



# User Guide



## California Department of Insurance (CDI)

### Prior Approval Rate Application (PARA)

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01/31/2025

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## 1. Introduction

As per the Prior Approval Rate Filing Instructions on the California Department of Insurance (CDI) Public Website, insurers seeking to introduce new rules, change existing ones, or launch new programs must follow a specific process. This involves completing a Prior Approval Rate Application ('Application'), an Affidavit, and, if applicable, a Prior Approval Rate Template ('Rate Template') and a Standard Exhibits Template. These filings comply with Title 10, Chapter 5, Subchapter 4.8 of the California Code of Regulations (CCR) and must be submitted to the Commissioner. The collection of rate application files is known as a Prior Approval Rate Application (PARA). All submissions occur via the National Association of Insurance Commissioners (NAIC) System for Electronic Rate and Form Filing (SERFF), with automatic acknowledgment of filings provided through SERFF.

The PARA Portal is the new web-based application insurer portal designed to transform the existing rate filing process for PARAs, where the insurer uses Excel templates with macros, into a streamlined web portal. This portal aims to enhance the rate filing experience for insurers by web and automation technologies for data entry and data validation when filing and reducing filing errors before submitting PARA files to NAIC/SERFF. The Excel files included as part of the PARA Portal are:

1. Prior Approval Rate Application
2. Prior Approval Rate Template
3. Standard Exhibits Template
4. Affidavit

The PARA Portal includes the following three main processes as shown below

Registration	PARA Form Filling	PARA Form Download
<ul style="list-style-type: none"><li>• Registration</li><li>• Company Association</li><li>• Login</li></ul>	<ul style="list-style-type: none"><li>• Prior Approval Rate Application</li><li>• Prior Approval Rate Template</li><li>• Standard Exhibits Template</li><li>• Affidavit</li></ul>	<ul style="list-style-type: none"><li>• Download Excel</li><li>• Download PDF</li></ul>

## 2. Roles

This user guide is specifically designed for users with the **Insurer User** and **Insurer Admin** roles.

Role	Access	Description
<b>Insurer User</b>	PARA Portal	This role is responsible for completing and submitting applications, as well as generating Excel or PDF files for further processing. The user role associated with a company is selected during the profile setup process, where the user links their profile to a company (see Section 3.3 for details).
<b>Insurer Admin</b>	PARA Portal	This role serves as the Admin for the designated Insurance Company, as approved by the RRB team. In addition to performing all actions available to Insurer Users, the Admin can also approve or reject requests for company association from Insurer Users within the portal Admin Dashboard.
<b>RRB Team Admin</b>	PARA Admin App	This role oversees the PARA Admin App (CRM) and is responsible for approving or denying external user access requests, company association requests, and company addition/removal requests submitted by Insurer Users and Insurer Admins. They are also responsible for updating the application dynamic tables. The role includes read-only access to PARA forms and the ability to download Excel/PDF files from the Admin App. However, it does not have access to the PARA Portal.
<b>System Admin</b>	PARA Admin App, PARA Portal	This role holds the highest level of privileges and oversees the PARA Admin App (CRM) and PARA Portal. In addition to performing all actions available to the RRB Team Admin, this role also has the authority to delete any users, companies and user association to companies.

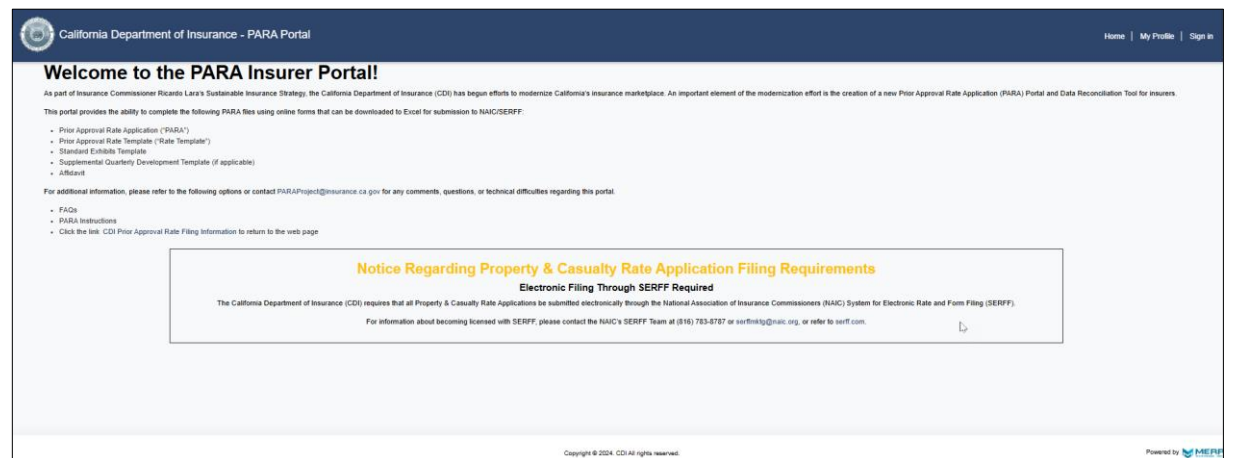
### 3. PARA Portal Navigation

#### 1. Home Page

##### Description:

The Home Page is the landing page for the PARA Portal, displayed when you click on the portal link. It provides an overview of the portal and includes contact information for user support. The top bar navigation menu provides a link to My Profile (must be signed in) and Sign In.

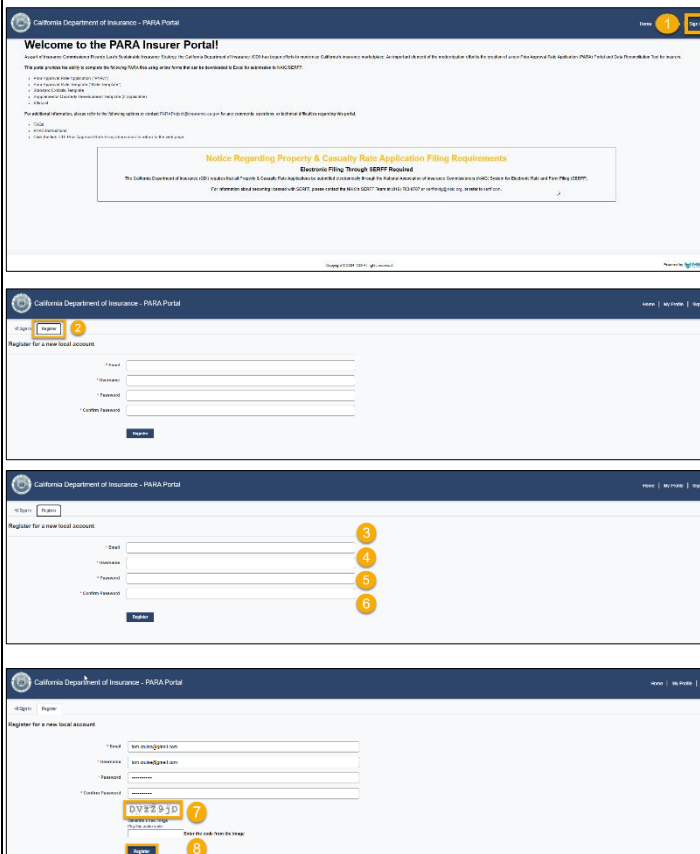
Portal - <https://cdiparaportal.powerappsportals.us/>



## 2. Portal Registration

### Description:

First-time users must complete the registration process before logging into the portal. This step only needs to be performed once.



Registration Video Tutorial: [Registration.mp4](#)

1. Click on the Sign in on top ribbon of the home page to open Sign in/Register page
2. Click on the 'Register' tab next to the 'Sign in' to complete the registration form.
3. **Email** Type in email address. [Note: For UAT Testing, please use non-CDI email ID and not your insurance.ca.gov work email]
4. **Username** will default to email address entered in the previous field.
5. **Password** Type in the password which meets all the criteria below –
  - Includes an uppercase letter
  - Includes a lowercase letter
  - Includes numbers
  - Includes special characters
  - Is 15 characters long
6. **Confirm Password** Retype the password to confirm.
7. **Complete CAPTCHA.**
8. **Register** Once form is complete, click on register button to complete the process.
9. Once the user is registered. The user will receive a confirmation email.
10. **Profile and Company Addition:** Once registered, the next step will be to update 'My Profile' where user personal information and new



### 3. My Profile and Company Association

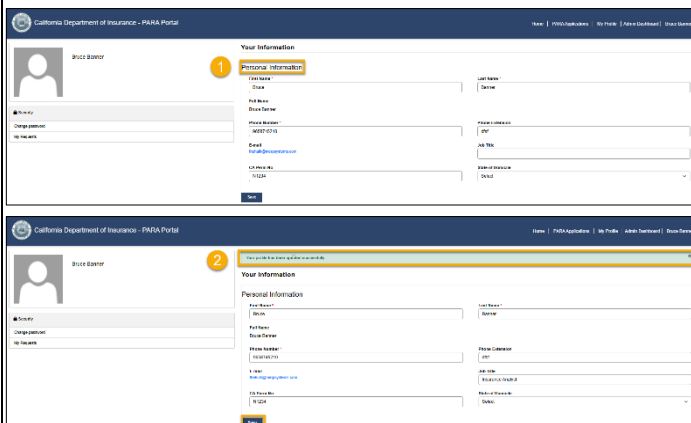
#### Description:

In this section, users provide all the necessary information to create an insurer profile and associate the relevant company(s) to your user profile. Before starting your first PARA, make sure your user profile is associated with your company. This is a one-time setup that enables you to:

- Quickly select from your authorized companies when starting an application.
- Ensure accurate company information is in your filings

When you begin a new application, you'll be prompted to select from your list of associated companies. If you don't see your company listed, associate the company with your profile and then try again.

