule. The new section also adds a requirement for reference filings for personal automobile, residential property, and personal multi-peril insurance by requiring the filer to include a list of each form and endorsement that the insurer will use from each referenced filing and a form usage table. Filers are already providing this information upfront in filings or providing them as supplementary material in response to an objection.

Amendments to 5.9323 also add clarifying language that if a filer amends a form or endorsement that was previously approved for another insurer or advisory organization, then it is not a reference filing.

The text of §5.9323 as proposed was changed to correction punctuation.

Section 5.9324. Incomplete Filings. New §5.9324 is similar to §5.9320(g) in the repealed rule.

Section 5.9325. Request for Deemer Period Waiver. The text in new §5.9325 replaces §5.9321 of the repealed rule. The adoption order language clarifies insurers' ability to withdraw their previous waiver of a deemer period.

In response to comment, the text of §5.9325 as proposed was changed to add subsection (b), which allows insurers to withdraw their previous waiver of a deemer period.

Allowing withdrawal of the waiver is more efficient than requiring the insurer to resubmit a filing.

Section 5.9326. Insurers Providing Coverage through a Purchasing Group. The text in new §5.9326 duplicates §5.9322(a) of the repealed rule.

Section 5.9327. Residential Property Declarations Pages Forms. New §5.9327 is similar to §5.9323 under the repealed rule.

Section 5.9328. Insurers Writing Commercial Group Property Insurance. New §5.9328 replaces repealed §5.9322(b). In the repealed rule, this subsection was inadvertently placed in the rule about purchasing groups.

Division 6. Requirements for Rate and Rule Filings.

Section 5.9330. Purpose. Under the previous Filings Made Easy rules, insurers' rule filings were filed under Division 5 in §5.9320(d). The adoption order deletes the language in Division 5 and, as amended, §5.9330 requires filers to submit rule filings under Division 6. Amended §5.9330 also includes language that mirrors language in both the repealed and new Division 5 requiring all insurer and advisory organization filings to comply with the filing requirements of Division 6 and any other applicable rules adopted by the Commissioner.

Section 5.9331. Definitions. Amended §5.9331 includes minor grammatical corrections, an update to a reference to the Insurance Code, and the addition of clarifying language to the definition of "short track filing."

Section 5.9332. Categories of Supporting Information. The proposed amendment to delete the opening language was reversed in the adoption order and additional language to clarify how §5.9332 relates to §5.9334 was added. This was done

in response to a comment. The amendments also update the description for several categories of supporting information and make minor grammatical corrections.

In the category of "actuarial support" in §5.9332(3), the term "data" is replaced with "loss experience." Data is a generic term used to describe many things. Insurance Code §2251.052(a) states that in setting rates, an insurer must use loss experience. An insurer can also use other information. Revising the category of "actuarial support" was necessary to clarify that the actuarial support must demonstrate why the proposed rates are not excessive, inadequate, or unfairly discriminatory.

The category titled "SERFF rate data" in §5.9332(4) is amended to delete language that was relevant to filers that did not use SERFF. Under the adopted rules, SERFF is mandatory, so this language is not needed.

The category titled "policyholder impact information" in §5.9332(5) is amended to clarify that insurers must use information reflecting the changes for all policyholders to determine the policyholder impact. TDI became aware that some filers were only using a subset of their policyholders to compute this information, which could lead to inaccurate estimates of the expected impact to policyholders. In addition, the description for this category eliminates references to specific lines of insurance. Under §5.9334, policyholder impact information is required in filings for owner-occupied homeowner and personal automobile insurance. This requirement does not change with this rule. If this information is necessary for other lines of insurance, TDI can request it under §5.9335.

TDI adopts a similar change under the category titled "average rate change by county" in §5.9332(6). The description deletes the term "homeowners" and adds that the average rate change by county may be provided separately by coverage. Similar to policyholder impact information, filers must submit the average rate change by county in filings for owner-occupied homeowners insurance, as required by §5.9334. However, TDI

could ask for this category of supporting information for other lines of insurance in a request for information under §5.9335.

The category titled "rate change information" in §5.9332(7) is also amended to clarify that insurers must use information reflecting the changes for all policyholders to determine rate change information.

The title of the "historical and projected expense information" category in §5.9332(9) is amended to be "expense information."

Section 5.9333. Categories of Supplementary Rating Information. The proposed amendment to delete the opening language is reversed in the adoption order and additional language to clarify how §5.9333 relates to §5.9334 was added. This was done in response to a comment.

Section 5.9334. Requirements for Rate and Rule Filing Submissions. Amendments to §5.9334 include clarifying language to reflect that rule filings are filed under Division 6. Subsection (e) has been split into two subsections, without changing the requirements of the rule, to make the requirements easier to read. The subsequent subsections in this section are redesignated because of this change.

Amendments to redesignated §5.9334(h)(10) reflect the change in the name for expense information in §5.9332(9). In the previous rule, expense information was required in filings that change or replace current rates; however, expense information is needed for all filings, including those introducing new rates. A similar revision is made to redesignated subsection (h)(11), because profit provision information is also needed in filings introducing new rates.

An amendment to redesignated §5.9334(i) adds a requirement to include a sideby-side comparison or a mark up, if applicable, for short track filings. This requirement will help TDI quickly identify the proposed revisions in the filing. TDI deleted the text of previous §5.9334(i)(1), regarding disclosure of contact information in filings submitted through SERFF, and similar text is added to Division 4, §5.9310(g). The provision is more appropriate there because Division 4 includes general filing requirements that apply to filings made under Divisions 5, 6, 7, 8, and 9. The remaining paragraphs in the subsection have been renumbered as appropriate.

Previous §5.9334(i), now redesignated as §5.9334(k), implements the amendments made by SB 978 to Insurance Code §2053.004, which require that filings for workers' compensation rates and supplementary rating information, including any supporting information, is public information subject to Government Code Chapter 552, including any applicable exception from required disclosure under that chapter.

Section 5.9335. Requests for Information. Amendments to §5.9335 reflect that rule filings are filed under Division 6.

Division 7. Requirements for Underwriting Guideline Filings.

Section 5.9340. Purpose. An amendment to §5.9340 reflects nonsubstantive editorial and formatting changes to enhance clarity and readability.

Section 5.9341. Definitions. An amendment to §5.9341 reflects nonsubstantive editorial and formatting changes to enhance clarity readability.

Section 5.9342. Filing Requirements. Amendments to §5.9342, regarding filing requirements for underwriting guideline filings, clarifies the lines of insurance for which insurers must file their underwriting guidelines. New subsection (h) reminds insurers that information used to classify risks to determine a rate must be filed in a rate and rule filing under Division 6. This information is supplementary rating information. This information may also be filed in an underwriting guideline filing, as it is included in the definition of underwriting guideline in Insurance Code §38.002.

Chapter 5. Property and Casualty Insurance

Division 8. Requirements for Credit Scoring Model Filings for Personal Insurance.

Section 5.9351. Definitions. Amendments to §5.9351 reflect a nonsubstantive editorial change to enhance clarity and readability.

Section 5.9352. Filing Requirements. In addition to clarifying language, amendments to §5.9352, which addresses the filing requirements for credit scoring models, add two additional pieces of information—information about which insured's credit score is used for policies with more than one named insured, and how often the credit score is updated. This information will help TDI respond to inquiries from consumers, legislative offices, and other stakeholders.

Previous §5.9352(c), which addressed disclosure of contact information in filings submitted through SERFF, has been deleted and similar text is adopted in §5.9310(g) of Division 4. The provision is more appropriate there because Division 4 includes general filing requirements that apply to filings made under Divisions 5, 6, 7, 8, and 9. The amendment to §5.9310(g) does not include the text of the first sentence of previous §5.9352(c), because Insurance Code §559.152 already states that a credit scoring model "is public information; is not subject to any exceptions to disclosure under Government Code Chapter 552; and cannot be withheld from disclosure under any other law."

Previous §5.9352(d) is redesignated as §5.9352(c), and the last sentence of the subsection is separated from the rest of the subsection and included as new subsection (d).

Division 9. Reduced Filing Requirements for Certain Insurers.

Section 5.9355. Purpose. Amendments to §5.9355 implement changes made by SB 1554. SB 1554 repealed Insurance Code Chapter 2251, Subchapter E, regarding the

Chapter 5. Property and Casualty Insurance

standard rate index for personal automobile insurance. The repeal was effective September 1, 2015.

Section 5.9356. Definitions. Amendments to §5.9356 reflect a nonsubstantive editorial change to enhance clarity and readability.

Section 5.9357. Filing Requirements. Amendments to §5.9357 are necessary to implement the repeal of Insurance Code Chapter 2251, Subchapter E, by SB 1554, regarding the standard rate index for personal automobile insurance. The amendments remove subsection (b), which referenced criteria in repealed Insurance Code §2251.205 regarding personal automobile insurers that issue personal automobile liability insurance policies only below 101 percent of the minimum limits required by Chapter 601, Transportation Code. The rest of the text in Insurance Code §2251.205 was moved to Insurance Code §2251.1025. The remaining subsections in §5.9357 are redesignated as appropriate.

In addition, amendments to §5.9357 include added language to clarify that insurers that qualify for reduced filing requirements under Division 9 do not have to provide supporting information, as described in the rule, unless it is requested. This does not change the rule requirements, which state that requests for additional information, as outlined in §5.9335, apply to rate and rule filings under Division 9.

Previous §5.9357(e), which addressed disclosure of contact information in filings submitted through SERFF, is deleted, and similar text is added to §5.9310(g) in Division 4. The provision is more appropriate there because Division 4 includes general filing requirements that apply to filings made under Divisions 5, 6, 7, 8, and 9.

Division 10. Additional Filing Requirements for Certain County Mutual Insurance Companies.

Section 5.9360. Purpose. Amendments to §5.9360 reflect that rule filings are filed under Division 6.

Section 5.9361. Additional Requirements. Amendments to §5.9361 reflect that rule filings are filed under Division 6 and updates references to earlier rules.

Division 11. Certificates of Property and Casualty Insurance.

Section 5.9370. Purpose and Scope. Amendments to §5.9370 reflect nonsubstantive editorial and formatting changes.

Section 5.9371. Definitions. Amendments to §5.9371 alphabetize the definitions to enhance clarity and readability.

Section 5.9372. Preparation and Submission of Certificate of Insurance Form Filings. Amendments to §5.9372 reflect nonsubstantive editorial and formatting changes to enhance clarity and readability.

Section 5.9373. Certificate of Insurance Form Filing Transmittal Information.Amendments to §5.9373 add clarifying language to improve readability and understanding of the rule.

Section 5.9374. Incomplete Filings. Amendments to §5.9374 provide that TDI will inform a filer of why a filing is incomplete, rather than return the filing to the filer without this information, to improve efficiency.

Section 5.9376. Restrictions on the Content of Certificates of Insurance. Amendments to §5.9376 reflect nonsubstantive editorial and formatting changes.

