

January 27, 1964

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter 64-3

TO ALL LICENSED RATING ORGANIZATIONS AND INSURERS MAKING AUTOMOBILE INSURANCE  
RATE FILINGS

Automobile Insurance Rate Filings under Insurance Law Article VIII

As part of our program to expedite review of rate filings under Article VIII of the Insurance Law, this Department has developed an interrogatory blank for use in connection with automobile liability and physical damage rate filings, which will until further notice be expected to be completed and submitted for consideration with each such filing.

A copy of the interrogatory form is attached.

This interrogatory procedure is, however, not applicable to the rating of individual risks under Insurance Law Section 185(3), or to other procedures which require individual risk filings with this Department, or to rate deviations under Section 185(4).

If after a period of trial the utility of this interrogatory form is established, the Department expects to extend use of it, or of some modification of it, to other rate filings.

Very truly yours,

SAMUEL C. CANTOR

Acting Superintendent of Insurance

By: [SIGNATURE]

Frank Harwayne

Chief Actuary

(attachment)

INTERROGATORY

IS YOUR SUPPORT FOR THE FILING BASED ON THE FOLLOWING?

	Yes Or No	If Yes, Indicate Whose Experience (a) Your own (b) Other Insurers n1 (c) Rating Organizations n1 Subscribers	Where Found In the Filing
. Loss Experience			
A. Within New York State			
1. Past	_____	_____	_____
2. Prospective	_____	_____	_____
3. Conflagration	_____	_____	_____
4. Catastrophe	_____	_____	_____
B. Outside New York State			
1. Past	_____	_____	_____
2. Prospective	_____	_____	_____
3. Conflagration	_____	_____	_____
4. Catastrophe	_____	_____	_____
	_____	XXXXXX	_____
Reasonable Profit			
Expenses			
A. Within this			

INTERROGATORY

IS YOUR SUPPORT FOR THE FILING BASED ON THE FOLLOWING?

	Yes Or No	If Yes, Indicate Whose Experience (a) Your own (b) Other Insurers n1 (c) Rating Organizations n1 Subscribers	Where Found In the Filing
State			
1. Past	_____	_____	_____
2. Prospective	_____	_____	_____
B. Countrywide			
1. Past	_____	_____	_____
2. Prospective	_____	_____	_____
Any			
Other Relevant Factors	_____	_____	_____
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
A. Policyholders n1	_____	_____	_____
Dividends			
B. Savings or Unabsorbed Premium Deposits	_____	_____	_____

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TO BE SIGNED BY AN OFFICER OF THE FILING ORGANIZATION \_\_\_\_\_

(Signature)