

**CALIFORNIA DEPARTMENT OF INSURANCE
HUMAN RESOURCES MANAGEMENT DIVISION
QUALIFICATIONS ASSESSMENT FOR:

ASSOCIATE INSURANCE RATE ANALYST**

GENERAL INSTRUCTIONS

Read instructions carefully

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for Associate Insurance Rate Analyst with the California Department of Insurance (CDI). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto an eligible list. The list will be used by CDI statewide to fill existing positions. A “Conditions of Employment” form is included in this examination which will allow you to select the location and time base you are interested in working. It is required that you personally complete this examination accurately and without assistance.

This process is the entire examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

1. Additional instructions are provided on the following pages.
2. This examination enables you to apply for the Associate Insurance Rate Analyst classification. If successful, your name will be placed on an eligible list.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for Associate Insurance Rate Analyst. You must ensure you have addressed each of the following areas:

- Candidate Information (page 2)
- Prior State Employment Information (page 2)
- Conditions of Employment (page 2)
- Address or Availability for Employment Changes (page 3)
- Minimum Qualifications (page 3)
- Work Experience (pages 4 through 6)
- Knowledge, Skill, and Ability Assessment (pages 7 and 8)
- Preparation for Hiring Interview (page 9)
- Qualifications Assessment Return and Mailing Procedures (page 9)
- Affirmation Statement (page 9)

**YOUR COMPLETED QUALIFICATIONS ASSESSMENT MUST INCLUDE YOUR ORIGINAL
SIGNATURE**

CANDIDATE INFORMATION

Name: _____

Social Security Number: _____

Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

E-mail Address: _____

PRIOR STATE EMPLOYMENT INFORMATION

Complete this next section **ONLY** if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU**, please mark the "Not Applicable" box below and continue to the next section.

State Personnel Board, Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
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CONDITIONS OF EMPLOYMENT FOR CALIFORNIA DEPARTMENT OF INSURANCE

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

Note: Positions are not available at all locations. Please refer to the official examination bulletin for information regarding current available positions and their locations.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

(D) Permanent Full-Time (R) Permanent Part-Time (K) Limited-Term Full-Time (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

LOCATION(S) YOU ARE WILLING TO WORK:

3400 SACRAMENTO, CA.

3800 SAN FRANCISCO, CA.

1900 LOS ANGELES, CA.

ADDRESS OR AVAILABILITY FOR EMPLOYMENT CHANGES

Please notify the California Department of Insurance (CDI) promptly of any address changes or availability for employment changes at the following address:

California Department of Insurance
Human Resources Management Division
300 Capitol Mall, 13th Floor
Sacramento, CA. 95814
Attn: Alysa Stockdale-Hollis

MINIMUM QUALIFICATIONS

Either Pattern I

Experience: One year of experience in the California state service performing the duties of an Insurance Rate Analyst, Range C.

Or Pattern II

Experience: Three years of experience in one or a combination of the following fields:

1. In a responsible position preparing, analyzing, applying, or reviewing insurance rates and rating plans in a governmental agency exercising supervision over insurance rates, or in a rating or other insurance organization establishing or analyzing rates.

Or

2. In a responsible position underwriting insurance risks, or analyzing, establishing, or preparing rates or rate filings for a licensed insurance company.

[Achievement of a qualifying professional designation or graduate degree each can be substituted for one year of the required experience, up to a maximum of two years. Qualifying designations and degrees are: (1) A Chartered Property Casualty Underwriter, Certified Insurance Examiner, Accredited Insurance Examiner, or other similar professional designation from the Insurance Institute of America or other organizations accorded similar standing by the insurance industry, or (2) A graduate level degree from a collegiate-grade institution in insurance, law, statistics, actuarial science, business or public administration, or other related field.]

And

Education: Equivalent to graduation from college, preferably with a major in business, economics, English, finance, insurance, mathematics, political science, statistics, accounting, or other related field. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

WORK EXPERIENCE

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

Under "Work Experience," for items #1 - #12, please indicate:

Length of Experience:

- 4 = Over 5 years of experience performing this task
- 3 = Over 2 years to 5 years of experience performing this task
- 2 = Over 1 year to 2 years of experience performing this task
- 1 = 0 to 1 year of experience performing this task

Frequency at which the task was performed:

- 4 = Daily/Weekly
- 3 = Monthly/Quarterly
- 2 = Semi-Annual/Annual
- 1 = Never

Performed task within last 5 years:

- 2 = yes
- 1 = no

Length of Experience

Frequency

Performed task within last 5 years

1. Review company's rate filings to verify validity of the rate-making information and to maintain credibility of the data used in the regulation of rate levels.			
2. Verify that the insurer is using the rates filed with and approved by the department and is otherwise in compliance with the current prior approval regulations and/or file and use regulations as well as any other filing statutes.			
3. Evaluate underwriting guidelines, eligibility criteria, rating rules, and company policies, forms, and documents to determine compliance with applicable insurance laws from the California Insurance Code, California Code of Regulations, Emergency Regulations, departmental bulletins, etc.			
4. Evaluate rate of return according to division procedures to determine acceptability under current department policies and guidelines.			
5. Review correspondence, exhibits, and other supporting documentation submitted by the insurance company in support of its filing that are submitted electronically via the National Association of Insurance Commissioners' (NAIC) System for Electronic Rate and Form Filing (SERFF).			
6. Contact filers when applications do not meet basic compliance and advise of reasons for rejection, time frames for responses and additional information required to complete intake review.			
7. Prepare rating templates or related analytical spreadsheets to quantify reasonableness of the more complicated rating requests submitted by insurers.			
8. Prepare worksheets to clearly and concisely record findings discovered while reviewing company files, including all appropriate elements (e.g., purpose of filing, filing history, premium and loss information including any adjustments, rates and rating plans, rules, forms), to support the final recommendation for each filing.			
9. Collect and analyze insurer data and write criticisms (questions or clarification) of each file.			
10. Research related filings, reference sources, and regulations to develop information relevant to the filing.			
11. Organize and maintain reference materials for easy access as a resource while reviewing filings.			
12. Consult with team leader to discuss problems and find alternative solutions for final recommendation.			

WORK EXPERIENCE (CONTINUED)

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

Under "Work Experience," for items #13 - #26, please indicate:

Length of Experience:

- 4 = Over 5 years of experience performing this task
- 3 = Over 2 years to 5 years of experience performing this task
- 2 = Over 1 year to 2 years of experience performing this task
- 1 = 0 to 1 year of experience performing this task

Frequency at which the task was performed:

- 4 = Daily/Weekly
- 3 = Monthly/Quarterly
- 2 = Semi-Annual/Annual
- 1 = Never

Performed task within last 5 years:

- 2 = yes
- 1 = no

	Length of Experience	Frequency	Performed task within last 5 years
13. Submit recommendations to the team leader consistent with established format using proper grammar, spelling, clarity of reasoning, and logical argument.			
14. Communicate and correspond with insurers regarding non-compliant practices.			
15. Document filing activities including telephone conversations, written correspondence, and personal meetings with accurate support for decisions and appropriate details of filing activity.			
16. Report and recommend corrective action or appropriate solutions to superiors in cases involving questionable policy or practices of insurance companies and/or their representatives.			
17. Apply administrative rules, policies, and procedures to specific situations as needed.			
18. Develop and maintain sufficient working knowledge of the latest guidelines relating to insurance loss trends, loss development, expenses, and other adjustment factors.			
19. Review notices/bulletins, industry publications, and other insurance to stay current with issues relating to insurance.			
20. Complete individual projects or assist with group projects as assigned by the team leader, bureau, or division management to utilize and develop individual knowledge and skills.			
21. Communicate and work together with other staff (such as Legal, IT, Consumer Services, and Market Analysis) to accomplish common goals and gain perspective.			
22. Participate actively in team meetings to promote the free exchange of ideas and provide feedback.			
23. Participate in workshops and/or training sessions to further develop required skills.			
24. Complete monthly administrative forms including travel expense claims, monthly activity reports, timesheets, work assignment and planning forms, and work summary forms.			
25. Utilizing The National Association of Insurance Commissioners' System for Electronic Rate and Form Filing database and the Department's Web Access to Rate Filing Forms database, ensure that the rates and forms in use by insurers have been filed with the Department.			
26. Analyze insurer underwriting guidelines for compliance with California Insurance Code and Regulations.			

WORK EXPERIENCE (CONTINUED)

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

Under "Work Experience," for items #27 - #28, please indicate:

Length of Experience:

- 4 = Over 5 years of experience performing this task
- 3 = Over 2 years to 5 years of experience performing this task
- 2 = Over 1 year to 2 years of experience performing this task
- 1 = 0 to 1 year of experience performing this task

Frequency at which the task was performed:

- 4 = Daily/Weekly
- 3 = Monthly/Quarterly
- 2 = Semi-Annual/Annual
- 1 = Never

Performed task within last 5 years:

- 2 = yes
- 1 = no

	Length of Experience	Frequency	Performed task within last 5 years
27. Conduct a thorough review of policy underwriting files for compliance with California Insurance Code and Regulations, as well as adherence to established insurer practices and procedures.			
28. Verify the proper rating of consumer insurance policies, based on the insurer's filed rating plan(s).			

KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

For items #1 – #18, please rate your Knowledge, Skill, or Ability (KSA) by indicating the number that best describes your level of KSA for each of the following areas.

Definition of Levels:

- 4 = **Extensive Knowledge, Skill, or Ability:** I have applied this KSA in an actual setting while performing a job.
- 3 = **Moderate Knowledge, Skill, or Ability:** I have the ability to perform this KSA, but may require general supervision.
- 2 = **Limited Knowledge, Skill, or Ability:** I have education or training relevant to this KSA, but have not applied it to an actual job.
- 1 = **No Knowledge, Skill, or Ability:** I have no experience, education or training relevant to this KSA.