SUMMARY OF COMMENTS AND AGENCY RESPONSE.

Commenters: TDI received two written comments. Both commenters, the Office of Public Insurance Counsel and the Insurance Council of Texas, supported the proposal, but requested various changes to the proposal.

Comment on 28 TAC Chapter 5, Subchapter M, Division 5.

A commenter suggested the proposal be amended to add a new section to prohibit insurers from using residential property and personal automobile policy endorsements that contain language not applicable to a policy to which the endorsement attaches. The commenter was concerned that using a comprehensive endorsement with extraneous provisions may be confusing to the consumer.

Agency Response to Comment on 28 TAC Chapter 5, Subchapter M, Division 5.

TDI acknowledges the concern raised in this comment but declines to consider it in this rulemaking. This change could result in cost issues for insurers, who have filed comprehensive endorsements that include numerous policy revisions. TDI will continue to review policies according to the applicable standards under the Insurance Code.

Comment on §5.9321(c)(6)(B).

A commenter requested an addition to the proposed text to allow filers to provide information requested in the form usage table by referencing where the information is contained in other filings.

Agency Response to Comment on §5.9321(c)(6)(B).

TDI acknowledges the convenience of cross-referencing other filings; however, the information required in the form usage table needs to be included in the form filing itself to clearly and immediately present how a form will be used. This reduces the chance for confusion, reduces risk of inaccuracies, and expedites review. TDI routinely requests that

filers present the information in that manner, and this rule simply formalizes the existing practice. For these reasons, TDI declines to make this change to the text.

Comments on §5.9324.

A commenter made three comments related to this section:

- 1. The commenter raises concern over language in the proposed text that "TDI" is too broad and may describe individuals who appear to be given authority that is not contemplated by statute. The commenter suggests changing references from "TDI" to "analyst," "reviewer," or the "Commissioner" as appropriate.
- 2. The commenter also expresses concern about reviewers requesting information that is beyond what is required by statute or rule and may not be necessary to review a filing, thereby extending deemer periods indefinitely.
- 3. The commenter suggests that an incomplete filing should be "closed" rather than "rejected."

Agency Response to Comments on §5.9324.

TDI responds to the comments in order:

- 1. TDI disagrees with this comment and declines to make this change. Prior §5.9320 already refers to "TDI" receiving filings and determining whether they are complete or incomplete. Insurance Code §31.041 and §36.102 allow and direct the Commissioner to appoint deputies, assistants, and other personnel to delegate summary procedures for routine matters. TDI declines to delineate particular jobs such as "reviewer" or "analyst" within the rule itself.
- 2. TDI disagrees with this comment; however, it agrees to make a revision to clarify the provision. TDI receives a wide array of form filings that regularly contain new products or provisions. Under Insurance Code Chapter 2301, TDI must evaluate whether each

provision in a form is unjust or deceptive, encourages misrepresentation, or violates law or public policy. Given the breadth of those requirements, TDI sometimes needs additional information to understand the context of a provision and how it is likely to be understood and operate in the marketplace. The rule allows TDI to request certain kinds of additional information when reviewing a filing, such as coverage comparisons and policy summaries. It also allows TDI to request other forms or information related to the filing.

The rule incorporates the flexibility needed to perform the review contemplated by Insurance Code Chapter 2301. It does not give TDI unrestricted ability to indefinitely extend deemer periods. To more clearly express those limits, new §5.9322(a)(1) is changed from the proposal by adding language that clarifies that a request for related forms or information must be limited to what is needed for review of the filing.

3. TDI disagrees with the comment and declines to make this change because using language such as "closed" instead of "rejected" is more likely to create confusion among the public about whether a filing is approved or disapproved.

Comment on §5.9325.

A commenter requests clarification of the proposed text, because it allows insurers to waive the deemer period but does not address whether an insurer can later withdraw its waiver of the deemer period.

Agency Response to Comment on §5.9325.

Allowing insurers to withdraw a waiver of the deemer period is more efficient than requiring the insurer to resubmit an entire filing. To provide for this, the text of §5.9325 as proposed has been revised to allow insurers to withdraw the waiver of a deemer period by submitting the withdrawal in writing and getting TDI's written acknowledgment in

return. Upon acknowledgment, the deemer period described by Insurance Code §2301.006 will begin. The language ensures that withdrawals are submitted and acknowledged uniformly, eliminating confusion or ambiguity and clarifying the point asked about by the commenter.

Comment on §5.9332.

A commenter requests that the term "data" be kept in the text and the term "loss experience" added, rather than replacing "data" with "loss experience." The commenter also suggests keeping examples of competitive analysis, instead of deleting those examples.

Agency Response to Comment on §5.9332.

TDI declines to accept this suggestion. The term "data" is replaced with "loss experience" to track the language in Insurance Code §2251.052(a), because it specifically requires insurers to use "loss experience" in setting rates. Insurers may use additional information to supplement loss experience in calculating rates.

Comment on §5.9332(6).

A commenter expresses concern over what the commenter perceives to be an expansion of filing requirements for rate filings by requiring the average rate change by county for all lines of insurance and coverages, rather than just homeowners insurance as required by the previous rule. The commenter expresses concern that if this is an expansion, it may be difficult for filers to provide this information for certain lines of insurance.

Agency Response to Comment on §5.9332(6).

TDI clarifies that this change is not an expansion in filing requirements. Section 5.9332 describes the different categories of supporting information; it does not include the filing requirements. The description for the average rate change by county was made more general by deleting the reference to homeowners. The specific filing requirements for rate and rule filings are in §5.9334. If a filer is submitting rates and rules for owneroccupied homeowners insurance, the filer must provide the average rate change by county, as required by §5.9334(h)(8). If a filer submits rates and rules for another line of insurance, commercial auto for example, the filer is not required to include the average rate change by county information in its filing. In this example, if TDI needed this information for its review, TDI would need to request the rate change by county information under §5.9335, which concerns Requests for Information. When reviewing a rate and rule filing, TDI may request additional supporting information that is not required up front when the filer submits the filing. TDI may request additional supporting information five times under §5.9335. For a rate and rule filing for a line of insurance other than owner-occupied homeowners, a request for additional supporting information that includes rate change by county information would be considered one of TDI's five requests.

Comment on §5.9332(9).

A commenter requests that the definition of "expense information" in §5.9332(9) be amended to permit filers to display loss adjustment expenses as a ratio to ultimate developed losses or as a ratio to incurred losses.

Agency Response to Comment on §5.9332(9).

TDI declines to accept this suggestion. The rule requires consistent data elements from all filers so that information can be effectively compared between insurers and

between filings made by the same insurer. Allowing the alternative method requested by the commenter would make such comparison more difficult and reduce the value of the data provided. An insurer may provide the information described in the comment in addition to the required information.

DIVISION 4. FILINGS MADE EASY – TRANSMITTAL INFORMATION AND GENERAL FILING REQUIREMENTS FOR PROPERTY AND CASUALTY FORM, RATE AND RULE, UNDERWRITING GUIDELINE, AND CREDIT SCORING MODEL FILINGS.

28 TAC §§5.9310 - 5.9312

STATUTORY AUTHORITY. The Commissioner adopts the amendments to §5.9310 and new §5.9311 and §5.9312 under Insurance Code §§38.002, 38.003, 559.004, 559.151, 912.056, 2052.002, 2053.003, 2053.004, 2053.034, 2171.003, 2251.101, 2251.1025, 2251.107, 2251.252, 2301.001, 2301.006, 2301.009, 2301.053, 2301.055, 2301.056, 3502.101, 3502.104, 3502.108, and 36.001.

Section 38.002 requires each insurer writing personal automobile insurance or residential property insurance to file its underwriting guidelines with TDI and to ensure that the underwriting guidelines are sound, actuarially justified, substantially commensurate with the contemplated risk, and not unfairly discriminatory.

Section 38.003 provides that TDI may obtain a copy of the underwriting guidelines of an insurer for lines other than personal automobile insurance or residential property insurance.

Section 559.004 provides that the Commissioner "adopt rules that prescribe the allowable differences in rates charged by insurers due solely to the difference in credit scores."

Section 559.151 provides that an insurer that uses credit scores to underwrite and rate risks must file its credit scoring model or other credit scoring processes with TDI.

Section 912.056 provides that certain county mutual insurance companies that have appointed managing general agents, created districts, or organized local chapters to manage a portion of their business must, for each managing general agent, district, or local chapter program, file the rating information that the Commissioner requires by rule.

Section 2052.002 provides that in writing workers' compensation insurance, an insurance company may not use a form other than one prescribed by the Commissioner, and that before an insurance company may use a workers' compensation form that the Commissioner has not prescribed, the insurance company must submit it to and receive approval from TDI.

Section 2053.003 provides that each insurance company writing workers' compensation insurance file with TDI all rates, supplementary rating information, and reasonable and pertinent supporting information for risks written in Texas.

Section 2053.004 provides that each filing for workers' compensation insurance, including any supporting information, is public information subject to Government Code Chapter 552.

Section 2053.034 provides that each insurer writing workers' compensation insurance must file with TDI a copy of its underwriting guidelines.

Section 2171.003 provides that an insurer must file a policy form for use with commercial group property insurance with the Commissioner before using the form.

Section 2251.101 provides that each insurer must file its rates, rating manuals, supplementary rating information, and additional information with TDI. It also provides for the Commissioner to adopt rules on the information to be included in rate filings and

prescribe the process by which TDI may request supplementary rating information and supporting information.

Section 2251.1025 provides that the Commissioner adopt rules regarding filing requirements for certain personal automobile insurers with less than 3.5 percent of the market share of the personal automobile insurance market in this state.

Section 2251.107 provides that each filing under Insurance Code Chapter 2251, including any supporting information, is public information subject to Government Code Chapter 552.

Section 2251.252 provides that an insurer is exempt from the filing requirements of Insurance Code Chapter 2251 if it or the rate it is filing meets certain criteria.

Section 2301.001 states that the purpose of Insurance Code Chapter 2301, Subchapter A, includes regulating insurance forms to ensure that they are not unjust, unfair, inequitable, misleading, or deceptive.

Section 2301.006 provides that an insurer may not use policy forms, other than the standard forms adopted from the Commissioner, until the insurer files the forms with and receives approval by the Commissioner.

Section 2301.009 provides that filings under Insurance Code Chapter 2301, Subchapter A, are open to public inspection as of the date of filing.

Section 2301.053 provides that a form may not be used unless the form is written in plain language. A form is considered written in plain language if it achieves a minimum score established by the Commissioner on the Flesch reading ease test.

Section 2301.055 provides that the Commissioner may adopt reasonable and necessary rules to implement Insurance Code Chapter 2301, Subchapter B.

Section 2301.056 requires that declaration pages for residential property insurance policy forms list each type of deductible under the policy and state the exact dollar amount of each deductible.