*Note: During the application filling, user is allowed to manually enter a company name and details, but the system only auto-populates these fields if the user has pre-authorized company associations.*



1. **Personal Information:** Update the personal information in this section.
2. Once users have successfully updated their profile, a green notification will appear at the top of the screen confirming the update.

**My Profile and Company Association Video Tutorial:** [Registration.mp4](#)

[illegible]

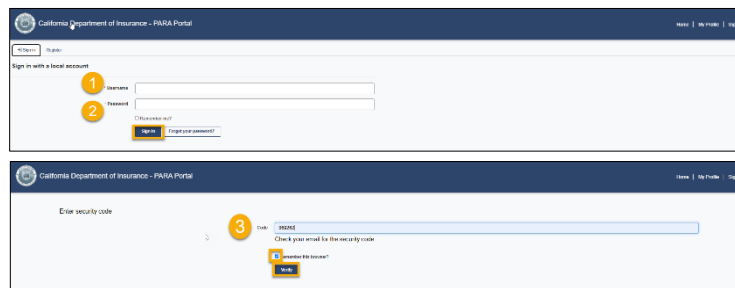
3. Once the company is found, select the company by checking the checkbox to the left of the company name.
4. Once the company checkbox is selected, click on 'Select' button to complete the selection.
5. The selected company and Comment section appears along with a question whether you are the Admin.
6. If you are an Admin for the company, then request to be associated as the 'Insurer Admin' by selecting the check box. If you are not the company Admin, do not check the box and your association request will be sent for 'Insurer User' role to the Insurer Admin of the Company.
7. Click on 'Submit' to complete the company association request which will be sent either to the company Admin or RRB officials for approval.
8. The approval request may take some time depending on the admin's response time. To check the status of the request, you may go to 'My Profile' and look for Association status. Once the request is approved, the respective company will be associated to your profile with the role

## 4. PARA Portal Login

### Description:

This page allows you to sign in to the PARA Portal using your registered username and password. First-time users must complete the registration process before signing in, as outlined in Section 2.

Portal Login - [Sign in](#)



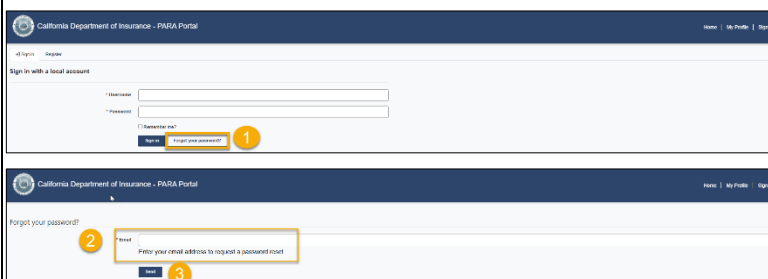
1. **Username** Type in username.
2. **Password** Type in the password used during registration.
3. **Verify Code** -For initial login or after system restart, the user will be asked to provide a two-factor authentication code which will be sent your

Sign In Video Tutorial: [SignIn.mp4](#)

## 5. Forgot Password

### Description:

If you do not remember your login password, click the 'Forgot Password' button next to the 'Sign In' button. A screen will appear requesting the email address associated with your profile. Enter your email address and click the 'Send' button. You will receive an email with instructions to reset your password. Follow the instructions to update your password and regain access to the portal.

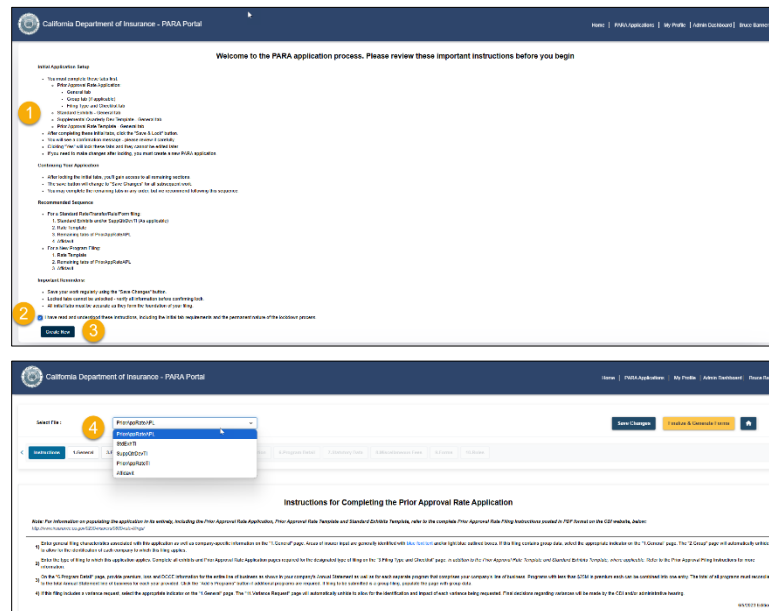


1. **Forgot Password** Click on 'Forgot password?' button
2. **Email** Type in the email address used during registration to get the reset password link in your inbox.
3. Click on **Send**

## 6. Creating a new PARA

### Description:

To create any new PARA, users must review the instructions and acknowledge prior to enabling the 'Create New' button.



1. Review the instructions on the main screen
2. Check the acknowledgment box (marked in red) to enable the 'Create New' button
3. Click 'Create New' to begin
4. Select one of the following PARA forms:
  - a) PARA Rate Application
  - b) Standards Exhibit Template
  - c) Supplemental Quarterly Development Template
  - d) PARA Rate Template
  - e) Affidavit

Create New PARA Video Tutorial: [CreateNewPARA.mp4](#)

## 7. Update or modify an existing PARA

**Description:**

To update or modify an existing application, please follow the steps mentioned below.

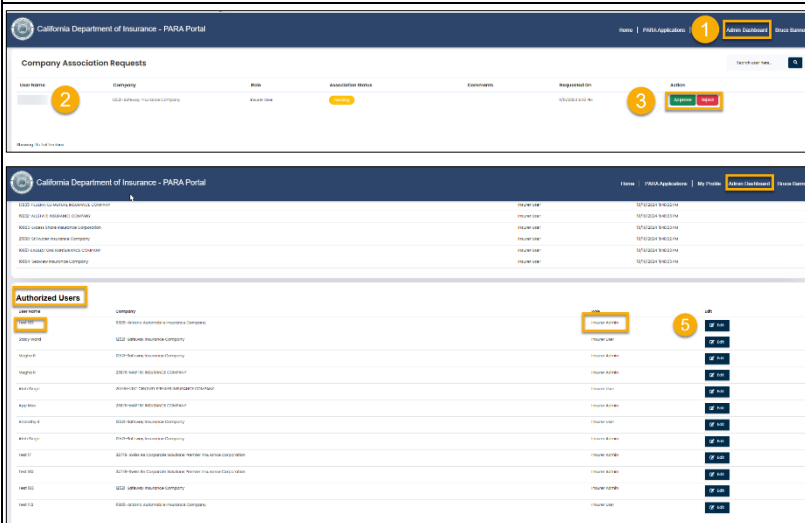
[illegible]

**Modify PARA Video Tutorial:** [ModifyAnExistingPARAApplication.mp4](#)

## 8. Admin Dashboard

### Description:

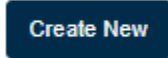
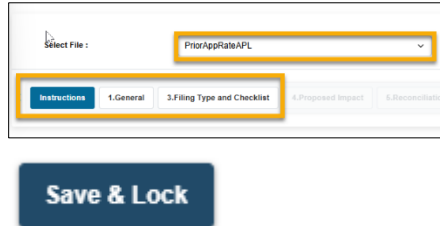
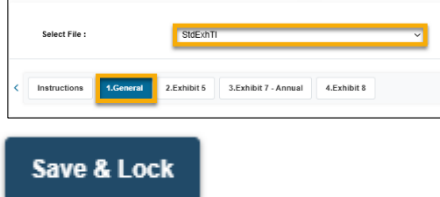
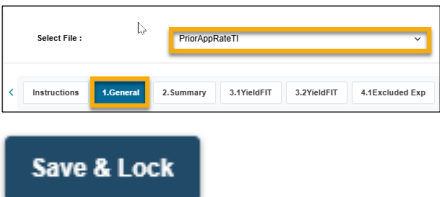
This is a high-level dashboard for the Admin to approve/ reject any Company association requests sent by the Insurer user. This action can be performed only by the Admin role.


