

**NORTH CAROLINA DEPARTMENT OF INSURANCE  
DEVIATION QUESTIONNAIRE**

**A. GENERAL DESCRIPTION**

- (1) NAME OF COMPANY \_\_\_\_\_
- (2) FILER'S FILE # \_\_\_\_\_
- (3) LINE OF INSURANCE \_\_\_\_\_
- (4) SUBLINE/PROGRAM TITLE (IF APPLICABLE) \_\_\_\_\_
- (5) PREVIOUS DEPARTMENT FILE # (IF APPLICABLE) \_\_\_\_\_
- (6) PROPOSED EFFECTIVE DATE AND RULES OF IMPLEMENTATION  
(Note: no retroactive effective dates will be given)
- \_\_\_\_\_

**B. IMPACT OF THE AGGREGATE DEVIATION**

- (7) COMPANY'S CURRENT N.C. VOLUME OF BUSINESS FOR THE LINE:  
WRITTEN PREMIUM: \$ \_\_\_\_\_ EXPOSURES: \_\_\_\_\_
- (8) COMPANY'S N.C. MARKET SHARE BASED ON WRITTEN PREMIUM: \_\_\_\_\_%
- (9) COMPANY'S CURRENT COUNTRYWIDE VOLUME OF BUSINESS FOR THE LINE:  
WRITTEN PREMIUM: \$ \_\_\_\_\_ EXPOSURES: \_\_\_\_\_
- (10) ESTIMATED NUMBER OF N.C. EXPOSURES AFFECTED BY ONE OR MORE  
COMPONENTS OF THE AGGREGATE DEVIATION:  
CURRENT DEVIATION: \_\_\_\_\_ PROPOSED DEVIATION: \_\_\_\_\_
- (11) PERCENTAGE OF COMPANY'S N.C. EXPOSURES AFFECTED BY ONE OR MORE  
COMPONENTS OF THE AGGREGATE DEVIATION:  
CURRENT DEVIATION: \_\_\_\_\_% PROPOSED DEVIATION: \_\_\_\_\_%
- (12) WHAT IS THE TOTAL DOLLAR AMOUNT OF PREMIUMS THAT WILL NOT BE  
COLLECTED ON THE PROPOSED DEVIATION ON AN ANNUAL BASIS AS A RESULT  
OF THIS DEVIATION? \$ \_\_\_\_\_

- (13) WHAT IS THE AVERAGE DOLLAR DIFFERENCE PER EXPOSURE FROM MANUAL RATES? \$ \_\_\_\_\_
- (14) INDICATE THE MAXIMUM DEVIATION POSSIBLE FOR ANY ONE INSURED.  
% \_\_\_\_\_
- (15) INDICATE WHETHER THE DEVIATION MAY PRODUCE A PREMIUM GREATER THAN MANUAL FOR AN INDIVIDUAL INSURED:

**CURRENT DEVIATION: YES  NO  PROPOSED DEVIATION: YES  NO**

- (16) IF EITHER ANSWER TO (15) IS YES, PROVIDE AN EXPLANATION:

\_\_\_\_\_

**C. DEVIATION COMPONENTS**

- (17) PROVIDE A LIST OF ALL THE INDIVIDUAL DEVIATION COMPONENTS. IDENTIFY EACH COMPONENT AS INTRODUCED AS PART OF A NEW DEVIATION (I), ADDED TO A CURRENT DEVIATION (A), CHANGED ON A CURRENT DEVIATION (C), NOT CHANGED ON A CURRENT DEVIATION (NC), OR ELIMINATED FROM A CURRENT DEVIATION (E). ATTACH A SEPARATE EXCEPTION PAGE FOR EACH COMPONENT EXPLAINING HOW THAT COMPONENT IS TO BE APPLIED.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 13) \_\_\_\_\_
- 14) \_\_\_\_\_
- 15) \_\_\_\_\_
- 16) \_\_\_\_\_

(18) CREDIT SCORING. COMPLETE THIS QUESTION ONLY IF YOUR DEVIATION INCLUDES CREDIT SCORING.

A. A CREDIT SCORING MODEL DEVELOPED BY:

(1) COMPANY - YES  NO  (2) THIRD PARTY VENDOR - YES  NO   
IF THIRD PARTY'S MODEL, PLEASE LIST VENDOR'S NAME \_\_\_\_\_.  
IF IT IS THE COMPANY'S INDEPENDENT MODEL, HAS IT BEEN FILED WITH  
THE DEPARTMENT IN ACCORDANCE WITH NCGS §58-36-90(F) YES  NO .  
IF FILED, PLEASE LIST DEPARTMENT'S FILE NUMBER \_\_\_\_\_.

B. A NOTIFICATION FORM THAT IS IN COMPLIANCE WITH NCGS §58-36-90(C),  
HAS BEEN PREVIOUSLY APPROVED, OR IS ATTACHED.

YES  FILE # \_\_\_\_\_

**D. CERTIFICATION**

(19) I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE AND  
THE ATTACHED EXHIBITS IS TRUE AND CORRECT AND THE FILING COMPLIES  
WITH STATUTORY REQUIREMENTS TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF COMPANY OFFICER/FILINGS DEPARTMENT HEAD

(20) ACTUARIAL CERTIFICATION

I, \_\_\_\_\_, AM A MEMBER OF THE CASUALTY  
ACTUARIAL SOCIETY AND AM QUALIFIED TO RENDER AN ACTUARIAL OPINION  
IN THIS MATTER. I HEREBY CERTIFY THAT EACH DEVIATION COMPONENT(S)  
PRESENTED IN THIS FILING IS CALCULATED IN ACCORDANCE WITH SOUND  
ACTUARIAL PRINCIPLES AND RESULTS IN RATES WHICH ARE NOT EXCESSIVE,  
INADEQUATE OR UNFAIRLY DISCRIMINATORY.

\_\_\_\_\_  
SIGNATURE OF ACTUARY