Section 3502.101(a) provides that a mortgage guaranty insurer must file rate and supplementary rate information, and any changes to the rate or supplementary rate information with the Commissioner not later than 15 days before it uses the rate or supplementary rate information in this state. Section 3502.101(b) provides that the rate filing must include adequate supporting data; an explanation of the insurer's interpretation of any statistical data on which the insurer relied; an explanation and description of the methods used in making the rates; and certification of the appropriateness of the charges, rates, or rating plans based on reasonable assumptions and accompanied by adequate supporting information.

Section 3502.104 requires that a mortgage guaranty insurer file forms, classifications, and rules with TDI.

Section 3502.108(a) provides that the Commissioner may adopt reasonable rules relating to the minimum standards for coverage under policy forms consistent with the purpose of Chapter 3502, relating to Mortgage Guaranty Insurance, and the public policy of this state. Section 3502.108(b) provides that TDI "may establish requirements for data and information filed under this chapter."

Section 36.001 provides that the Commissioner may adopt any rules necessary and appropriate to implement the powers and duties of TDI under the Insurance Code and other laws of this state.

TEXT.

DIVISION 4. FILINGS MADE EASY – TRANSMITTAL INFORMATION AND GENERAL FILING REQUIREMENTS FOR PROPERTY AND CASUALTY FORM, RATE AND RULE, UNDERWRITING GUIDELINE, AND CREDIT SCORING MODEL FILINGS.

§5.9310. Property and Casualty Transmittal Information and General Filing Requirements.

- (a) Purpose. The purpose of this division is to specify the transmittal information and general filing requirements for property and casualty form, rate and rule, underwriting quideline, and credit scoring model filings.
- (b) Definitions. Terms not defined in this division may be defined in Insurance Code Chapters 2053, 2251, and 2301, and have the same meaning when used in this division. The following terms when used in this division have the following meanings unless the context indicates otherwise:
- (1) Dual filing--A filing submitted for one line of insurance that may also be used in multi-peril insurance.
- (2) Interline filing--A filing that may be used for more than one line of insurance submitted for:
- (A) a policy jacket, declarations page, signature page, notice of cancellation, disclosure, schedule, general change form, company name change, or policyholder notice filed under Division 5 of this subchapter; or
- (B) policy fees, service fees, and other fees that are charged or collected by the insurer under Insurance Code §550.001 or §4005.003 filed under Division 6 of this subchapter.
- (3) Multi-peril insurance--Policies and rates for two or more lines of insurance that are subject to regulation under Insurance Code Chapters 2251 and 2301.

This definition does not include a combination of coverages described in Insurance Code §2251.002 and §2301.002 and filed as commercial property insurance.

- (4) NAIC--The National Association of Insurance Commissioners.
- (5) Reference filing--A filing that references the use of policy forms, endorsements, rules, loss costs, rating manuals, other supplementary rating information, or credit scoring models that TDI has adopted, approved, or accepted.
 - (6) SERFF--The NAIC System for Electronic Rate and Form Filing.
 - (7) TDI--Texas Department of Insurance.
 - (8) TDI file number--The number TDI assigns to a filing.
- (c) Transmittal information. Each filing must contain the following transmittal information:
- (1) company name as used for financial reporting to the NAIC and company number assigned by the NAIC;
 - (2) company group name and group NAIC number;
 - (3) whether the filing is new, or revises or replaces an existing filing;
 - (4) TDI file number of the revised or replaced filing;
- (5) TDI file number for the previously approved policy that the proposed form will be attached to;
 - (6) TDI file number of associated or companion filings of other filing types;
 - (7) line of insurance:
 - (A) all filings must specify the line of insurance;
- (B) interline filings must specify all lines of insurance to which the filing applies; and
- (C) dual filings must indicate the line of insurance to which the filing applies and the TDI file numbers for the applicable monoline and multi-peril filings;

- (8) type of filing;
- (9) proposed effective date; and
- (10) contact person, including name, telephone number, and mailing address.
- (d) Filings Made Easy Guide. TDI maintains the Filings Made Easy Guide to help insurers submit filings and comply with statutory requirements. Insurers may obtain this guide from TDI's website at www.tdi.texas.gov.
- (e) Letter of authorization. A third party representing an insurer on a filing must provide a letter of authorization signed by the insurer on the insurer's letterhead. A letter of authorization applies only to the filing with which it is submitted.
- (f) Submission of filing. Filings under Divisions 5, 6, 7, 8, and 9 of this subchapter (relating to Filings Made Easy Requirements for Property and Casualty Policy Form and Endorsement Filings; Filings Made Easy Requirements for Rate and Rule Filings; Filings Made Easy Requirements for Underwriting Guideline Filings; Filings Made Easy Requirements for Credit Scoring Model Filings for Personal Insurance; and Filings Made Easy Reduced Filing Requirements for Certain Insurers) must be submitted through SERFF.
- (g) Public disclosure of contact information. To the extent that a filing includes company contact information, by submitting a filing the company affirmatively consents to the release and disclosure of its company contact information, including any email addresses. The filer also certifies that each person associated with an email address that appears in the filing has affirmatively consented to the release and disclosure of that email address.

§5.9311. Copyright, Public Inspection, and Confidential Filings.

Chapter 5. Property and Casualty Insurance

(a) Copyright. Information included in filings that is marked "copyright" may be made available for public disclosure in the same manner as information that is not marked "copyright." Public disclosure methods may include posting filings on TDI's website or

making them available for viewing through SERFF.

(b) Public inspection. Each filing submitted under Insurance Code Chapter 2301 or

3502, including any supporting information filed, will be open for public inspection as of

the date of the filing. This subsection does not apply to a commercial property insurance

filing submitted by a Lloyd's plan or a reciprocal or interinsurance exchange under

Chapter 2301. Each filing submitted under Insurance Code Chapter 2053 and 2251,

including any supporting information filed, is public information subject to Government

Code Chapter 552, including any applicable exception from required disclosure under that

chapter.

(c) Confidential filings. If a filer marks its entire filing as confidential, TDI will reject

the filing.

§5.9312. Personally Identifiable Information.

Filings must not include any policyholders' personally identifiable information.

Filings that include this type of information may be rejected. As used in this subchapter,

personally identifiable information means information that can be used either alone or in

combination to distinguish an individual's identity. Examples of personally identifiable

information include:

(1) any individual policyholder identification including name, address,

phone, or email;

(2) social security numbers;

(3) insurance policy numbers;

- (4) drivers' license, identification card, vehicle identification, and license plate numbers;
 - (5) debit card, credit card, bank account, and routing numbers; and
 - (6) health information about a specific individual.

REPEAL OF DIVISION 5. FILINGS MADE EASY – REQUIREMENTS FOR PROPERTY AND CASUALTY POLICY FORM, ENDORSEMENT AND MANUAL RULE FILINGS.

28 TAC §§5.9320 - 5.9323

STATUTORY AUTHORITY. The Commissioner adopts the repeal of 28 TAC Chapter 5, Subchapter M, Division 5, §§5.9320 – 5.9323 under Insurance Code §§2052.002, 2171.003, 2301.001, 2301.006, 2301.053, 2301.055, 2301.056, 3502.104, 3502.108, and 36.001.

Section 2052.002 provides that in writing workers' compensation insurance, an insurance company may not use a form other than one prescribed by the Commissioner, and that before an insurance company may use a workers' compensation form that the Commissioner has not prescribed, the insurance company must submit it to and receive approval from TDI.

Section 2171.003 provides that an insurer must file a policy form for use with commercial group property insurance with the Commissioner before using the form.

Section 2301.001 states that the purpose of Chapter 2301, Subchapter A, includes regulating insurance forms to ensure that they are not unjust, unfair, inequitable, misleading, or deceptive.

Section 2301.006 provides that an insurer may not use policy forms, other than the standard forms adopted by the Commissioner, until the insurer files the forms with and receives approval from the Commissioner.

Section 2301.053 provides that a form may not be used unless the form is written in plain language. A form is considered written in plain language if it achieves a minimum score established by the Commissioner on the Flesch reading ease test.

Section 2301.055 provides that the Commissioner may adopt reasonable and necessary rules to implement Insurance Code Chapter 2301, Subchapter B (relating to Policy Forms for Personal Automobile Insurance Coverage and Residential Property Insurance Coverage).

Section 2301.056 requires that declaration pages for residential property insurance policy forms list each type of deductible under the policy and state the exact dollar amount of each deductible.

Section 3502.104 requires that a mortgage guaranty insurer file forms, classifications, and rules with TDI.

Section 3502.108(a) provides that the Commissioner may adopt reasonable rules relating to the minimum standards for coverage under policy forms consistent with the purpose of Insurance Code Chapter 3502, relating to Mortgage Guaranty Insurance, and the public policy of this state. Section 3502.108(b) provides that TDI "may establish requirements for data and information filed under this chapter."

Section 36.001 provides that the Commissioner may adopt any rules necessary and appropriate to implement the powers and duties of TDI under the Insurance Code and other laws of this state.

TEXT.

DIVISION 5. FILINGS MADE EASY – REQUIREMENTS FOR PROPERTY AND CASUALTY POLICY FORM, ENDORSEMENT, AND MANUAL RULE FILINGS.

§5.9320. Required Information for the Preparation and Submission of Policy Form, Endorsement, and Manual Rule (Other than Rating Manual) Filings.

§5.9321. Request for Deemer Period Waiver.

§5.9322. Insurers Providing Coverage through a Purchasing Group.

§5.9323. Residential Property Declarations Page Forms.

DIVISION 5. FILINGS MADE EASY – REQUIREMENTS FOR PROPERTY AND CASUALTY POLICY FORM AND ENDORSEMENT FILINGS.

28 TAC §§5.9320 - 5.9328

STATUTORY AUTHORITY. The Commissioner adopts new Division 5, §§5.9320 – 5.9328 under Insurance Code §§2052.002, 2171.003, 2301.001, 2301.006, 2301.053, 2301.055, 2301.056, 3502.104, 3502.108, and 36.001.

Section 2052.002 provides that in writing workers' compensation insurance, an insurance company may not use a form other than one prescribed by the Commissioner, and that before an insurance company may use a workers' compensation form that the Commissioner has not prescribed, the insurance company must submit it to and receive approval from TDI.

Section 2171.003 provides that an insurer must file a policy form for use with commercial group property insurance with the Commissioner before using the form.

Section 2301.001 states that the purpose of Insurance Code Chapter 2301, Subchapter A, includes regulating insurance forms to ensure that they are not unjust, unfair, inequitable, misleading, or deceptive.

Section 2301.006 provides that an insurer may not use policy forms, other than the standard forms adopted by the Commissioner, until the insurer files the forms with and receives approval by the Commissioner.

Section 2301.053 provides that a form may not be used unless the form is written in plain language. A form is considered written in plain language if it achieves a minimum score established by the Commissioner on the Flesch reading ease test.

Section 2301.055 provides that the Commissioner may adopt reasonable and necessary rules to implement Insurance Code Chapter 2301, Subchapter B (relating to Policy Forms for Personal Automobile Insurance Coverage and Residential Property Insurance Coverage).