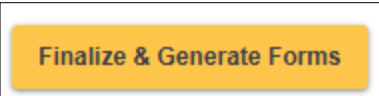


1. **Admin Dashboard** Click on Admin Dashboard on the top banner to arrive at this page.
2. **Select the user** who needs to be provided the required permissions.
3. **Choose 'Approve' or 'Reject'** by selecting the appropriate option button.
4. The user will receive an email notification about the decision.
5. **Update** any employees' permissions by scrolling down to 'My Employees' section and clicking on edit.

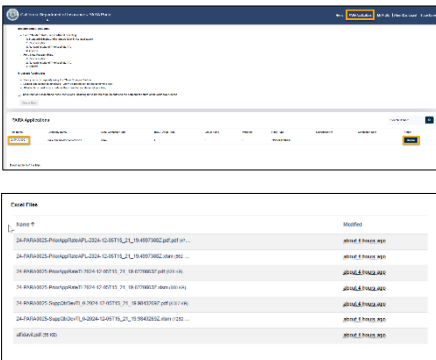
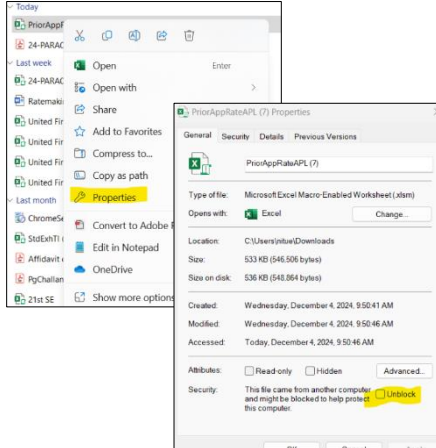
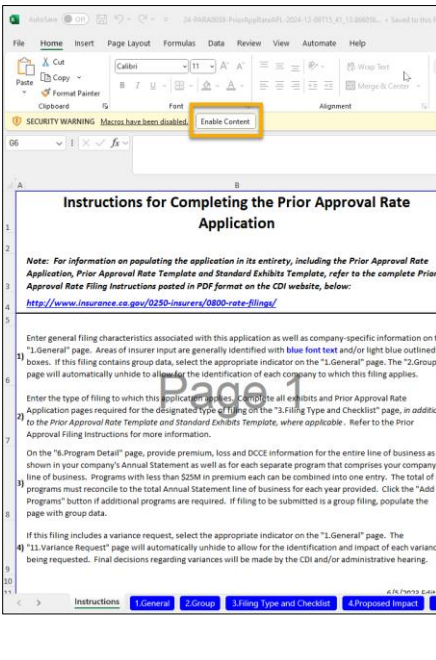
## 4. Recommended Steps for Filling an Application on the PARA Portal


This section is to help users understand the best recommended order of filling the application form pages to ensure the information is accurately documented.

Step	Description	Screenshots
1	<p><b>Form filling step 1:</b> To begin creation of new application go to '<b>PARA Applications</b>' and read the instructions. Acknowledge by clicking on the checkbox and then the '<b>Create New</b>' button is enabled. Select the relevant form from the dropdown list to proceed with the next step in the application process.</p> <p><b>Create New Video:</b> <a href="#">CreateNewPARA.mp4</a></p>	
2	<p><b>Form filing step 2:</b> Select the <b>Prior Approval Rate Application</b> form and complete the first 3 pages of the application after reading the instructions.</p> <ul style="list-style-type: none"> <li>• General</li> <li>• Group (if applicable)</li> <li>• Filing Type and Checklist</li> </ul> <p>After completing these initial 3 pages, click the "<b>Save &amp; Lock</b>" button. Users will be prompted to complete the <b>General</b> page under <b>Standard Exhibit</b> form.</p>	
3	<p><b>Form filing step 3:</b> Select the <b>Standard Exhibit</b> form and complete the <b>General</b> page of the application after reading the instructions. After completing this page, click the "<b>Save &amp; Lock</b>" button. Users will be prompted to complete the <b>General</b> page under <b>Prior Approval Rate Template</b> form.</p>	
4	<p><b>Form filing step 4:</b> Select the <b>Prior Approval Rate Template</b> page and complete the <b>General</b> page of the application after reading the instructions. After completing all these initial tabs, click the "<b>Save &amp; Lock</b>" button. Users will see a confirmation message - please review it carefully. Clicking "Yes" will lock all these pages and they cannot be edited later. If</p>	

	you need to make changes after saving and locking, you must create a new PARA.	
5	<b>Form filing step 5:</b> After the above 3 steps #2, #3 and #4 are completed, begin filling the remaining pages starting with tabs under <b>Standard Exhibit</b> , then <b>Prior Approval Rate Template</b> and finally <b>Prior Approval Rate Application</b> . Once all pages are completed, save the changes by clicking on the <b>Save Changes</b> button.	
6	<p><b>Save the application:</b> Please save the form regularly using the <b>Save Changes</b> button on the top right corner to ensure no form updates are lost. Auto-save functionality is NOT available, and the user needs to manually save the changes while filling in the form. Saving will not be submitted to the form, so ensure you save the updates regularly.</p> <p><b>Save changes video:</b> <a href="#">CreateNewPARA.mp4</a></p>	
7	<p><b>Finalize and Generate Forms:</b> Once all the pages of all forms are completed and reviewed, then click on <b>Finalize and Generate Forms</b> button. The system runs the check on all the forms and lists out the error messages or any incomplete data. If no error messages are detected, then all pages are locked, and an excel file will be generated with all the application data.</p> <p><b>Finalize and Generate Forms Video Tutorial:</b> <a href="#">FinalizeandGeneratePARAFinal.mp4</a></p>	



8	<p><b>Excel File Download:</b> Once the PARA is completed, click on the '<b>PARA Applications</b>' on the top blue banner. Scroll down to the '<b>PARA Applications</b>' at the bottom of the page and click on '<b>Download</b>' button under Action column corresponding to the PARA application. The file will be downloaded in Excel format. Please note that the <b>Download</b> option is available only after <b>Finalize and Generate</b> process is completed without any errors.</p> <p><b>Download Video Tutorial:</b> <a href="#">Download PARA.mp4</a></p>	
9	<p><b>Unblock Excel:</b> To use the generated, excel file with all the accurate data and calculations, please follow the steps below to unblock the excel:</p> <ol style="list-style-type: none"> <li>1. Right click on the excel file and click on 'Properties'.</li> <li>2. Select the 'Unblock' check box and click 'Apply'</li> </ol> <p><b>Unblock Excel Video Tutorial:</b> <a href="#">Download PARA.mp4</a></p>	
10	<p><b>Enable Content:</b> After unblocking the excel, please follow the steps below to enable the excel with macros and ensure all the data is accurately populated.</p> <ol style="list-style-type: none"> <li>1. Double click on the downloaded excel and open the file.</li> <li>2. There will be a security warning sign that appears on the top of the excel stating 'Macros have been disabled'. To enable the macros and to populate all the data, click on the 'Enable Content' button.</li> <li>3. Save the file.</li> </ol> <p><b>Enable Content Video Tutorial:</b> <a href="#">Download PARA.mp4</a></p>	

11	<p><b>PDF Download:</b> To convert the excel to PDF format, upload the unblocked and content enabled excel to the PARA Portal. The PDF file will be generated and will be available in the list of download files.</p> <p><b>PDF Download Video Tutorial:</b>  <a href="#">Download PARA.mp4</a></p>	
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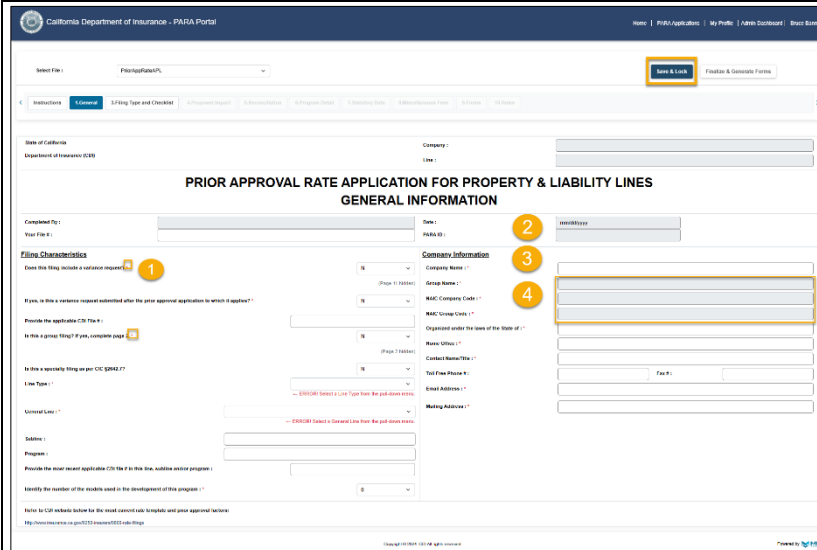
## 5. Online Forms

### PARA Rate Application

#### 1. General Information

##### Description:

This is the first page of Prior Approval Rate Application. This page specifies certain general filing characteristics, including, but not limited to, the line of insurance, subline and program for which the filing is being submitted, as well as company specific information.



