

CALIFORNIA DEPARTMENT OF INSURANCE

TITLE INSURERS & UNDERWRITTEN TITLE COMPANIES - RATES, SCHEDULE OF FEES, POLICIES & ENDORSEMENTS - TRANSMITTAL FILING FORM

Check all boxes & complete all blanks that apply

Section 1 General Company Information

Applicant is a(n):

- Title Insurer/Underwriter
Insurer NAIC# _____
- Underwritten Title Company (UTC)
California ID#: _____

UTC's - Please list all insurers with which you have an underwriting agreement:

For Department of Insurance use only

CDI Filing Number: _____

Date Received _____

Section 2 Filing Contact Information

Compliance Officer / Filing Contact:

Name: _____	Name: _____
Title: _____	Title: _____
E-Mail: _____	Signature: _____
Tel. no.: _____	Date: _____
Fax no.: _____	
Signature: _____	
Date: _____	

Company name & address:

Section 3 Specific Filing Information

Your company file number (if applicable): _____ Latest CDI rate filing # _____

Proposed effective date - This filing will apply to policies issued on or after: _____

Does the filing contain any rate increases? Yes NO

Projected overall rate impact _____ %
(must take into account all rate increases, decreases, & be transactionally weighted on the California book of business)

Date of public posting of filing in offices: _____

Location (address) filing was publically posted: _____

- Provide a clean electronic copy and a marked up electronic copy of the entire schedule of fees, includ forms and endorsements, and all proposed changes in at least 10 point font
- UTC's include most recent Income Statement.