Section 2301.056 requires that declaration pages for residential property insurance policy forms list each type of deductible under the policy and state the exact dollar amount of each deductible.

Section 3502.104 requires that a mortgage guaranty insurer file forms, classifications, and rules with TDI.

Section 3502.108(a) provides that the Commissioner may adopt reasonable rules relating to the minimum standards for coverage under policy forms consistent with the purpose of Chapter 3502, relating to Mortgage Guaranty Insurance, and the public policy of this state. Section 3502.108(b) provides that TDI "may establish requirements for data and information filed under this chapter."

Section 36.001 provides that the Commissioner may adopt any rules necessary and appropriate to implement the powers and duties of TDI under the Insurance Code and other laws of this state.

TEXT.

DIVISION 5. FILINGS MADE EASY – REQUIREMENTS FOR PROPERTY AND CASUALTY POLICY FORM AND ENDORSEMENT FILINGS.

§5.9320. Purpose and Definitions.

- (a) Purpose. The purpose of this division is to specify the filing requirements for property and casualty policy form and endorsement filings submitted under Insurance Code Chapters 2052, 2301, or 3502. All insurer and advisory organization filings must comply with the filing requirements of this division and any other applicable rules.
- (b) Definitions. The definitions in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements) apply to this division.

§5.9321. General Filing Requirements.

- (a) Filings must be submitted for only one line of insurance except for multi-peril and interline filings.
- (b) Filings submitted under this division may not be combined with any other filing types submitted under this subchapter.
 - (c) Filings must contain the following:
- (1) the transmittal information required in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements);
 - (2) a copy of the proposed policy forms or endorsements;
 - (3) a form number for each proposed form;

- (4) an edition date for each proposed form, if applicable;
- (5) the TDI file number for the previously approved policy to which the proposed form will be attached, if applicable;
 - (6) a form usage table that includes:
 - (A) the form name and form number for each proposed form;
- (B) information indicating whether each proposed form is optional, mandatory, or conditional mandatory. For conditional mandatory forms, the filer must submit an addendum that describes the conditions that make each form mandatory. For filings other than personal automobile, residential property, or personal multi-peril, the filer may describe the conditions elsewhere in the filing;
 - (7) a memorandum that contains:
 - (A) a detailed explanation of the reasons for the filing;
 - (B) a description of the proposed policy forms or endorsements; and
- (C) an explanation of each policy form and endorsement's use, which may include, for example, the type of risk or risks for which the forms or endorsements will be used.
- (8) All provisions required by statute, administrative rule, or Commissioner's order. Filers may add the required provisions to a policy form by including a Texas amendatory endorsement. The filing must include the amendatory endorsement, or the filing may reference an approved amendatory endorsement that applies to the policy forms in the filing.
- (9) For amended policy forms or endorsements, copies of the previously approved or adopted policy forms or endorsements indicating the differences between the approved or adopted policy forms or endorsements and the filed policy forms or endorsements. New text must be underlined, and deleted text must be in brackets with a

strikethrough. Alternatively, the changes can be indicated by other clearly identified or highlighted editorial notations referencing new and replaced text. The marked changes must be in a separate single document for each filed form.

(10) For personal automobile and residential property insurance, a filing must meet the statutory requirements for plain language in policies required by Commissioner's Order No. 92-0573, or any superseding Commissioner's order. The filing must also include the Flesch Reading Ease Test readability score for the filed forms or endorsements.

§5.9322. Additional Information.

- (a) When reviewing each filing under this division, TDI may request additional information specific to the filing. This information may include:
 - (1) related forms or information needed for the review;
- (2) a summary of all policy provisions, including a detailed description and explanation of the coverages, limitations, exclusions, and conditions;
- (3) a coverage comparison to a similar policy form or endorsement that the Commissioner has approved or adopted containing a detailed explanation of all the differences including any restrictions in coverage, enhancements in coverage, or clarifications to the previously approved policy forms or endorsements.
- (4) a coverage evaluation that contains a detailed explanation of the proposed changes including any restrictions in coverage, enhancements in coverage, or clarifications to approved or adopted policy forms or endorsements. The coverage evaluation may be provided in a side-by-side comparison showing any differences between the previously approved or adopted policy forms or endorsements and the proposed policy forms or endorsements.

(b) Filers must provide information requested by TDI under this section.

§5.9323. Requirements for Reference Filings.

- (a) Reference filings for policy forms and endorsements should not include a copy of the referenced material.
 - (b) In addition to the transmittal information, a reference filing must include:
- (1) the name of the insurance company or advisory organization whose filing is being referenced; and
 - (2) the TDI file number of the filing being referenced.
- (c) For personal automobile, residential property, and personal multi-peril insurance, the filing must also include:
- (1) a list of each form and endorsement that the insurer will use from each referenced filing; and
- (2) a form usage table, as described in §5.9321(c)(6) of this title (relating to General Filing Requirements), that includes each form and endorsement that the insurer will use from each referenced filing.
- (d) If a filer wants to change a form or endorsement approved for another insurer or an advisory organization, the filer may not submit the form as a reference filing. The filer must submit the amended form for approval with the information required by §5.9321 and §5.9322 of this title (relating to General Filing Requirements and Additional Information).

§5.9324. Incomplete Filings.

- (a) TDI will consider a filing incomplete if the filing does not comply with the filing requirements in §§5.9321 5.9323 of this title (relating to General Filing Requirements, Additional Information, and Requirements for Reference Filings).
- (b) If TDI determines that a filing is incomplete, TDI will notify the filer and describe deficiencies in the filing and the additional information required to complete the filing. TDI may reject a filing that still has deficiencies on the date specified in the notice.
 - (c) A rejected filing:
 - (1) is not considered filed with TDI for the purposes of this division; and
 - (2) will not be reopened for purposes of resubmission.
 - (d) The deemer period does not begin until TDI receives a complete filing.

§5.9325. Request for Deemer Period Waiver.

- (a) By sending written notice to TDI, an insurer may waive the deadlines by which the Commissioner, under Insurance Code §2301.006, must approve or disapprove a form before it is deemed approved.
- (b) An insurer that waives the deadlines referenced in subsection (a) of this section may opt to withdraw its waiver. For the withdrawal to be effective, the insurer must provide written notice of withdrawal and the withdrawal must be acknowledged by TDI in writing. Subject to §5.9324(d) of this title, the deemer period described by Insurance Code §2301.006 will begin on acknowledgement of the withdrawal.

§5.9326. Insurers Providing Coverage through a Purchasing Group.

For policies effective on and after September 1, 2015, insurers that provide coverage to participants through a purchasing group must comply with the filing requirements of this division.

Part I. Texas Department of Insurance Chapter 5. Property and Casualty Insurance

§5.9327. Residential Property Declarations Page Forms.

(a) Insurers must file residential property insurance policy declarations page forms

for approval under this division. Declarations pages include renewal declarations pages,

renewal certificates, amended declarations pages, and separate disclosure pages allowed

under §5.9700 of this title (relating to Residential Property Declarations Pages and

Deductible Disclosures).

(b) Filed declarations page forms must be completed with sample—not actual—

policyholder information sufficient to demonstrate how the insurer will comply with this

rule and Insurance Code §2301.056.

§5.9328. Insurers Writing Commercial Group Property Insurance.

As Insurance Code §2171.003 requires, insurers writing commercial group property

insurance under Insurance Code §2171.002 must file a policy form with the Commissioner

before using the form for a group of businesses or an association described by §2171.002

in which each member of the group or association is not a large risk.

DIVISION 6. FILINGS MADE EASY – REQUIREMENTS FOR RATE AND RULE FILINGS.

28 TAC §§5.9330 - 5.9335

STATUTORY AUTHORITY. The Commissioner adopts the amendments to §§5.9330 –

5.9335 under Insurance Code §§559.004, 912.056, 2053.003, 2251.101, 2251.1025,

2251.252, 3502.101, 3502.104, 3502.108, and 36.001.

Section 559.004 provides that the Commissioner "adopt rules that prescribe the allowable differences in rates charged by insurers due solely to the difference in credit scores."

Section 912.056 requires that certain county mutual insurance companies that have appointed managing general agents, created districts, or organized local chapters to manage a portion of their business must, for each managing general agent, district, or local chapter program, file the rating information that the Commissioner requires by rule.

Section 2053.003 requires that each insurance company writing workers' compensation insurance file with TDI all rates, supplementary rating information, and reasonable and pertinent supporting information for risks written in Texas.

Section 2251.101 provides that the Commissioner adopt rules on the information to be included in rate filings and prescribe the process by which TDI may request supplementary rating information and supporting information.

Section 2251.1025 provides that the Commissioner adopt rules regarding filing requirements for certain personal automobile insurers with less than 3.5 percent of the market share of the personal automobile insurance market in this state.

Section 2251.252 provides that an insurer is exempt from the filing requirements of Insurance Code Chapter 2251 if it or the rate it is filing meets certain criteria.

Section 3502.101(a) requires that a mortgage guaranty insurer must file rate and supplementary rate information, and any changes to the rate or supplementary rate information, not later than 15 days before it uses the rate or supplementary rate information in this state. Section 3502.101(b) provides that the rate filing must include adequate supporting data; an explanation of the insurer's interpretation of any statistical data on which the insurer relied; an explanation and description of the methods used in making the rates; and certification of the appropriateness of the charges, rates, or rating

plans based on reasonable assumptions and accompanied by adequate supporting information.

Section 3502.104 requires that a mortgage guaranty insurer file forms, classifications, and rules with TDI.

Section 3502.108(a) provides that the Commissioner may adopt reasonable rules relating to the minimum standards for coverage under policy forms consistent with the purpose of Chapter 3502, relating to Mortgage Guaranty Insurance, and the public policy of this state. Section 3502.108(b) provides that TDI "may establish requirements for data and information filed under this chapter."

Section 36.001 provides that the Commissioner may adopt any rules necessary and appropriate to implement the powers and duties of TDI under the Insurance Code and other laws of this state.

TEXT.

DIVISION 6. FILINGS MADE EASY – REQUIREMENTS FOR RATE AND RULE FILINGS.

§5.9330. Purpose.

The purpose of this division is to specify requirements for rate and rule filings under Insurance Code Chapters 2053, 2251, and 3502. Rate and rule filings may include rates, prospective loss costs, loss cost multipliers, rating manuals, and other supplementary rating information. Rate and rule filings may also include information concerning policy fees, service fees, and other fees that are charged or collected by the insurer under Insurance Code §550.001 or §4005.003, or any other amounts collected by the insurer in connection with a policy. All insurer and advisory organization filings must comply with

the filing requirements of this division and any other applicable rules adopted by the Commissioner.

§5.9331. Definitions.