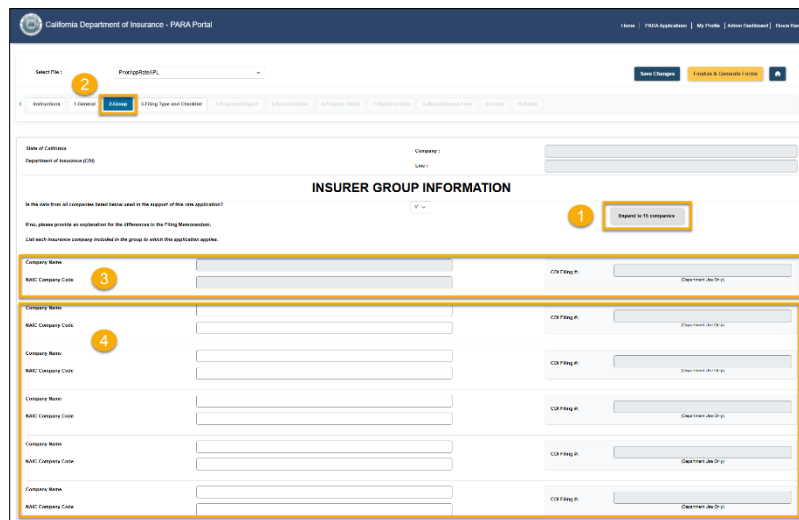
##### Key Points

- Required Fields:** when a field has an asterisk\* next to it, it means it is a required field and needs to be completed. The system will flag incomplete required fields upon saving.
- Date** when the application is filed, Date field will get automatically filled with the data when the completed form is downloaded
- Company Name**, the options in this are based on the company associated with the user. If the company name is not in the list, please associate your profile with the company first using the Profile page.
- The Group Name, NAIC Company code, NAIC Group code are automatically filed.

## 2. Group Filing

### Description:

This page applies to affiliated companies within an insurer group and is hidden from view unless the filing includes group data, as indicated on 'General' page of the Application. This must be completed for a PARA group filing. Each company to which the Application applies must be identified on this page.



### Key Points

1. Total of 15 companies can be entered.
2. The Group tab will only show when the "Is this a Group Filing" is selected Y on the General tab.
3. Only the first Company will be auto populated from the General Tab Company Name
4. All other fields are user populated on this form

### 3. Filing Type and Checklist

**Description:**

Each insurer must identify the type of filing in the Filing Type section on this page of the Application. The PARA Portal can be used to create a PARA filing for New Program, Form, Rule, Transferred Program, or Rate (without variance),

California Department of Insurance - PARL Portal

Home | PPA Application | My Profile | Address Dashboard | Home

Selected Filings: 2
File Application(s)

Save Changes
Continue & Complete Filings

Instructions
General
1. General
2. Filing Type and Checklist
3. Payment Issues
4. Information
5. Payment Detail
6. Document Fee
7. Document Fee
8. Document Fee
9. Other
10. Other

State of California
Company:

Department of Insurance (DUI)
State:

### FILING TYPES

- Is this a New Program Being?
- Is this a Renewal or Program Being?
- Is this a Rate Being?
- Does this filing propose new Rate(s) or any changes to Rate(s)?
- Are the Rate change(s) from a rate impact?
- Does this filing propose new Form(s) or any changes to Form(s)?
- Are the Form change(s) from a rate impact?
- Does this filing include a volume request? (See page 1, General)

Question 4: Rate change(s) include new rate(s) and changes to existing rate(s)  
Question 5: Form change(s) include new addition or replacement form(s).

### FILING CHECKLIST

Use this checklist to indicate submission of ALL items listed in the format(s) required (either PDF or Excel and PDF).

#/P	Event	How to Submit Your Application
(1)	<input checked="" type="checkbox"/>	Rate Application Form Application
(2)	<input checked="" type="checkbox"/>	General Information, Page 1
(3)	<input checked="" type="checkbox"/>	Invoice Drop Information, Page 2
(4)	<input checked="" type="checkbox"/>	Rate Application Form, Page 3
(5)	<input checked="" type="checkbox"/>	Insurance of Direct Business Premium to Existing Date, Page 4
(6)	<input checked="" type="checkbox"/>	Program Data, Page 4
(7)	<input checked="" type="checkbox"/>	Additional Calendar Year Data Reported by Rate(s), Page 7
(8)	<input checked="" type="checkbox"/>	Additional Form and Other Changes, Page 8
(9)	<input checked="" type="checkbox"/>	Address
(10)	<input checked="" type="checkbox"/>	Insurance Entity
(11)	<input checked="" type="checkbox"/>	Rate(s) 1 - Rate History
(12)	<input checked="" type="checkbox"/>	Rate(s) 2 - Rate Level History
(13)	<input checked="" type="checkbox"/>	Rate(s) 3 - Policy Term Distribution
(14)	<input checked="" type="checkbox"/>	Rate(s) 4 - Premium Statement Form
(15)	<input checked="" type="checkbox"/>	Rate(s) 5 - Premium Term Policy
(16)	<input checked="" type="checkbox"/>	Rate(s) 6 - Miscellaneous Fees and Other Charges
(17)	<input checked="" type="checkbox"/>	Rate(s) 7 - Loss and Defense & Court Cost/Defense Expense (DCCE)/Development Fee(s)
(18)	<input checked="" type="checkbox"/>	Rate(s) 8 - Loss and DCCE Trend
(19)	<input checked="" type="checkbox"/>	Rate(s) 9 - Catastrophe Adjustment
(20)	<input checked="" type="checkbox"/>	Rate(s) 10 - Creditability Adjustment
(21)	<input checked="" type="checkbox"/>	Rate(s) 11 - Credibility Score(s)
(22)	<input checked="" type="checkbox"/>	Rate(s) 12 - Reinsurance Premium and Reinsurance
(23)	<input checked="" type="checkbox"/>	Rate(s) 13 - Rate Distribution
(24)	<input checked="" type="checkbox"/>	Rate(s) 14 - Rate Classification Schedule
(25)	<input checked="" type="checkbox"/>	Rate(s) 15 - Rate and Underwriting Schedule
(26)	<input checked="" type="checkbox"/>	Rate(s) 16 - Supplemental Information
(27)	<input checked="" type="checkbox"/>	Rate(s) 17 - Customer Distribution
(28)	<input checked="" type="checkbox"/>	Rate(s) 18 - Insurer's Reinsurance Calculations for Specialty, Piling
(29)	<input checked="" type="checkbox"/>	Rate Application
(30)	<input checked="" type="checkbox"/>	How to Apply Rate Template
(31)	<input checked="" type="checkbox"/>	Specialty Entity Impact
(32)	<input checked="" type="checkbox"/>	Complete Underwriting Schedule
(33)	<input checked="" type="checkbox"/>	Complete Policy Data and Risk Rating Table
(34)	<input checked="" type="checkbox"/>	Complete Reinsurance Agreement

\* See How to Apply Rate Filing Instructions

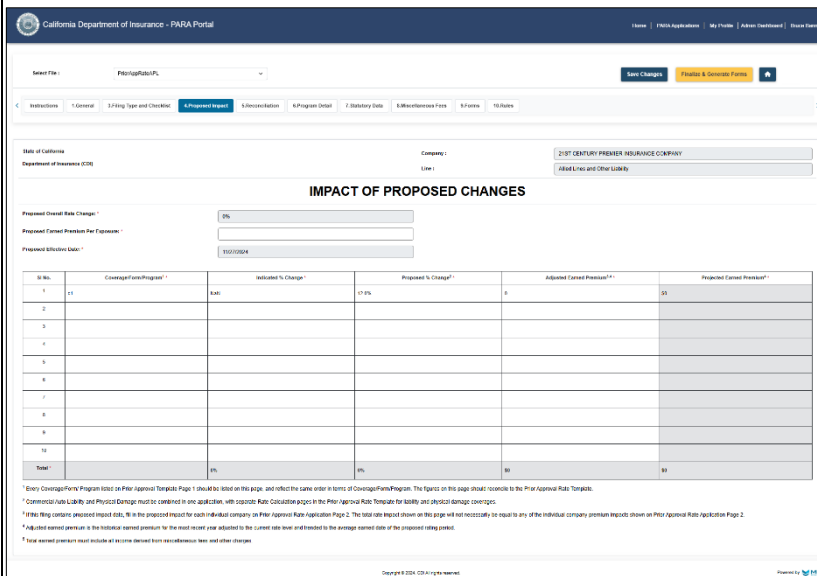
### Key Points

1. At least one selection must be Y on this page.
2. If Group filing is selected as Y, then the second tab '2. Group' appears.
3. Select all the applicable files to be submitted along with the application in the provided files checklist at the bottom of this page.