1. Knowledge of research techniques and methods in order to conduct examinations and review rate filing applications.	
2. Knowledge of insurance principles in order to conduct examinations and review rate filing applications.	
3. Knowledge of a variety of insurance lines of business in order to conduct examinations and review various rating and underwriting practices.	
4. Knowledge of insurance codes and regulations and their concepts.	
5. Knowledge of the proper spelling, grammar, punctuation, and sentence structure for the English language to ensure that prepared and/or reviewed written materials are complete and free of writing errors.	
6. Knowledge of business writing procedures in order to compose clear, concise, and professional documents and reports.	
7. Knowledge of various computer applications (i.e., Microsoft Office, Adobe Acrobat, NAIC's SERFF, Oracle, ACL) in order to complete projects and assignments.	
8. Knowledge of arithmetic, algebra, geometry, calculus, statistics, and their applications to calculate insurance ratings.	
9. Skill to communicate verbally in a clear and effective manner to convey information.	
10. Skill to write effectively in a clear, concise, and professional manner to convey information.	
11. Skill to operate office equipment (i.e., personal computers/keyboards, laptops, printers, copy machines, fax machines, telephones) to complete projects and assignments.	
12. Skill to multitask and prioritize assignments to keep on schedule.	
13. Skill to analyze insurer's rating plans and rating systems to ensure accuracy and compliance.	
14. Skill to maintain organized work materials.	
15. Ability to use logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.	
16. Ability to analyze situations accurately and adopt an effective course of action.	
17. Ability to analyze a broad variety of data sources and draw conclusions to support specific courses of action.	
18. Ability to exercise initiative in identifying problems and alternative solutions.	

KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT (CONTINUED)

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

For items #19 – #37, please rate your Knowledge, Skill, or Ability (KSA) by indicating the number that best describes your level of KSA for each of the following areas.

Definition of Levels:

4 = **Extensive Knowledge, Skill, or Ability:** I have applied this KSA in an actual setting while performing a job.

3 = **Moderate Knowledge, Skill, or Ability:** I have the ability to perform this KSA, but may require general supervision.

2 = **Limited Knowledge, Skill, or Ability:** I have education or training relevant to this KSA, but have not applied it to an actual job.

1 = **No Knowledge, Skill, or Ability:** I have no experience, education or training relevant to this KSA.

19. Ability to apply knowledge of various computer applications (i.e., Microsoft Office, Adobe Acrobat, NAIC's SERFF, Oracle, ACL) to complete projects and assignments.	
20. Ability to listen to and understand information and ideas presented through spoken words and sentences.	
21. Ability to work independently as well as a team member.	
22. Ability to be flexible in adapting to changes in priorities, work assignments and other interruptions which may impact pre-established courses of action for completing projects and assignments.	
23. Ability to be a self-starter in an autonomous working environment.	
24. Ability to train new team members and lead examinations.	
25. Ability to establish and maintain effective and cooperative professional working relationships.	
26. Ability to act professionally when dealing with the public and departmental employees (at all levels).	
27. Ability to deal with sensitive matters in a tactful and effective manner.	
28. Ability to gather evidence to support allegations.	
29. Ability to negotiate to reconcile differences and disagreements.	
30. Ability to interpret insurance policy language and provisions.	
31. Ability to ask questions for clarity and be open for discussion to better understand the subject matter.	
32. Skill to analyze insurer guidelines, practices, underwriting files, and policy rating to ensure accuracy and compliance.	
33. Ability to identify areas of non-compliance in an insurer's rating and underwriting practices based on California Insurance Code and Regulations.	
34. Ability to identify inconsistencies in an insurer's practices.	
35. Willingness to adhere to policies to promote consistency, integrity, and professionalism in the workplace.	
36. Willingness to pursue professional enhancement activities by acquiring and maintaining a basic working knowledge of insurance products, laws, practices, and procedures through continuing education courses and independent study.	
37. Willingness to take on responsibilities and challenges.	

PREPARATION FOR HIRING INTERVIEW

If you are successful in this examination and called for a hiring interview, you will be asked to supply transcripts of your college course work, proof of degree(s) received and any credential(s) that may be applicable. Additionally, you may be asked to supply supplemental documentation to verify your responses in this examination. It is strongly recommended that you assemble transcripts and licenses in advance to expedite the process.

QUALIFICATIONS ASSESSMENT RETURN AND MAILING PROCEDURES

Do not attach any additional documents to this Qualifications Assessment or send any forms/documents in advance as additional documents will not be rated. This Qualifications Assessment will account for 100% of the weight of your examination for this classification. **You may mail or deliver in person the completed Qualifications Assessment to the following address:**

California Department of Insurance
Human Resources Management Division
300 Capitol Mall, 13th Floor
Sacramento, CA. 95814
Attn: Alysa Stockdale-Hollis

NOTE:

- Be sure your envelope has **adequate postage** when submitting via mail.
- Facsimiles (FAX) or Email/PDF will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.

AFFIRMATION STATEMENT

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

“The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application in his or her examination or in securing his or her eligibility.”

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____

DATE: _____

NAME (PRINTED): _____

THIS COMPLETES THE QUALIFICATIONS ASSESSMENT