- (a) Terms not defined in this section, but that are defined in Insurance Code Chapters 2053, 2251, or 3502, or in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements), have the same meaning when used in this division unless the context indicates otherwise.
- (b) The following terms when used in this division have the following meanings, unless the context indicates otherwise:
- (1) Disallowed expenses--Applies only to filings submitted under Insurance Code Chapter 2251. Disallowed expenses include the expenses in Insurance Code §2251.002(1-a). Payments anticipated to be made to advisory organizations that are licensed to do business in Texas for services authorized by Insurance Code Chapter 1805, Subchapter B, are not disallowed expenses.
- (2) Fees--Information concerning all policy fees, service fees, and other fees that are charged or collected by an insurer under Insurance Code §550.001 or §4005.003, or any other amounts collected by the insurer in connection with a policy, other than the premium. This information includes both the amount of the fees and the rules governing when the fees are charged and how they are earned.
- (3) Insurer--An insurer authorized to write property and casualty insurance in Texas, including an insurance company, reciprocal or interinsurance exchange, mutual insurance company, capital stock company, county mutual insurance company, association, Lloyd's plan, or other entity writing insurance in this state. The term includes an affiliate, as described by Insurance Code §823.003, if that affiliate is authorized to write

insurance in Texas. The term includes an appointed managing general agent, district, or local chapter program of a county mutual insurance company described by Insurance Code §912.056(d) that manages a portion of that county mutual insurance company's business, independent of all other business of that county mutual insurance company, and that is to be treated as a separate insurer for the purposes of Insurance Code Chapters 544, 2251, 2253, and 2254, as provided in Insurance Code §912.056(e). The term does not include a farm mutual insurance company, an eligible surplus lines insurer under the Insurance Code, the Texas Windstorm Insurance Association, the Texas FAIR Plan Association, or the Texas Automobile Insurance Plan Association.

(4) Short track filing--A filing requiring limited supporting information to determine compliance with Texas statutes and rules. For example, a filing making an editorial change to a rule that does not result in the use of rates that are not on file, or a filing referring to certain advisory organization filings, may qualify as a short track filing. TDI determines whether a filing is eligible to be reviewed as a short track filing. The TDI website lists advisory organization filings that insurers may reference in a short track filing.

§5.9332. Categories of Supporting Information.

The categories of supporting information addressed in this section describe the different items that may be required or requested in a rate and rule filing. Section 5.9334 of this title (relating to Requirements for Rate and Rule Filing Submissions) lists the categories of supporting information that different rate and rule filings require. Categories of supporting information include:

(1) Rate filing checklists. These are found in the Filings Made Easy Guide and show the information filers need to include with the filing.

level;

- (2) Actuarial memorandum. This memorandum describes the methodologies for determining each component used in developing the actuarial support, and a qualitative discussion on the selections for each component. It includes an explanation for any changes in methodologies or any changes to the component selections from the previous analysis.
- (3) Actuarial support. This type of support consists of sufficient documentation and analysis to allow a qualified actuary to understand and evaluate the rates, each component used in developing the rates, and the appropriateness of each material assumption. Actuarial support is divided into the following subcategories:
- (A) Rate indications consist of the analyses the insurer relies on to support its filed rates, each component used to develop the rate indications, and support for each of these components, including the data and methodologies used by the insurer. Rate indications may be on an overall basis or by coverage, class, form, or peril when appropriate. Rate indications must include each of the following with documentation in support of each, to the extent applicable:
 - (i) premiums, on-level factors, and premiums at current rate
 - (ii) incurred and paid losses;
 - (iii) loss and claim development factors;
 - (iv) premium and loss trend factors;
- (v) hurricane and nonhurricane catastrophe factors or loss provisions, including the definition of a catastrophe and how the definition has changed over the experience period used to calculate the provisions;
- (vi) off-balance factors if there are changes in relativities, for example: discounts, surcharges, or territorial definitions;

(vii) the measure of credibility, the complement of credibility, the criteria for full credibility, and the method for determining partial credibility;

(viii) expenses, including general expenses; other acquisition expenses; commissions and brokerage expenses; taxes, licenses and fees; loss adjustment expenses; and expense offsets from fee income;

- (ix) the net cost of reinsurance;
- (x) for rates filed under Insurance Code Chapter 2251, profit provisions, including risk loads;
- (xi) for rates filed under Insurance Code Chapters 2053 and 3502, profit and contingency provisions, including risk loads;
- (xii) the effect on premiums of individual risk variations based on loss or expense considerations; and
- (xiii) any other component used in developing a rate indication.
- (B) Relativity analysis consists of both the analysis and support for the selected rating factors, including the loss experience and methodologies used by the insurer to derive the indicated rating factors. Supporting information must include:
 - (i) the current relativity;
 - (ii) the indicated relativity;
- (iii) support for the indicated relativities, including the loss experience and methodologies used by the insurer to derive the indications;
 - (iv) the selected relativity;
- (v) support for the selected relativities if they differ from the indicated relativities; and
 - (vi) the percent change from current to selected relativity.

- (C) Other actuarial support consists of both the analysis and support for the selected rates, including the loss experience and methodologies used by the insurer to derive them. The support must clearly demonstrate why the proposed rates are not excessive, inadequate, or unfairly discriminatory. A rate is reasonable and not excessive, inadequate, or unfairly discriminatory if it is an actuarially sound estimate of the expected value of all future costs associated with an individual risk transfer. These costs include claims, claim settlement expenses, operational and administrative expenses, and the cost of capital.
- (4) SERFF rate data. This data consists of all information necessary to complete the company rate information fields in SERFF.
- (5) Policyholder impact information. Policyholder impact information must reflect the changes for all policyholders. This information consists of the following provided separately by form or coverage:
- (A) a histogram that graphically depicts the impact of the filed changes to policyholders in 5 percentage point intervals;
- (B) the policy counts in each interval displayed in either the histogram or a separate table;
 - (C) the minimum and maximum policyholder impact; and
- (D) a description of the changes that contributed to the minimum and maximum policyholder impact.
- (6) Average rate change by county. This is the average impact of all changes included in a filing by county, provided separately by form or coverage.
- (7) Rate change information. Rate change information must reflect the changes for all policyholders.

2019-6007

coverage or form;

TITLE 28. INSURANCE
Part I. Texas Department of Insurance
Chapter 5. Property and Casualty Insurance

Adopted Sections Page 45 of 75

- (A) For loss cost reference filings, rate change information consists of: (i) the proposed percentage change in the underlying loss costs; (ii) the change in the insurer's loss cost multiplier; (iii) the combined change in the loss costs and the loss cost multipliers; (iv) a six-year rate change history; and (v) the effect that changes in fee income have on the total average rate change for all coverages and forms combined. (B) For workers' compensation filings using classification relativities established under Insurance Code §2053.051, rate change information consists of: (i) the percentage change in the underlying classification relativities; (ii) the change in the insurer's deviation; (iii) the combined change in the classification relativities and the insurer's deviation; (iv) a six-year rate change history; and (v) the effect that changes in fee income have on the total average rate change. (C) For all other filings, rate change information consists of:
 - (C) For all other fillings, rate change information consists of.
 - (i) the average proposed rate change for each applicable
- (ii) the total average rate change for all applicable coverages and forms combined;

- (iii) a six-year rate change history; and
- (iv) the effect that changes in fee income have on the total average rate change for all applicable coverages and forms combined.
- (8) Historical premium and loss information. This information consists of an insurer's most recent five-year experience, for both Texas and countrywide, of direct premiums written, direct premiums earned, direct losses and defense and cost containment expenses paid, direct losses and defense and cost containment expenses incurred, and the ratio of the direct losses and defense and cost containment expenses incurred to direct earned premiums. The Texas experience is the amounts, or a subset of the amounts, pertinent to the line of business reported on the Exhibit of Premiums and Losses (Statutory Page 14 Data) in the insurer's Annual Statement. The countrywide experience is the amounts, or a subset of the amounts, pertinent to the line reported on the insurer's Insurance Expense Exhibit (IEE), Part III in the insurer's Annual Statement.
- (9) Expense information. This information consists of Texas experience and, if applicable, countrywide experience. The loss adjustment expenses must be shown as a dollar amount and as a ratio to incurred losses. All other expenses must be shown as a dollar amount and as a ratio to premium. All expense items must be on a direct basis.
- (A) Three years of historical Texas experience must be included for commissions and brokerage expenses incurred; taxes, licenses, and fees incurred; losses incurred; and defense and cost containment expenses incurred. These must be the amounts, or a subset of the amounts, reported on the Exhibit of Premiums and Losses (Statutory Page 14 Data) in the insurer's Annual Statement.
- (B) Three years of historical countrywide experience must be included for commissions and brokerage expenses incurred, other acquisition expenses incurred, general expenses incurred, losses incurred, defense and cost containment expenses

incurred, and adjusting and other loss adjustment expenses incurred. These must be the amounts, or a subset of the amounts, reported in the insurer's IEE, Part III in the insurer's Annual Statement.

(C) Three years of historical countrywide experience must be included for each category of disallowed expenses. These must be the amounts reported in the insurer's response to the annual TDI Disallowed Expense Call. Other acquisition and general expenses, each adjusted to remove disallowed expenses, must be listed separately. The total adjusted general expense percentage must reflect any necessary adjustment due to the capping of general expenses at 110 percent of the industry median for the line of insurance.

- (D) To the extent that the expense provisions differ from the historical expenses, the filing must provide additional support for the expense provisions underlying the rates. Provisions for commissions and brokerage expenses; other acquisition expenses; general expenses; taxes, licenses, and fees; and profit and contingencies must be displayed and a sum computed. For filings submitted under Insurance Code Chapter 2251, the expense provisions must exclude disallowed expenses.
- (E) When additional expense provisions are included, such as the net cost of reinsurance or an expense offset from fee income, the filing must include expected or historical experience. Support for provisions for the net cost of reinsurance may include reinsurance premiums, expected reinsurance recoverables, and a description of reinsurance coverage including attachment points and limits.
- (10) Loss cost information for reference filings. This information consists of the following:
 - (A) the TDI file number of the loss costs being referenced;

- (B) the derivation of the proposed loss cost multiplier including any loss cost modification factor and the following expense and profit provisions:
 - (i) commissions and brokerage expenses;
 - (ii) other acquisition expenses, adjusted to remove disallowed

expenses;

(iii) general expenses, adjusted to remove disallowed

expenses;

filing;

- (iv) taxes, licenses, and fees; and
- (v) underwriting profit and contingencies;
- (C) supporting documentation for loss cost modification factors other than 1.00;
 - (D) the loss cost multiplier to be used as of the effective date of the
- (E) the loss cost multiplier used immediately before the effective date of the filing; and
- (F) the effective rate-level change due to any change in the loss cost multiplier.
- (11) Profit provision information. This information consists of a description of the methodology, assumptions, and support for the assumptions used to arrive at the profit provisions underlying the proposed rates.
- (12) A side-by-side comparison. This comparison must show any differences between the previously filed and the proposed rates, rating manual, rules, or other supplementary rating information.
- (13) A mark up. This is a copy of the previously filed rates, rating manuals, rules, or other supplementary rating information indicating the differences between it and

the revised version, with any new language or factors underlined and the deleted language or factors in brackets with a strikethrough, or other clearly identified or highlighted editorial notations referencing the new and replaced language or factors.