## 4. Impact of Proposed Changes

### Description:

This page of the Application must be completed for every filing identified as having a rate impact. The earned premium must include all income derived from miscellaneous fees and other charges



California Department of Insurance - PARA Portal

Save File: Policy/PolicyID/PL

Save Changes Preview & Generate Forms

Instructions 1. General 2. Filing Type and Checklist 3. **Changes/Impact** 4. Discontinuation 5. Program Detail 6. Statutory Data 7. Miscellaneous Fees 8. Forms 9. Notes

State of California Company: 21ST CENTURY PREMIER INSURANCE COMPANY  
Department of Insurance (DOI) Line: Admitted Lines and Other Lines

### IMPACT OF PROPOSED CHANGES

Proposed Overall Rate Change: 0%

Proposed Earned Premium Per Exposure: \$0.00

Proposed Effective Date: 10/01/2024

Sl. No.	Coverage/Policy/Program <sup>1</sup>	Indicated % Change <sup>2</sup>	Proposed % Change <sup>3</sup>	Adjusted Earned Premium <sup>4</sup>	Projected Earned Premium <sup>5</sup>
1	11	0.00%	0.00%	0	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Total		0%	0%	0	0

<sup>1</sup> Every Coverage/Policy/Program listed on Prior Approval Template Page 1 should be listed on this page, and reflect the same order in terms of Coverage/Policy/Program. The Agency on this page should reconcile to the Prior Approval Rate Template.  
<sup>2</sup> Commercial Auto Liability and Physical Damage must be combined in one application, with separate Rate Calculation ranges in the Prior Approval Rate Template for liability and physical damage coverages.  
<sup>3</sup> Filing filing contains proposed impact data, it is the proposed impact for each individual company on Prior Approval Rate Application Page 2. The total rate impact shown on this page will not necessarily be equal to any of the individual company premium impacts shown on Prior Approval Rate Application Page 2.  
<sup>4</sup> Adjusted earned premium is the historical earned premium for the most recent year adjusted to the current rate level and rounded to the average earned date of the proposed rating period.  
<sup>5</sup> Total earned premium must include all income derived from miscellaneous fees and other charges.

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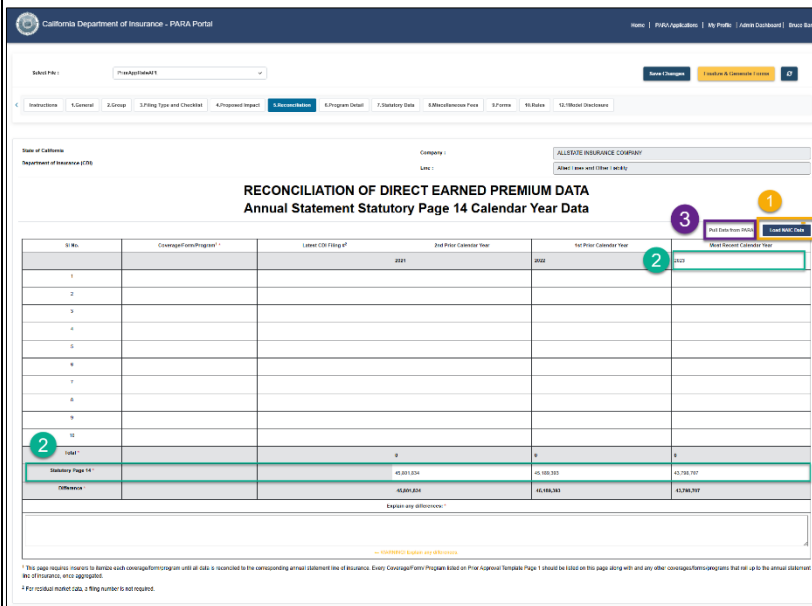
### Key Points

1. This tab is completely auto populated from the Rate Template Summary Page.
2. User will not have any data entry on this page

## 5. Reconciliation of Direct Earned Premium Data

### Description:

In this page of the Application, the insurer must provide calendar year direct earned premium data and itemize the data for each program until all data is reconciled to the corresponding Annual Statement line of insurance. This page requires insurers to itemize each Coverage/Form/Program until all data is reconciled to the corresponding annual statement line of insurance.



California Department of Insurance - PARA Portal

Home | PARA Application | My Profile | Admin Dashboard | About PARA

Select File: [Choose File] [Load Data] [Cancel]

Instructions | General | Group | Filing Type and Checklist | Proposed Impact | **Reconciliation** | Program Detail | Statutory Data | Miscellaneous Fees | Forms | Rules | Unfiled Disclosures

State of California Company: ALLSTATE INSURANCE COMPANY  
Department of Insurance (DRI) License: Allstate Insurance (000010000000000000)

### RECONCILIATION OF DIRECT EARNED PREMIUM DATA

#### Annual Statement Statutory Page 14 Calendar Year Data

Coverage/Form/Program	1st Calendar Year	2nd Calendar Year	3rd Calendar Year
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total	0	0	0
Statutory Page 14	45,000,000	45,000,000	45,000,000
Difference	-45,000,000	-45,000,000	-45,000,000

Explain any differences:

---> [RECONCILE] [Cancel] [Save]

\* This page requires insurers to itemize each coverage/form/program until all data is reconciled to the corresponding annual statement line of insurance. Every Coverage/Form/Program listed on Prior Approval Template Page 1 should be listed on this page along with and any other coverage/form/programs that roll up to the annual statement line of insurance, once approved.

\* For individual market data, a filing number is not required.

### Key Points

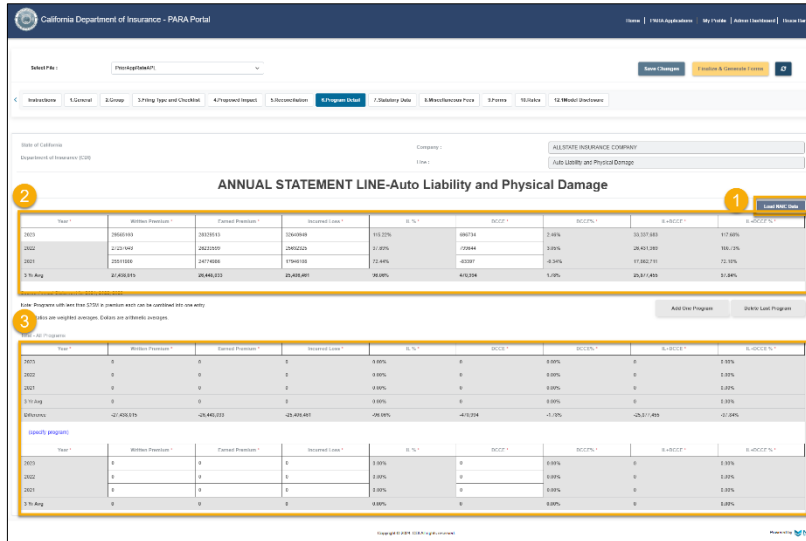
1. Click on "**Load NAIC Data**" to extract and load relevant information from the external NAIC I-site Annual Statements, for this filing based on the information provided in other tabs
2. **NAIC data** will populate the **Most Recent Calendar Year** and **Statutory Page 14**
3. Once NAIC data is populated user will click on "**Pull Data from PARA**"
4. This will auto populate all the remaining fields on this form. The source will be **StdExh5** form
5. User will be able to overwrite the auto populated data from

Load NAIC/ Load from other PARA Video Tutorial:  
[LoadNAICandPullDatafromPARA.mp4](#)

## 6. Program Detail

### Description:

Any insurer submitting a filing for a subset of their entire line of must complete this page of the Application by providing premium, loss and DCCE information for the entire line of business as shown in that insurer's Annual Statement as well as for each separate form/program that comprises the insurer's line of business. If the Application to be submitted is a group filing, the insurer must populate this page for the group.



### Key Points

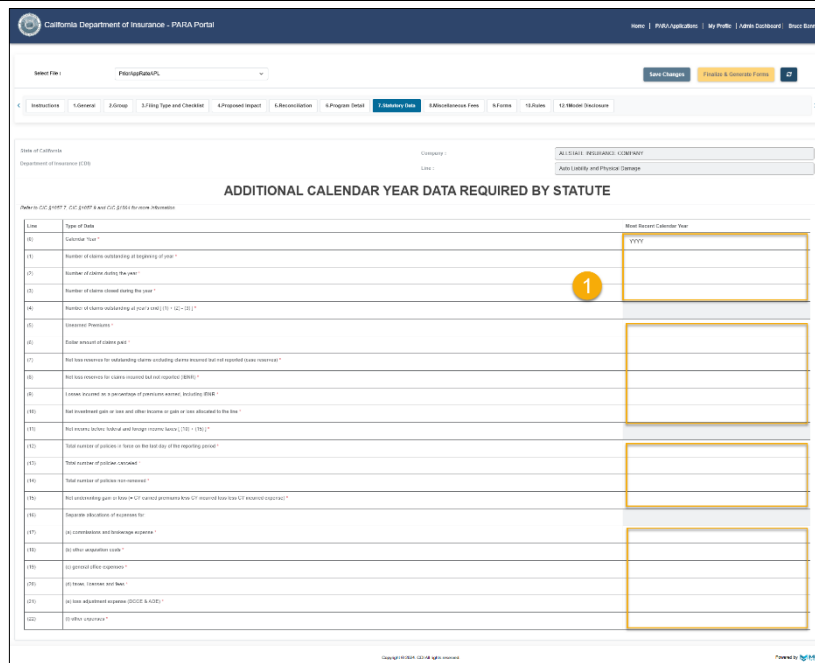
1. Click on "Load NAIC Data" to extract and load relevant information from the external NAIC I-site Annual Statements, for this filing based on the information provided in other tabs
2. The 1<sup>st</sup> table is auto populated, and the grayed-out fields are automatically calculated
3. All other tables are user populated



## 7. Additional Calendar Year Data Required by Statute

### Description:

Data requested on this page of the Application must be provided for the most recent calendar year. The data provided must correspond to the program to which it applies and need not necessarily reflect the total Annual Statement line of insurance data.



