

Contact Person:

Virginia Bureau of Insurance

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Review Requirements Checklist

Richmond, VA 23219

**EFFECTIVE August 2011**

LINE OF BUSINESS:

Property (Personal)  
Flood (Personal)  
Earthquake (Personal)  
Dwelling Fire/Personal  
Liability

LINE(S) OF INSURANCE CODES

Code:

1.0000 Property  
2.3002 Flood  
12.0002 Earthquake  
30.1000 Dwelling  
Fire/Personal Liability

Personal Property 1.0002

Mobile Homes 4.0002

Tenant 4.0004

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

1.0002 Property includes Dwelling Fire, Creditor-Placed Home (non owner-occupied)

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**THIS NAIC PRODUCT REVIEW REQUIREMENTS CHECKLIST CONTAINS ADMINISTRATIVE FILING REQUIREMENTS. DETAILED INFORMATION PERTAINING TO LEGAL REQUIREMENTS ARE CONTAINED IN THE NAIC PRODUCT REQUIREMENTS LOCATOR (PRL). SELECT THE PROPERTY (PERSONAL) PRL FROM THE LINK BELOW.**

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Virginia Insurance Code	<a href="#">Title 38.2 of the Code of Virginia</a>	
NAIC Uniform Product Coding Matrix	<a href="#">Product Coding Matrix</a>	
NAIC Product Requirements Locator	<a href="#">Product Requirements Locator</a>	The Product Requirement Locator (PRL) is a searchable database containing detailed descriptions of filing and legal requirements.

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>		
SERFF SUBMISSIONS	<a href="#">Administrative Recommendation</a>	SERFF SUBMISSIONS - Filers are encouraged to submit all filings through SERFF. The SERFF General Instructions contain the state-specific filing requirements. (New)
EFFECTIVE DATE REQUIRED/METHOD OF IMPLEMENTATION FOR COMPANY SUBMITTED FILINGS	<a href="#">Administrative Letter 2006-08</a>	EFFECTIVE DATE REQUIRED - Each filing must include the effective date that the company will use for implementation of the filing. The method of implementation selected by the insurer must be applied consistently within each company named in the filing. The effective date and method of implementation must comply at all times with all of the provisions of Title 38.2 of the Code of Virginia.
EFFECTIVE DATE REQUIRED/IMPLEMENTATION METHOD FOR RSO FILINGS	Administrative Requirement	FILINGS SUBMITTED ON BEHALF OF THE COMPANY BY A RATE SERVICE ORGANIZATION (RSO) - If the company desires an implementation method or date other than the method or date designated by the RSO, the company must submit a filing prior to the effective date of the RSO filing to advise the Bureau of the company's exception.
FILING SUBMISSION	<a href="#">Filing Guidelines Handbook</a>	FILINGS MUST BE SUBMITTED BY LINE AND BY PROGRAM - Filings (other than Interline Filings as described below) must be made separately by line of insurance and/or by program.
INTERLINE FILINGS	SERFF General Instructions	<p>INTERLINE FILINGS - Generally, the Bureau will accept the following types of interline (IL) filings:</p> <p>1) A form or endorsement that applies across types of insurance (TOIs) and/or products. Examples of acceptable interline forms or endorsements are ISO's Common Policy Conditions, reciprocal provisions, and additional coverage, conditions, or exclusions such as mutual policy conditions, cancellation conditions, asbestos exclusions, name change endorsements, etc.</p> <p>2) Certain types of supplementary rate information such as classifications, territories, rating plans, or installment payment plans/premium payment plans (including the fees associated with such plans) when the submission's contents are exactly the same for all of the TOIs or programs to which the filing applies. The Bureau will not accept IL filings that include rates or that have a rating impact (other than the filings noted in item 2 above).</p> <p>IL filings must include a complete list of the TOIs and/or programs to which the submission applies.</p> <p>Submissions that do not meet the eligibility requirements for an IL filing must be submitted separately by line of insurance and by program.</p> <p>If a filing submitted as IL does not qualify based on items 1 and 2 above, the Bureau will contact the filer to determine whether the filing should be handled for one of the TOIs (of the filer's choice) or the filer prefers to withdraw the filing.</p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>		
THIRD PARTY FILERS – OTHER THAN RATE SERVICE ORGANIZATIONS (RSO)	Filing Requirement Eliminated	EXCEPT FOR AUTHORIZATIONS DESIGNATING AN RSO TO FILE ON BEHALF OF AN INSURER, THIRD PARTY FILING AUTHORIZATIONS ARE NOT REQUIRED.
<b>FORMS—POLICY PROVISIONS</b>		
FORMS LIST	REQUIREMENT ELIMINATED	FORMS LISTS – Forms lists are not required.
<b>RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS</b>		
RATE AND/OR RULE PAGES REQUIRED	Administrative Requirement <a href="#">§ 38.2-1906</a> <a href="#">§ 38.2-2003</a>	RULE AND RATE PAGES - The rate and /or supplementary rate information pages should not be labeled as “Exhibit” or contain any similar reference. Rate and supplementary rate pages should be labeled with the company or group name and the program type or name. A rating rule is required for any premium bearing form. (Revised)

**CERTIFICATION OF FILING**

I hereby certify that I have reviewed the attached filing and determined that it is in compliance with the items listed in the Property (Personal) Review Standards Checklist and the Property (Personal) Product Requirements Locator.

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Certification of Compliance**

Chapter 340 of Title 14 of the Virginia Administrative Code (14 VAC 5-340-10 et seq.)

Rules Governing Standards For the Content of Fire Insurance of Fire Insurance in Combination with Other Coverage

**Re: Filing to be certified:**

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The insuring company hereby certifies that the policy form or endorsement submitted to the State Corporation Commission Bureau of Insurance for approval provides coverage that is not less favorable than the minimum standards for coverage set forth in 14 VAC 5-340-10 et seq.

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Signature of authorized representative

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Name of insuring company

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Date of certification