- (14) Sample premium impacts by selected ZIP codes. These are sample premiums and premium changes based on all changes included in a filing for certain specified policy types and ZIP codes.
- (15) Rate filing templates. These are found in the Filings Made Easy Guide and provide insurers with an optional means of providing certain supporting information and supplementary rating information.
- (16) Other information. This includes any other information required by the Commissioner necessary to determine that the rates meet the rate standards.

§5.9333. Categories of Supplementary Rating Information.

The categories of supplementary rating information addressed in this section describe the different items that may be required or requested in a rate and rule filing. Section 5.9334 of this title (relating to Requirements for Rate and Rule Filing Submissions) lists the categories of supplementary rating information that different rate and rule filings require. Categories of supplementary rating information include:

- (1) Rating manual. This type of manual consists of any rating schedule, plan of rules, and rating rules. A rating manual may contain factors and relativities, including increased limits factors, classification relativities, deductible relativities, territory relativities, premium discounts, and other similar factors. A rating manual may also include some or all information in the remaining categories of supplementary rating information.
 - (2) Rating algorithm.
 - (3) Rating plan.

- (4) Territory codes and descriptions.
- (5) Classification system. This consists of any other criteria, guidelines, models, and methods that place individual risks into rating classifications, such as tiers, categories, or similar groupings, regardless of the name used.
- (6) Factors and relativities, including increased limits factors, classification relativities, deductible relativities, territory relativities, premium discounts or surcharges, and other similar factors.
- (7) Other information. This is any other information used by the insurer to determine the applicable premium for an insured.

§5.9334. Requirements for Rate and Rule Filing Submissions.

- (a) Insurers must file any new rates or revisions to previously filed rates governed by Insurance Code Chapter 2053 at least 30 days before they become effective. The insurer must file any supplementary rating information not prescribed under Insurance Code Article 5.96.
- (b) For rates governed by Insurance Code Chapter 2251, insurers must file any new rates, rating manuals, rules, all other supplementary rating information, and fees, or revisions to these items and all other information required by this section. An insurer may use the information filed under this division on and after the date of the filing, unless the insurer is subject to prior approval under Insurance Code Chapter 2251, Subchapter D.
- (c) Insurers must file any new rates and supplementary rating information or revisions to previously filed rates and supplementary rating information governed by Insurance Code Chapter 3502 at least 15 days before they become effective.
- (d) All rate and rule filings must be submitted for only one line of insurance except for multi-peril and interline filings.

- (e) Each filing must include the transmittal information required in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements).
- (f) Insurers must inform TDI of a change in the effective date of a rate and rule filing on or before the effective date in the filing.
- (g) Each filing must include a filing memorandum that explains the purpose of the filing and provides all material background details relating to the filing, including a statement on the overall impact of the filing. The filing memorandum must briefly describe each change to the rates, rating manuals, rules, any other supplementary rating information and fees used by the insurer, and briefly describe the supporting information provided for each change. A brief summary of any related policy form or endorsement filings, including the coverages, limitations, and exclusions, must be included.
- (h) Except as provided in Division 9 of this subchapter (relating to Filings Made Easy Reduced Filing Requirements for Certain Insurers), or subsection (i) of this section, each filing must include supporting information. Sufficient supporting information is necessary for TDI to establish that a filing produces rates that are not excessive, inadequate, unreasonable, or unfairly discriminatory for the risks to which they apply. Insurers must provide sufficient documentation to justify specific rates or revisions they are proposing. To the extent the information originally submitted in a rate and rule filing is insufficient, TDI may request additional information as deemed necessary by TDI or the Commissioner. Each filing must contain the following items:
 - (1) a completed rate filing checklist;
 - (2) rate change information;
 - (3) SERFF rate data;

- (4) loss cost information, if the filing references an advisory organization loss cost filing;
 - (5) an actuarial memorandum;
- (6) actuarial support appropriate to the rating information being filed, as specified in subparagraphs (A) – (C) of this paragraph:
- (A) All filings that propose changes to relativities, such as territory or class, and those implied by discounts, surcharges, or tiers, must include relativity analyses. This requirement applies when the proposed rate changes vary across a characteristic, regardless of presentation. The related territory codes and descriptions, classification systems and descriptions, or rules must also be included.
 - (B) All except the following filings must include rate indications:
- (i) filings for new rates that will not replace, modify, or supersede any existing rates, unless the rates are derived from the experience of an affiliate, including an eligible surplus lines insurer;
 - (ii) fee filings; or
- (iii) filings containing changes only to supplementary rating information with no overall rate impact. Examples include filings with no overall rate impact that contain only items such as relativity changes or rates for endorsements.
- (C) Filings must include other actuarial support when neither the relativity analysis in subparagraph (A) nor the rate indications in subparagraph (B) of this paragraph apply;
- (7) policyholder impact information for owner-occupied homeowner and personal automobile filings that include changes that will result in a difference between the minimum and maximum policyholder impact that is greater than 5 percent;

- (8) the average rate change by county for owner-occupied homeowners rate filings;
- (9) historical premium and loss information, if the filing changes or replaces existing rates;
 - (10) expense information; and
 - (11) profit provision information.
- (i) Instead of the items in subsection (h) of this section, short track filings must include:
 - (1) a completed rate filing checklist;
 - (2) rate change information;
 - (3) SERFF rate data; and
 - (4) a side-by-side comparison or a mark up, if applicable.
- (j) Each filing submitted must be legible, accurate, internally consistent, complete, and contain all required documents. In each filing:
- (1) each table must be clearly labeled, including titles and column and row headings to clearly identify the contents;
- (2) row and column headings must be repeated on each page of tables displayed on multiple pages;
- (3) all pages must print to at least 10-point font in black ink, unless the pages are a mark up;
 - (4) text shading, other than yellow highlighting, may not be used; and
 - (5) each page should include a page number or other unique identifier.
 - (k) Paragraphs (1) (3) of this subsection address public information.
- (1) If an insurer believes a portion of the information required to be filed under Insurance Code Chapter 2053 or Chapter 2251 is confidential and excepted from

disclosure under Government Code Chapter 552, the insurer must mark each page excepted.

- (2) For filings submitted under Insurance Code Chapters 2053 or 2251 that include information that is marked confidential, TDI will request an attorney general decision under Government Code Chapter 552 before making the information open for public inspection. TDI does not consider the following excepted from disclosure under Government Code Chapter 552: loss cost multipliers, rates, rating factors and relativities, rating manuals, fees, or summary information about the filing, including date filed, rate impact, effective dates, or a summary of the changes. TDI does not consider the following categories of supporting information excepted from disclosure under Government Code Chapter 552: rate change information, SERFF rate data, average rate change by county, sample premium impacts by selected ZIP codes, historical premium and loss information, or historical expense information.
- (3) Each filing submitted under Insurance Code Chapter 3502, including any supporting information filed, will be open for public inspection as of the date of the filing.
- (I) The insurer is responsible for ensuring that its filing complies with Texas statutes and rules.
- (m) TDI maintains the Filings Made Easy Guide to help insurers comply with Texas statutes and rules. Insurers may refer to the Filings Made Easy Guide for rate filing templates or exhibits that insurers can use to display necessary supporting information required in subsection (h) of this section. Insurers may obtain this guide from TDI's website at www.tdi.texas.gov.
- (n) Filings under this division may not be combined with any other filing types submitted under this subchapter.

Part I. Texas Department of Insurance Chapter 5. Property and Casualty Insurance

§5.9335. Requests for Information.

- (a) When reviewing each filing under this division, TDI may request additional supplementary rating information and supporting information.
- (b) To be considered fully responsive to a request for information, an insurer's responses must:
- (1) fully address all of the requests and questions in a manner that is clear and in sufficient detail to allow a qualified actuary to understand and evaluate the material and any explanations provided;
- (2) contain appropriate supporting data and calculations, including material assumptions, with sufficient narrative to clearly explain the methodology used, the nature and source of the data, and any conclusions drawn; and
- (3) provide an explanation of any apparent anomalies in the data and how the insurer mitigated or accounted for them in arriving at the proposed rates and rules.
- (c) TDI may request that an insurer file a comprehensive set of rates, rating manuals, rules, fees, and all other supplementary rating information when filing a revision to previously filed rates, rating manuals, rules, fees, and all other supplementary rating information.
- (d) For each filing under Insurance Code Chapter 2251, TDI may request additional supplementary rating information and supporting information five times each. The insurer must respond by the date specified in the request. Correspondence requesting information that should have been included in the response, or clarifications of the information included in the response, will not constitute a new request for information.
- (e) Requests that are necessary to make the filing complete are not a request for information under subsection (d) of this section. Examples of this type of request include:

Part I. Texas Department of Insurance Chapter 5. Property and Casualty Insurance

- (1) requests for information required by §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements);
- (2) requests for information required by §5.9334 of this title (relating to Requirements for Rate and Rule Filing Submissions); and
 - (3) requests arising from discrepancies in the filing.

DIVISION 7. FILINGS MADE EASY – REQUIREMENTS FOR UNDERWRITING GUIDELINE FILINGS.

28 TAC §§5.9340 - 5.9342

STATUTORY AUTHORITY. The Commissioner adopts the amendments to §§5.9340 – 5.9342 under Insurance Code §§38.002, 38.003, 2053.034, and 36.001.

Section 38.002 requires each insurer writing personal automobile insurance or residential property insurance to file its underwriting guidelines with TDI to ensure that the underwriting guidelines are sound, actuarially justified, substantially commensurate with the contemplated risk, and not unfairly discriminatory.

Section 38.003 provides that TDI may obtain a copy of the underwriting guidelines of an insurer for lines other than personal automobile insurance or residential property insurance.

Section 2053.034 provides that each insurer writing workers' compensation insurance must file with TDI a copy of its underwriting guidelines.

Section 36.001 provides that the Commissioner may adopt any rules necessary and appropriate to implement the powers and duties of TDI under the Insurance Code and other laws of this state.

TEXT.

DIVISION 7. FILINGS MADE EASY – REQUIREMENTS FOR UNDERWRITING GUIDELINE FILINGS.

§5.9340. Purpose.

The purpose of this division is to specify underwriting guideline filing requirements under Insurance Code Chapter 38 and Chapter 2053.

§5.9341. Definitions.

The following definitions apply to underwriting guideline filings under this division:

- (1) the definitions in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements);
- (2) the definitions in Insurance Code §38.002 apply to insurers filing underwriting guidelines for personal automobile or residential property insurance;
- (3) the definitions in Insurance Code Chapter 2053 apply to insurers filing underwriting guidelines for workers' compensation insurance; and
- (4) the definitions in Insurance Code §38.003 apply to insurers filing underwriting guidelines for lines of property and casualty insurance not subject to Insurance Code §38.002.

§5.9342. Filing Requirements.