California Department of Insurance - PARA Portal

Select File:

Save Changes | Upload & Continue From

1 | Institution | 2 | General | 3 | Billing Type and Checklist | 4 | Program Impact | 5 | Reconciliation | 6 | Program Detail | 7 | Insurance Data | 8 | Miscellaneous Fees | 9 | Rates | 10 | Rates | 11 | Member Statement

State of California | Company: ALLSTATE INSURANCE COMPANY | Line: Auto Liability and Physical Damage

### ADDITIONAL CALENDAR YEAR DATA REQUIRED BY STATUTE

Refer to CIP 61017.7, CIP 61017.8 and CIP 61018 for more information.

Line	Type of Data	Most Recent Calendar Year
(1)	Calendar Year *	YYYY
(1)	Number of claims outstanding at beginning of year *	
(2)	Number of claims during the year *	
(3)	Number of claims closed during the year *	
(4)	Number of claims outstanding at year's end (1) - (2) + (3) *	
(5)	Expense Premiums *	
(6)	Ratio amount of claims paid *	
(7)	Net loss reserves for outstanding claims including claims incurred but not reported (IBNR) *	
(8)	Net loss reserves for claims incurred but not reported (IBNR) *	
(9)	Losses incurred on a combination of previous years, including IBNR *	
(10)	Net investment gain or loss and other income or gain or loss allocated to the line *	
(11)	Net income before federal and foreign income taxes (10) + (9) *	
(12)	Total number of policies in force on the last day of the reporting period *	
(13)	Total number of policies renewed *	
(14)	Total number of policies non-renewed *	
(15)	Net underwriting gain or loss (12) - (13) - (14) (reported here from CIP required here from CIP required expense) *	
(16)	Expense allocation of expenses for:	
(17)	(a) commissions and brokerage expense *	
(18)	(b) other underwriting costs *	
(19)	(c) general office expense *	
(20)	(d) taxes, licenses and fees *	
(21)	(e) loss adjustment expense (LOAE & LOBE) *	
(22)	(f) other expenses *	

Copyright © 2014, CIP 61017.7, CIP 61017.8 and CIP 61018 for more information. Printed by: 10/1/2014

### Key Points

1. All the fields are user populated on this form.
2. The grayed-out fields are calculated automatically based on the entered data

**Description:**

## Key Points

[illegible]

## 9. Forms

### Description:

This page of the Application requires that each insurer identify each form by title and form number, type and source of the form, and by the applicable rule or page number. The insurer must indicate whether this is a new, replacement or withdrawn form and indicate whether the form broadens or restricts coverage

California Department of Insurance - PARA Portal

Home | PRIOR Application | My Profile | Admin Dashboard | About Us

Select File:  Save Changes Previous & Complete Forms

1. Instructions 2. General 3. Group 4. Filing Type and Checklist 5. Proposed Impact 6. Recommendation 7. Program Detail 8. Statutory Data 9. Withdrawn Forms **10. Forms** 11. Status 12. Manual Disclosure

State of California Company: **ALLSTATE REINSURANCE COMPANY**  
Department of Insurance (DOI) Line: **Auto Liability and Physical Damage**

**Forms**

Add Form Withdraw Last Form Revert Form


**Legend of Response Codes**

Type Code	Source Code	Category Code
(1) Application	(1) Insurance Services Office (ISO)	(1) New, mandatory
(2) Amendment	(2) Other Insurer (Optional)	(2) New, optional (broadened)
(3) Policy	(3) Company	(3) New, optional (restricted)
(4) Other (Describe in box below)	(4) Other (Describe in box below)	(4) Replacement, mandatory
		(5) Replacement, optional (broadened)
		(6) Replacement, optional (restricted)
		(7) Withdrawn, mandatory
		(8) Withdrawn, optional (broadened)
		(9) Withdrawn, optional (restricted)
		(10) Other (Describe in box below)

Application - refers to forms that the insurer attaches to all policies.  
Options - restricted - refers to forms that the insurer wishes to be affected in some policies.  
Options - restricted - refers to forms that the insurer wishes to be added to their policy.

Application Form	#	Title	Type	Source	CDR File #	Category	Coverage Change Vehicle	Coverage Change Vehicle	Coverage Change Vehicle
							Broadening?	Restricting?	% Impact
<b>Proposed</b>									
<b>Current</b>									
<p><b>Explain Replacement/Withdrawal</b> Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p><b>Reason for Replacement/Withdrawal</b> (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p><b>Rate Impact</b> Explain why there is or isn't a rate impact.</p> <p><b>Rate</b> If applicable, specify the applicable rate(s), and manual page number(s).</p>									
<b>Proposed</b>									
<b>Current</b>									
<p><b>Explain Replacement/Withdrawal</b> Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p><b>Reason for Replacement/Withdrawal</b> (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p><b>Rate Impact</b> Explain why there is or isn't a rate impact.</p> <p><b>Rate</b> If applicable, specify the applicable rate(s), and manual page number(s).</p>									
<b>Proposed</b>									
<b>Current</b>									
<p><b>Explain Replacement/Withdrawal</b> Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p><b>Reason for Replacement/Withdrawal</b> (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p><b>Rate Impact</b> Explain why there is or isn't a rate impact.</p> <p><b>Rate</b> If applicable, specify the applicable rate(s), and manual page number(s).</p>									
<b>Proposed</b>									
<b>Current</b>									
<p><b>Explain Replacement/Withdrawal</b> Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p><b>Reason for Replacement/Withdrawal</b> (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p><b>Rate Impact</b> Explain why there is or isn't a rate impact.</p> <p><b>Rate</b> If applicable, specify the applicable rate(s), and manual page number(s).</p>									

1. If Source selected in CDR or Other Insurer (Optional) provide the CDR File # of the application from which the form is being replaced. If Source selected in Company and Category in Replacement, provide the CDR File # under which the current form is approved.  
2. Factor that restricts, broadens or restricts coverage must be identified. Provide the amount of rate change (broadened or restricted) with the proposed coverage. Rate.  
3. Factor Category Code in Withdrawn, provide the CDR File # under which the withdrawn form was last approved.  
4. Other (Please provide additional information below the forms indicated on "Other" under Type Code, Source Code, and/or Category Code.)

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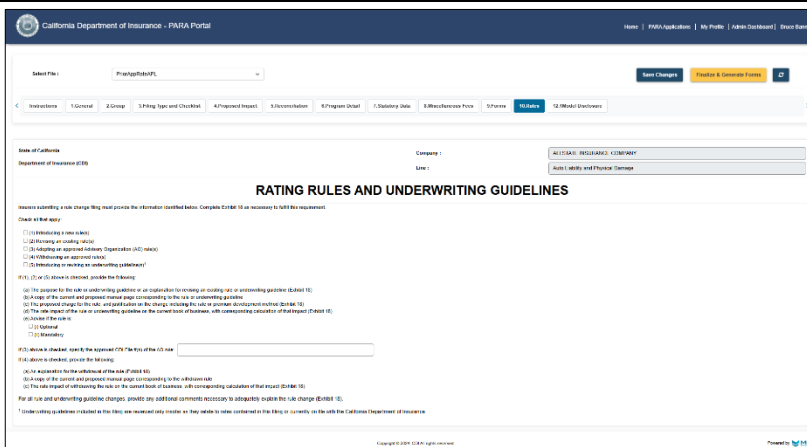
### Key Points

1. This form is completely user populated
2. The system can only intake 20 entries
3. If user wants to submit more than 20 entries, they can download the forms and fill as many required outside of the system

## 10. Rules and Underwriting Guidelines

### Description:

This page of the Application must be completed for all rule change filings. In addition to providing an explanation and a copy of the rule, justification of the rate impact to the current book of business must be provided.



