

Definitions and descriptions of fields on Policy, Form and Rate Filing Transmittal Form ND1000

Date - The date of the filing , should match the date of the filing letter.

Insurance Company Name - The full insurance company name(s). If the number of companies exceeds the number of lines attach a separate page with the company name and cocode/FEIN.

Cocode/FEIN - The NAIC company code number or federal identification number.

Contact Name - The individual to contact if there are any questions on the filing.

Consultant Firm/Company Name - The name of the entity filing on behalf of the company if other than the company.

Contact Address - The address of the contact person to use for any correspondence.

Contact Phone # - The phone of the contact person.

Contact FAX # - The FAX number of the contact person.

Type of Insurance (General) - The general type of insurance applicable to the filing refer to the attachment with the list of types and subtypes of insurance.

Sub type of insurance (Product type) - The specific sub type of insurance or product type applicable to the filing refer to the attachment with the list of types and subtypes of insurance.

Filing type (Form, Rate, Rule, Advertisement) - Select the type of filing, it may be combination of these.

Filing action (Initial, resubmission, amendment) - **Initial** is a new or original filing, **resubmission** is a resubmission of a previously disapproved filing, and **amendment** is a revision or subsequent change to a previously filed and approved filing.

Filing Description (include form #'s) - General description of the filing content, include form numbers where applicable. If there is insufficient space attach a separate page.

Company filing number - The companies internal filing number or identifier (optional).

Product Name (Marketing Program) - The companies unique program name (optional).

Project Name (Company optional) - The companies in house project name (optional).

State(s) of domicile - State of domicile for each company.

Required Retaliatory Fee Amount - Retaliatory fee required by the domiciliary state.

Check Number - Number of the check with the retaliatory fee.

Date of Check - Date of the retaliatory fee check.

States filed in - List of states you have made this filing in.

States approved in - List of states which have approved this filing.

Addendum checklist - Check if any of these addendums are attached to the filing.

Attachment #1- Revised June 2000

Type of Insurance/TOI and related products or Sub Types of Insurance (Sub TOI) for use with Policy, Form and Rate Filing Transmittal Form ND1000

INSTRUCTIONS:

1. Select the appropriate general Type of Insurance (TOI) that applies to the filing. The TOI are in **bold** letters
2. Select the appropriate product or sub type of insurance (Sub TOI) from under the general TOI heading.
3. Use "non-designated" only when you can not find the appropriate product in the existing list.
4. If the filing consists of several products or Sub TOI select one that predominately describes the filing.

Credit Life & Health

Credit disability
Credit life
Credit multi-line
Family leave
Involuntary unemployment
Non-designated

Life & Annuity

Current assumption whole life
Deferred annuity
Endowment
Equity/interest indexed annuity
GIC/pension plan
annuity/institutional investment
Graded or indeterminate
premium whole life
Immediate annuity
Interest indexed life
Structured settlement annuity
Term life
Universal life
Viatical settlement
Whole life
Non-designated

Variable Life & Annuity

Variable deferred annuity

Variable group annuity/pension
plan/funding agreement
Variable immediate annuity
Variable life
Non-designated

Life/Annuity/Accident & Health

Association/Employer multiline
Non-designated

Accident & Health

Accident
Accidental death/or
dismemberment
Blanket accident/sickness
Champus supplement
Critical illness
Dental
Disability income-business
overhead expense
Disability income-long term
Disability income-short term
Excess/stop loss
HIV indemnity
Home health care
Hospital indemnity
Hospital/surgical/medical
expense
Intensive care
Long term care
Major medical
Managed care excess loss
Medicare supplement
Non-blanket accident/sickness
Nursing home
Organ & tissue transplant
Prescription drug
Sickness
Specified disease
Vision
Non-designated

Property

Aircraft cargo

Aircraft hull
Auto-commercial physical
damage
Auto-private passenger physical
damage
Boiler and machinery
Commercial fire and allied lines
Commercial multi-peril
Commercial property
Credit
Credit card
Credit property
Crime
Crop- federal
Crop- hail
Crop- supplements
Difference in conditions
Dwelling
Earthquake
Fire and allied
Flood
Force placed
Glass
Highly protected risks
Inland marine-commercial
Inland marine-personal
Lenders collateral
Livestock
Mortgage guarantee
Ocean Marine
Pet
Rain
Theft
Vandalism
Vendors single interest
Non-designated

Casualty

Aircraft liability
Asbestos abatement
Auto-commercial liability
Auto-private passenger liability
Auto warranty
Bonds
Commercial multi-peril
Contractual liability
Directors and officers
Design professional
Employers liability

Environmental impairment
Errors and omissions
Excess/umbrella-commercial
Excess/umbrella-personal
Fidelity
Garage liability
General liability
Home warranty
Legal expense
Legal malpractice
Liquor/dram shop liability
Managed care contracts
Mechanical breakdown
Medical malpractice
Personal liability
Pollution liability
Prepaid legal service
Product liability
Product recall
Products and completed
operations
Professional liability
Ransom/extortion
Stop loss/stop gap liability
Surety
Title
Vehicle service contract
Worker's compensation
Non-designated

Property and Casualty

Aircraft
Auto-commercial
Auto-private passenger
Boatowners
Businessowners
Condominiumowners
Commercial multi-peril –
package
Farmowners
Garagekeepers
Homeowners
Mobilehomeowners
Motorcycle
Multiline – commercial
Multiline - personal
Special multi-peril
Tenants
Non-designated

Property/Casualty/Accident & Health

Association/Employer multiline

Travel

Non-designated