(a) An insurer writing personal automobile, residential property, or workers' compensation insurance must file with TDI:

- (1) at least once every three calendar years on or before March 1, beginning March 1, 2004, a written, comprehensive set of each underwriting guideline used by the insurer or the insurer's agent; and
- (2) not later than the 10th day after the underwriting guideline has changed, a written update to the underwriting guideline clearly identifying each section of the previously filed underwriting guideline that has changed.
- (b) For purposes of compliance with this section, an oral or electronic underwriting guideline must be converted to written form.
- (c) An insurer group or group of affiliated insurers may file one set of underwriting guidelines or update to underwriting guidelines on behalf of individual insurers in the group under the requirements of this section if the group clearly identifies which underwriting guidelines apply to each insurer within the group.
- (d) An insurer that files underwriting guidelines or updates to underwriting guidelines under this section must submit the filing transmittal information required in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements) with each underwriting guideline filing.
 - (e) All filings for underwriting guidelines must relate to only one line of insurance.
- (f) Underwriting guidelines contemplated by Insurance Code §38.003, other than workers' compensation insurance, are required only if requested. Underwriting guidelines submitted in response to a request under Insurance Code §38.003 must be filed in compliance with subsections (b), (c), and (d) of this section.
- (g) Filings under this division may not be combined with any other filings submitted under this subchapter.
- (h) Information used to classify risks for the purpose of determining a rate must be filed under Division 6 of this title (relating to Filings Made Easy Requirements for Rate

and Rule Filings), even if the information is included in an underwriting guideline filing under this division.

DIVISION 8. FILINGS MADE EASY – REQUIREMENTS FOR CREDIT SCORING MODEL FILINGS FOR PERSONAL INSURANCE.

28 TAC §5.9351 and §5.9352

STATUTORY AUTHORITY. The Commissioner adopts the amendments to §5.9351 and §5.9352 under Insurance Code §§559.004, 559.151, and 36.001.

Section 559.004 provides that the Commissioner "adopt rules that prescribe the allowable differences in rates charged by insurers due solely to the difference in credit scores."

Section 559.151 requires that an insurer that uses credit scores to underwrite and rate risks file its credit scoring model or other credit scoring processes with TDI.

Section 36.001 provides that the Commissioner may adopt any rules necessary and appropriate to implement the powers and duties of TDI under the Insurance Code and other laws of this state.

TEXT.

DIVISION 8. FILINGS MADE EASY – REQUIREMENTS FOR CREDIT SCORING MODEL FILINGS FOR PERSONAL INSURANCE.

§5.9351. Definitions.

(a) The definitions in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements) apply to this division. Words

Adopted Sections Page 60 of 75

and terms not defined in this division may be defined in Insurance Code Chapter 559 and will have the same meaning when used in this division.

(b) Credit scoring model--The algorithm, computer application, model, or other process that is based on credit information used to derive a credit score or insurance score.

§5.9352. Filing Requirements.

- (a) All credit scoring models must be filed before they can be used. Insurers referencing credit scoring models that have been filed with TDI by another entity on behalf of an insurer in this state must specify the exact name of the credit scoring model being referenced instead of filing the model itself. Insurers making independent credit scoring model filings must file the entire model, including definitions.
- (b) An insurer that files a credit scoring model or references a model that has been filed with TDI by another entity on behalf of another insurer in this state must submit the following information with the filing:
- (1) the filing transmittal information required in §5.9310 of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements);
- (2) whether the insurer uses the credit score for underwriting, rating, or tiering;
- (3) for policies with more than one named insured, which insured's credit score is used;
 - (4) how often the credit score is updated; and
- (5) a completed guestionnaire, used to verify compliance with Insurance Code Chapter 559.

Part I. Texas Department of Insurance Chapter 5. Property and Casualty Insurance

- (c) TDI maintains the Filings Made Easy Guide to help insurers comply with Texas statutes and rules. Insurers may refer to the Filings Made Easy Guide for the questionnaire described in subsection (b)(5) of this section. Insurers may obtain this guide from TDI's website at www.tdi.texas.gov.
- (d) Filings under this section may not be combined with any other filing type submitted under this subchapter.
 - (e) All filings for credit scoring models must relate to only one line of insurance.
- (f) An insurer must refile a credit scoring model before the insurer may use the credit scoring model for a line of insurance not identified in the credit scoring model's original filing.

DIVISION 9. FILINGS MADE EASY – REDUCED FILING REQUIREMENTS FOR CERTAIN INSURERS.

28 TAC §§5.9355 - 5.9357

STATUTORY AUTHORITY. The Commissioner adopts the amendments to §§5.9355 – 5.9357 under Insurance Code §§2251.101, 2251.1025, 2251.252, and 36.001.

Section 2251.101 provides that the Commissioner adopt rules on the information to be included in rate filings and prescribe the process by which TDI may request supplementary rating information and supporting information.

Section 2251.1025 provides that the Commissioner adopt rules regarding filing requirements for certain personal automobile insurers with less than 3.5 percent of the market share of the personal automobile insurance market in this state.

Section 2251.252 provides that an insurer is exempt from the filing requirements of Chapter 2251 if it or the rate it is filing meets certain criteria.

2019-6007

TITLE 28. INSURANCE

Part I. Texas Department of Insurance

Chapter 5. Property and Casualty Insurance

Adopted Sections Page 62 of 75

Section 36.001 provides that the Commissioner may adopt any rules necessary and

appropriate to implement the powers and duties of TDI under the Insurance Code and

other laws of this state.

TEXT.

DIVISION 9. FILINGS MADE EASY – REDUCED FILING REQUIREMENTS FOR

CERTAIN INSURERS.

§5.9355. Purpose.

The purpose of this division is to specify requirements for certain insurers who

qualify for reduced rate filing requirements under the provisions of Insurance Code

Chapter 2251, Subchapters C or F.

§5.9356. Definitions.

The definitions in §5.9331 of this title (relating to Definitions) apply to this division.

§5.9357. Filing Requirements.

(a) Insurers writing personal automobile insurance. Insurers required to file under

the provisions of Insurance Code Chapter 2251 may make rate and rule filings for personal

automobile insurance according to the requirements described in this subsection if they

meet the criteria under Insurance Code §2251.1025(a). Insurers that qualify to file under

this subsection must file in compliance with Division 6 of this subchapter (relating to

Filings Made Easy - Requirements for Rate and Rule Filings) with the following

modifications:

- (1) Insurers must include a Certification of §2251.1025 Exemption Compliance (EC-2), found in the Filings Made Easy Guide, with each filing.
- (2) Insurers are not required to file supporting information described in §5.9334(h)(5), (6), (9), (10), and (11) of this title (relating to Requirements for Rate and Rule Filing Submissions), unless requested.
- (b) Insurers writing residential property in underserved areas. In compliance with Insurance Code §2251.252(c), insurers otherwise exempt from the rate and rule filing requirements of Chapter 2251 must submit rate and rule filings in compliance with this subsection. Insurers who qualify to file under this subsection must file in compliance with Division 6 of this subchapter:
- (1) Insurers must include a Certification of §2251.251 and §2251.252 Exemption Compliance (EC-1), found in the Filings Made Easy Guide.
- (2) Insurers are not required to file supporting information described in §5.9334(h)(5), (6), (9), (10), and (11) of this title, unless requested.
- (c) Additional provisions. The following provisions apply to any rate and rule filing submitted under subsection (a) or (b) of this section:
- (1) The reduced filing requirements provided under this division do not affect the requirements under §5.9941 of this title (relating to Differences in Rates Charged Due Solely to Difference in Credit Scores) and §5.9960 of this title (relating to Exception to Rating Territory Requirements under §2253.001 of the Insurance Code).
- (2) Requests for additional information are as outlined in §5.9335 of this title (relating to Requests for Information).
- (d) Filings Made Easy Guide. TDI maintains the Filings Made Easy Guide to help insurers comply with Texas statutes and rules. Insurers may refer to the Filings Made Easy Guide for the Certification of §2251.251 and §2251.252 Exemption Compliance (EC-1) form

referenced in subsection (b)(1) of this section and the Certification of §2251.1025 Exemption Compliance (EC-2) form referenced in subsection (a)(1) of this section. Insurers may obtain this guide from TDI's website at www.tdi.texas.gov.

DIVISION 10. FILINGS MADE EASY – ADDITIONAL FILING REQUIREMENTS FOR CERTAIN COUNTY MUTUAL INSURANCE COMPANIES.

28 TAC §5.9360 and §5.9361

STATUTORY AUTHORITY. The Commissioner adopts the amendments to §5.9360 and §5.9361 under Insurance Code §§912.056, 2251.101, and 36.001.

Section 912.056 provides that certain county mutual insurance companies that have appointed managing general agents, created districts, or organized local chapters to manage a portion of their business must, for each managing general agent, district, or local chapter program, file the rating information that the Commissioner requires by rule.

Section 2251.101 provides that the Commissioner adopt rules on the information to be included in rate filings and prescribe the process by which TDI may request supplementary rating information and supporting information.

Section 36.001 provides that the Commissioner may adopt any rules necessary and appropriate to implement the powers and duties of TDI under the Insurance Code and other laws of this state.

TEXT.

DIVISION 10. FILINGS MADE EASY – ADDITIONAL FILING REQUIREMENTS FOR CERTAIN COUNTY MUTUAL INSURANCE COMPANIES.

§5.9360. Purpose.

The purpose of this division is to specify filing requirements in addition to those in Division 4 of this subchapter (relating to Filings Made Easy – Transmittal Information and General Filing Requirements for Property and Casualty Form, Rate and Rule, Underwriting Guideline, and Credit Scoring Model Filings) and Division 6 (relating to Filings Made Easy – Requirements for Rate and Rule Filings) for:

- (1) a county mutual insurance company described by Insurance Code §912.056(d); and
- (2) an appointed managing general agent, district, or local chapter program of a county mutual insurance company described by Insurance Code §912.056(d) that manages a portion of that county mutual insurance company's business independent of all other business of that county mutual insurance company, and that is to be treated as a separate insurer for the purposes of Insurance Code Chapters 544, 2251, 2253, and 2254 as provided in Insurance Code §912.056(e).

§5.9361. Additional Requirements.

- (a) Filing transmittal. In addition to the information required by Division 4 of this subchapter (relating to Filings Made Easy Transmittal Information and General Filing Requirements for Property and Casualty Form, Rate and Rule, Underwriting Guideline, and Credit Scoring Model Filings), the following information must be included:
- (1) the name and license number of the managing general agent, district, or local chapter of a county mutual insurance company; and
- (2) contact information for the county mutual insurance company, if the county mutual insurance company's contact information has not already been provided

under §5.9310(c)(10) of this title (relating to Property and Casualty Transmittal Information and General Filing Requirements).