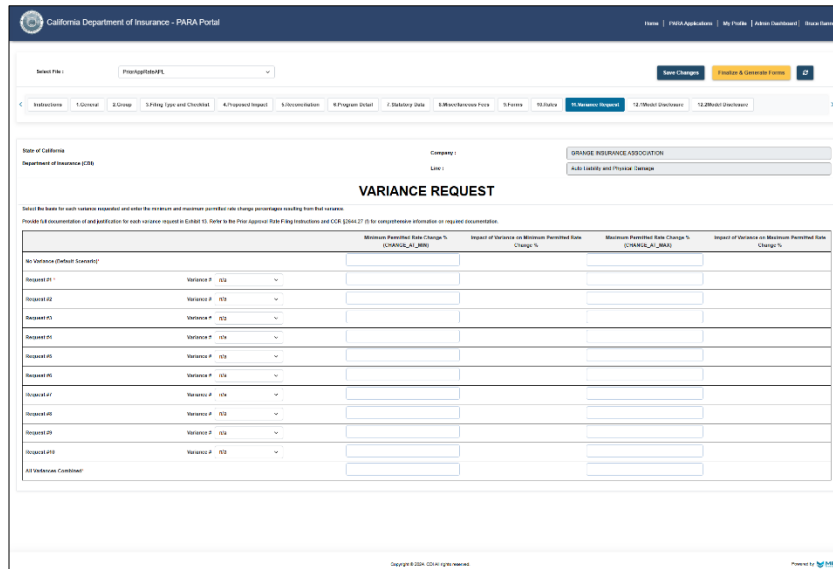
### Key Points

This form is completely user populated

## 11. Variance Request

### Description:

This page of the Application is hidden from view unless the filing includes a request for variance, as indicated on 'General' page of the Application. This page must be completed when requesting a variance. Enter the minimum and maximum permitted rate change for the Application without variance. Then, for each variance request, select the basis of the variance from the pull-down menu



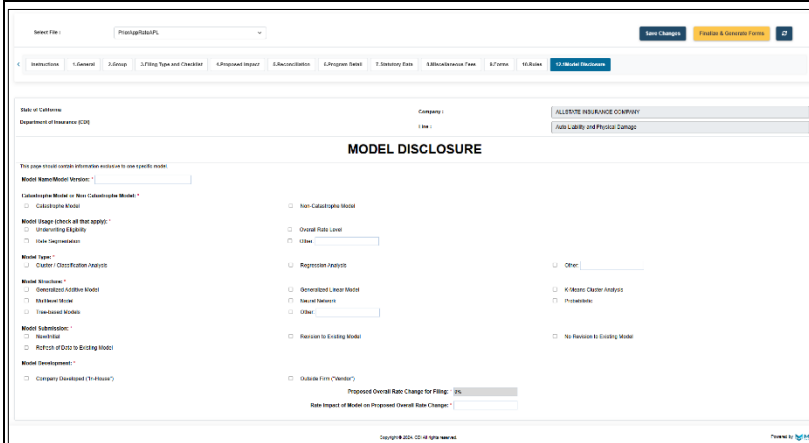
### Key Points

1. This form shows up when user selects Y to the variance question on General Tab.
2. User will manually update fields on this form.

## 12. 12.1 Model Disclosure

### Description:

This page of the Application must be completed when a model or models were used in the development of the filed program. Insurers must indicate the number of models used in the development of this program on 'General' page of the Application.



The screenshot shows the 'MODEL DISCLOSURE' form. At the top, there's a 'Select File' dropdown and a 'Print/Save/Cancel' button. Below this is a navigation bar with tabs: 1. General, 2. Group, 3. Filing Type and Checklist, 4. Proposed Impact, 5. Recalculation, 6. Program Detail, 7. Secondary Rate, 8. Miscellaneous Fees, 9. Rates, 10. Rates, 11. Model Disclosure (selected). The form includes fields for 'State of California', 'Company', 'Department of Insurance (DOI)', and 'Rate'. The 'MODEL DISCLOSURE' section has a 'Model Name/Model Version' field and a 'Model Type' dropdown. The 'Model Description' section has a 'Model Description' field and a 'Model Substitution' dropdown. The 'Model Development' section has a 'Model Development' field and a 'Proposed Overall Rate Change for Filing' field. The 'Rate Impact of Model on Proposed Overall Rate Change' field is also present.

### Key Points

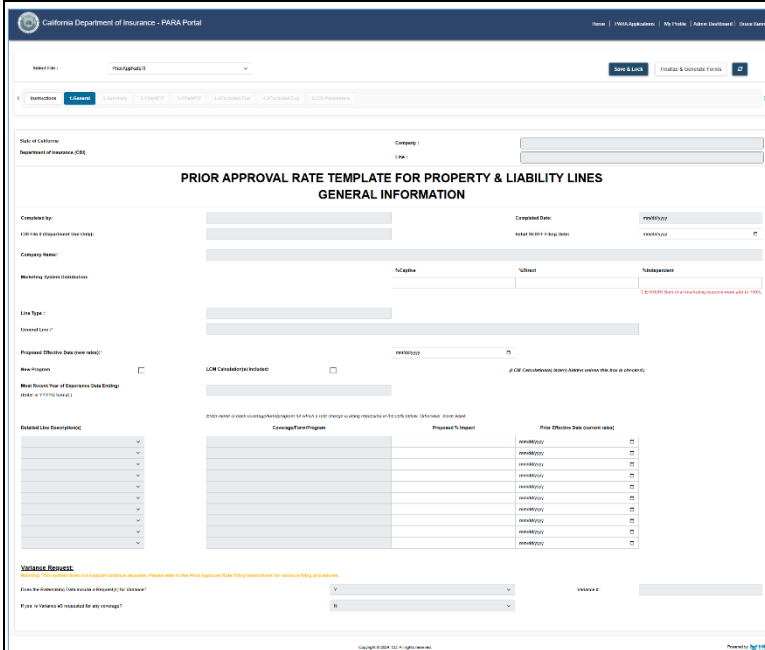
1. This form will only appear when "Identify the number of the models used in the development of this program: \*" on the General page is selected not equal to "0".
2. If there are more than 1 models, then multiple model disclosure pages appear with a prefix as shown 12.1, 12.2 etc.
3. This form is completely user populated

## Rate Template

### 1. General Information

#### Description:

This page specifies certain general filing characteristics common to all coverages, forms or programs contained in the Application.



#### Key Points

- Fields displayed in gray are automatically populated and cannot be manually edited. No user input is needed in these fields. To make changes, go to the source.
- The gray auto-populated fields draw their values from:
  - Prior Approval Rate Application (PriorAppRateAPL)
  - Standard Exhibit

**Important: All source forms must be completed before accessing the Rate Template's General tab to ensure proper auto-population.**

- Fields displayed in white with an asterisk (\*) are required and must be completed by the user.

## 2. Summary

### Description:

This page provides a summary of the minimum and maximum permitted earned premium and associated rate change for the filed line and coverages, forms, or programs using the data input by the insurer in subsequent pages of this Rate Template

California Department of Insurance - PARA Portal

Select File:  Open Changes Transfer & Generate Forms ?

Instructions | 1. General | **2. Summary** | 3. Rate of TP | 4. Rate of TP | 5. Excluded Exp | 6. CDO Parameters | 7. Rate Change Calculation | 8. Rate Change Calculation

State of California | Company: American Mutual Home Insurance Company  
Department of Insurance (DII) | Line: Allied Lines and Other Liability

### PRIOR APPROVAL RATE TEMPLATE FOR PROPERTY & LIABILITY LINES SUMMARY

Coverage/Line/Program	Projected Annual Premium (\$)	Minimum Permitted Current Premium (\$)	Maximum Permitted Current Premium (\$)	Change at Minimum %	Change at Maximum %	Proposed %
10	0			NaN	NaN	10%
11	0			NaN	NaN	10%
<b>Combined</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>NaN%</b>	<b>NaN%</b>	<b>10%</b>

Combined Total Current Premiums for 1 year term:  — Estimated value for combined total projected current premiums corresponding to the total projected premiums.