- (b) Rate and rule filings.
- (1) All rate and rule filings must be made directly by the county mutual insurance company on the county mutual insurance company's letterhead, unless the county mutual insurance company submits written notice with the filing authorizing the submission of rate filings by the managing general agent, district, or local chapter.
 - (2) Each rate and rule filing must include:
- (A) all information required under §5.9334 of this title (relating to Requirements for Rate and Rule Filing Submissions), which must be specific to the managing general agent, district, or local chapter; and
- (B) a list of policy forms and endorsements, including their name, number, and the TDI file number, used by the managing general agent, district, or local chapter. The submission of a list of policy forms and endorsements under this subsection does not constitute a form filing under Insurance Code Chapter 2301.

DIVISION 11. FILINGS MADE EASY – CERTIFICATES OF PROPERTY AND CASUALTY INSURANCE.

28 TAC §§5.9370 - 5.9374 and 5.9376

STATUTORY AUTHORITY. The Commissioner adopts the amendments to §§5.9370 – 5.9374 and 5.9376 under Insurance Code §§1811.003, 1811.052, 1811.053, 1811.101, 1811.104, and 36.001.

Section 1811.003 allows the Commissioner to adopt rules necessary or proper to

accomplish the purposes of Insurance Code Chapter 1811.

Section 1811.052 states that an insurer or an agent may not issue a certificate of

insurance unless the certificate has been filed with and approved by TDI or is a standard

form deemed approved by TDI under Insurance Code §1811.103.

Section 1811.053 states that a person may not alter or modify a certificate of

insurance form approved under Insurance Code §1811.101 unless the alteration or

modification is approved by TDI.

Section 1811.101 states that an insurer or agent may not deliver or issue for

delivery in this state a certificate of insurance unless the certificate has been filed with and

approved by the Commissioner and contains the phrase "for information purposes only"

or similar language.

Section 1811.104 provides that a certificate of insurance form and any supporting

information filed with TDI is open to public inspection as of the date of the filing.

Section 36.001 provides that the Commissioner may adopt any rules necessary and

appropriate to implement the powers and duties of TDI under the Insurance Code and

other laws of this state.

TEXT.

DIVISION 11. FILINGS MADE EASY – CERTIFICATES OF PROPERTY AND CASUALTY

INSURANCE.

§5.9370. Purpose and Scope.

- (a) This division specifies the filing requirements for certificates of property and casualty insurance submitted under Insurance Code Chapter 1811. It also consolidates and explains the restrictions that apply to the content of certificates of insurance.
- (b) Nothing in this division prohibits a certificate holder from requesting a copy of the subject policy or endorsements.
- (c) Nothing in this division applies to certificates or evidence forms exempted from the filing requirements under Insurance Code §1811.002(b), including:
- (1) a statement, summary, or evidence of property insurance required by a lender in a lending transaction involving a mortgage, lien, deed of trust, or any other security interest in real or personal property as security for a loan;
- (2) a certificate issued under a group or individual policy for life insurance, credit insurance, accident and health insurance, long-term care benefit insurance, or Medicare supplement insurance or an annuity contract; or
 - (3) standard proof of motor vehicle liability insurance.
- (d) Nothing in this division applies to negotiable or transferable certificates or evidence forms pertaining to marine insurance.
- (e) Nothing in this division applies to a certificate or evidence form pertaining to a nonadmitted insurance policy sold to, solicited by, or negotiated with an insured whose home state is not Texas. In this subsection, "home state" has the same definition as in Insurance Code §226.051.

§5.9371. Definitions.

(a) Words and terms not defined in this division have the same meaning as in Insurance Code Chapter 1811.

- (b) Unless the context indicates otherwise, this division uses the following definitions:
- (1) Certificate holder--A person, other than a policyholder, who is designated on a certificate of insurance as a certificate holder or to whom a certificate of insurance has been issued by an insurer or agent at the request of the policyholder.
- (2) Certificate of insurance--A document, instrument, or record, including an electronic record, no matter how titled or described, that is executed by an insurer or agent and issued to a third person not a party to the subject insurance contract, as a statement or summary of property or casualty insurance coverage. The term does not include an insurance binder or policy form, or any document that describes insurance coverage that is merely promised or expected to exist in the future, whether titled as an affidavit, insurance verification form, or otherwise.
 - (3) Commissioner--The Commissioner of Insurance.
- (4) Company--The name of the entity filing the certificate of insurance form. If a third party is filing the certificate of insurance form, the company name is the name of the entity for which the third party is filing the certificate of insurance form, not the name of the third-party filer.
 - (5) FEIN--Federal Employer Identification Number.
 - (6) Insurance Code--The Texas Insurance Code.
 - (7) NAIC--The National Association of Insurance Commissioners.
 - (8) SERFF--The NAIC System for Electronic Rate and Form Filing.
 - (9) TDI--The Texas Department of Insurance.

§5.9372. Preparation and Submission of Certificate of Insurance Form Filings.

- (a) Approval required. A certificate of insurance issued on property or casualty operations or a risk located in Texas, regardless of where the certificate holder, policyholder, insurer, or agent is located, must be on a form that has been filed and approved before use.
- (b) Filing content. All filings for new or amended certificate of insurance forms submitted under Insurance Code Chapter 1811 must comply with the filing requirements in this division, any other applicable rules the Commissioner has adopted, and any applicable Commissioner's orders.
- (1) All filings must contain transmittal information as required by §5.9373 of this title (relating to Certificate of Insurance Form Filing Transmittal Information).
- (2) All filings must contain a copy of the subject certificate of insurance form. For identification purposes, the certificate of insurance must contain a form number and edition date.
- (c) Combined filings. Do not combine a certificate of insurance form filing with any other filing types.
 - (d) Filing submission.
- (1) TDI will accept a filing required under this division by mail. Send filings to the Texas Department of Insurance, Property and Casualty Filings Intake, Mail Code 104-3B, P.O. Box 149104, Austin, Texas 78714-9104.
- (2) TDI will accept a filing required under this division if it is hand delivered. Bring filings to the Texas Department of Insurance, Customer Service Center, William P. Hobby Jr. State Office Building, 333 Guadalupe St., Tower 1, Room 103, Austin, Texas 78701.
- (3) TDI will accept a filing required under this division that is submitted electronically, whether by email to PCFilingsIntake@tdi.texas.gov or through SERFF.

- (4) TDI will not collect a filing fee for a certificate of insurance filing.
- (e) Public inspection of filing.
- (1) A certificate of insurance form and any supporting information filed with TDI under this division is open to public inspection as of the date of the filing.
- (2) To the extent that a filing includes company contact information, the company affirmatively consents to the release and disclosure of its company contact information, including any email addresses.

§5.9373. Certificate of Insurance Form Filing Transmittal Information.

- (a) Required information. The filing transmittal information must be typed and must contain, at a minimum, the following:
 - (1) company name;
 - (2) NAIC number if the filing is submitted by an insurer;
- (3) FEIN if the filing is submitted by an entity other than an insurer or agent; and
- (4) contact person, including name, telephone number, mailing address, fax number, and email address (if available).
 - (b) Transmittal information format.
- (1) The Certificate of Insurance Form Filing Transmittal Form is available on TDI's website at www.tdi.texas.gov or by request to the Texas Department of Insurance, Property and Casualty Filings Intake, Mail Code 104-3B, P.O. Box 149104, Austin, Texas 78714-9104.
- (2) Filers may submit transmittal information in a format other than the form provided by TDI if the information included in the transmittal form, or in an addendum to

the transmittal form, contains all the information required under subsection (a) of this section.

(c) SERFF filings. Persons filing through SERFF must follow existing procedures for SERFF filings.

§5.9374. Incomplete Filings.

- (a) A filing is incomplete if the filing does not comply with all of the filing requirements described in this division.
- (b) TDI will inform a filer with a letter or electronic notification indicating the reasons why a filing is incomplete.
- (c) The 60-day period in Insurance Code §1811.101(c) does not commence until TDI receives a complete filing.

§5.9376. Restrictions on the Content of Certificates of Insurance.

- (a) Required language. A certificate of insurance must contain the phrase "for information purposes only" or similar language, or state that:
- (1) the certificate of insurance does not confer any rights or obligations other than the rights and obligations conveyed by the policy referenced on the form; and
- (2) the terms of the policy control over the terms of the certificate of insurance.
 - (b) Specific limitations.
- (1) A certificate of insurance may not amend, extend, or alter the coverage afforded by the referenced insurance policy.

- (2) A certificate of insurance may not confer to a certificate holder new or additional rights beyond what the referenced policy or any executed endorsement provides.
- (3) A certificate of insurance may not alter or modify a certificate of insurance form approved by TDI unless TDI approves the alteration or modification.
- (4) A certificate of insurance may not contain false or misleading information concerning the referenced insurance policy.
- (A) Requests for information on the certificate of insurance form must be specific, clear, and reasonable.
- (B) Any explanatory information included in a completed certificate of insurance is limited to language in the referenced policy and any executed endorsements.
- (5) A certificate of insurance may not contain a reference to a legal or insurance requirement contained in a contract other than the underlying contract of insurance, including a contract for construction or services.
- (A) A certificate of insurance may refer to the language in the underlying contract of insurance.
- (B) A certificate of insurance may not refer to, describe, explain, or define obligations under a contract other than the underlying contract of insurance.
- (6) A certificate of insurance may not alter the terms and conditions of a right to notice of cancellation, nonrenewal, or material change, or any similar notice concerning a policy of insurance required by the insurance policy or Texas law.
- (A) A certificate of insurance may not create a new or additional duty to notify.

2019-6007

TITLE 28. INSURANCE

Part I. Texas Department of Insurance

Chapter 5. Property and Casualty Insurance

Adopted Sections Page 74 of 75

(B) Any statement on a certificate of insurance regarding an existing

duty to notify is limited to language in the referenced policy and any executed

endorsements.

(c) Disapproval. The Commissioner will disapprove a filed certificate of insurance

form, or withdraw approval of an approved certificate of insurance form if the form:

(1) contains a provision or has a title or heading that is misleading or

deceptive or violates public policy;

(2) violates any state law, including an administrative rule;

(3) requires an agent to certify insurance coverage that is not available in

the line or type of insurance coverage referenced on the form; or

(4) directly or indirectly requires the Commissioner to make a coverage

determination under a policy of insurance or insurance transaction.

CERTIFICATION. This agency certifies that legal counsel has reviewed the adoption and

found it to be within the agency's legal authority to adopt.

Issued at Austin, Texas, on July 3, 2019.

/s/ James Person

James Person

Interim General Counsel

Texas Department of Insurance

2019-6007

TITLE 28. INSURANCE
Part I. Texas Department of Insurance
Chapter 5. Property and Casualty Insurance

Adopted Sections Page 75 of 75

The Commissioner adopts the amendments to $\S 5.9310$, 5.9330 - 5.9335, 5.9340 - 5.9342, 5.9351, 5.9352, 5.9355 - 5.9357, 5.9360, 5.9361, 5.9370 - 5.9374, and 5.9376; new $\S 5.9311$ and $\S 5.9312$; the repeal of $\S 5.9320 - 5.9323$; and new $\S 5.9320 - 5.9328$.

/s/ Kent C. Sullivan

Kent C. Sullivan Commissioner of Insurance