Coverage/Line/Program	Proposed	Minimum Permitted	Maximum Permitted	Proposed	Proposed
10	0	0	0	0	0
11	0	0	0	0	0
<b>Combined</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Coverage/Line/Program	Projected Annual Premium (\$)	Projected Annual Premium (\$)	Projected Annual Premium (\$)	Projected Annual Premium (\$)
10	0	0	0	0
11	0	0	0	0
<b>Combined</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

2

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### Key Points

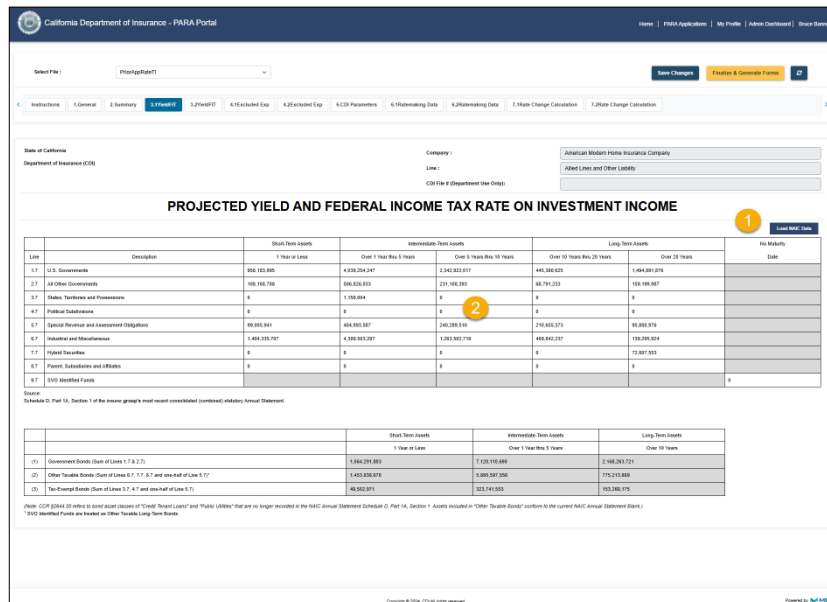
1. This form is auto populated and the source for this form is PriorAppRateTI >General and Rate Change Calculation forms
2. Combined Total Earned.... is the only user populated field on this form



### 3. 3.1Yield FIT – Projected Yield and Federal Income Tax Rate on Investment Income

#### Description:

This page of the Rate Template provides the calculation of the projected yield and the federal income tax rate on investment income, as specified in CCR §2644.20 and §2644.18. The results of that calculation feed directly to lines 17 and 18 of 'Ratemaking' page of the Rate Template.



#### Key Points

1. Click on the "Load NAIC Data", to extract and load the relevant information from the external NAIC I-site Annual Statements based on the information provided for this filing.
2. User may overwrite NAIC data populated on this form only in the editable non-grayed fields

Load NAIC Video Tutorial: [LoadNAICandPullDatafromPARA.mp4](#)

## 4. 3.2Yield FIT

### Description:

This page of the Rate Template is a continuation of the previous page, and it also provides the calculation of the projected yield and the federal income tax rate on investment income

### Key Points

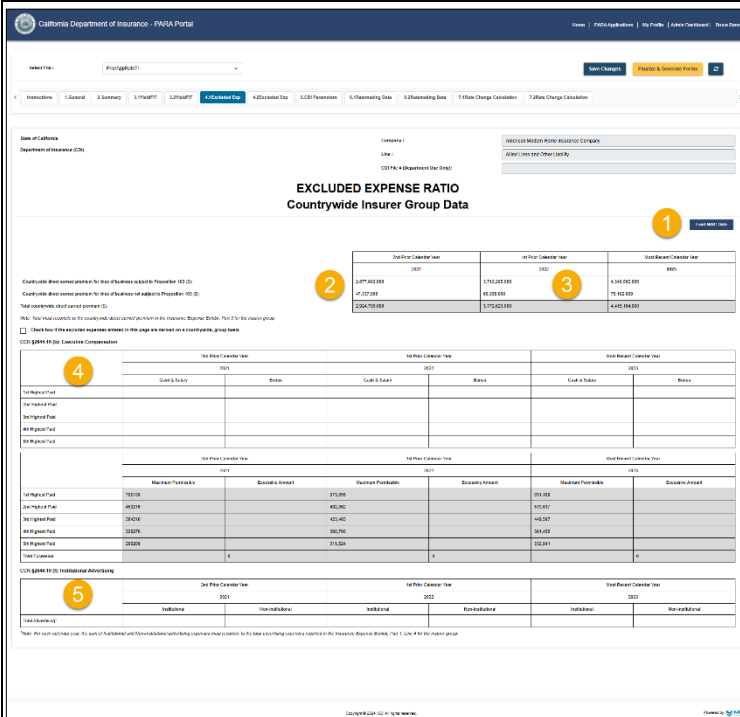
1. Click on the "Load NAIC Data", to extract and load the relevant information from the external NAIC I-site Annual Statements based on the information provided for this filing.
2. Any fields not auto populated after loading NAIC data must be manually completed.
3. You may modify any non-gray fields populated with NAIC data.
4. The Month/Year field defaults to the most recent option. You may select a different month/year from the dropdown list if needed.

Load NAIC Video Tutorial: [LoadNAICandPullDatafromPARA.mp4](#)

## 5. 4.1 Excluded Expense Ratio

### Description:

This page of the Rate Template provides the calculation of the excluded expense ratio for the insurer group. The definition of "insurer group" must be consistent with that used in the calculation of the projected yield and the federal income tax rate on investment income.



### Key Points

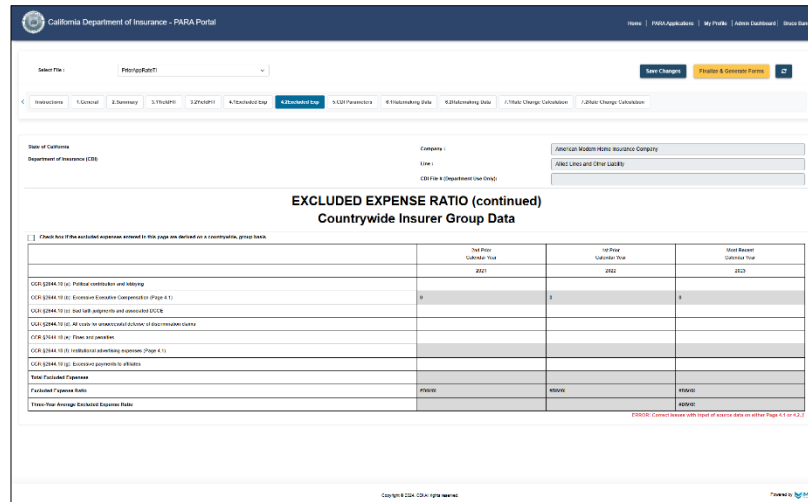
1. Click on the "Load NAIC Data", to extract and load the relevant information from the external NAIC I-site Annual Statements based on the information provided for this filing for Table 1.
2. For Table 1, manually complete any fields that remain empty after loading NAIC data.
3. You may modify any non-gray fields populated with NAIC data.
4. Complete all fields in Table 2 manually.
5. Enter values in the Institutional Advertising table manually. The system will display a warning if values don't match NAIC records, but you may proceed with your entries.

Load NAIC Video Tutorial: [LoadNAICandPullDatafromPARA.mp4](#)

## 6. 4.2Excluded Expense Ratio

### Description:

This page is continuation of the Rate Template, and it also provides the calculation of the excluded expense ratio for the insurer group



California Department of Insurance - PARA Portal

Home | Prior Approvals | My Profile | Submit Comments | Create Account

Select File:  Save Changes Create & Submit Form

Navigation: < Invoicing | General | Summary | 3.75%2020 | 3.75%2021 | **4. Excluded Expense** | 5. CIP/Reinsurance | 6. Underwriting Data | 7. Rate Change Calculation | 8. Rate Change Calculation


State of California:  Company:   
 Department of Insurance (DOI):  Line 1:   
 CIP File # (Department Use Only):

**EXCLUDED EXPENSE RATIO (continued)**  
Countrywide Insurer Group Data

☐ Check for the excluded expense entered in this page are derived on a countrywide group basis

Line Item	2021	2022	2023
CCF \$2044.10 (a) Policyholder contribution and delivery			
CCF \$2044.10 (b) Excess Excessible Contribution (Page 4.1)	0	0	0
CCF \$2044.10 (c) and (d) Excess Excessible Contribution (Page 4.1)			
CCF \$2044.10 (e) and (f) Excess Excessible Contribution (Page 4.1)			
CCF \$2044.10 (g) Excess Excessible Contribution (Page 4.1)			
CCF \$2044.10 (h) Excess Excessible Contribution (Page 4.1)			
Rate Excluded Expense	0.0000	0.0000	0.0000
Excluded Expense Ratio			
Three Year Average Excluded Expense Ratio			

Print

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### Key Points

Except the grayed-out fields, this form is user populated

### Load NAIC Video Tutorial:

[LoadNAICandPullDatafromPARA.mp4](#)

**Description:**

## Key Points

This page is completely auto populated

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## 8. 6.1Ratemaking Data

**Description:**

Ratemaking Data of the Rate Template must be completed for all filing types with rate impact. A separate page is available for each coverage, form or program included in this Rate Template

[illegible]

### Key Points

1. This page is auto populated from StdExh form for most of the fields
2. User will have the access to overwrite the data that are auto populated from different PARA forms

### Load NAIC/ Load from other PARA Video Tutorial:

## LoadNAICandPullDatafromPARA.mp4

## 9. 6.2Ratemaking Data

### Description:

This is continuation of Ratemaking Data of the Rate Template, and it must be completed for all filing types with rate impact. A separate page is available for each coverage, form or program included in this Rate Template

California Department of Insurance - PARA Portal

Home | PRIOR Applications | My Profile | Admin Dashboard | Quick Banner

Select File:  Save Changes Print & Generate Forms 42

Instructions | 1.General | 2.Summary | 3.FINANCIAL | 3.1FINANCIAL | 4.FINANCIAL | 4.1FINANCIAL | 5.OTHER INFORMATION | 5.1OTHER INFORMATION | 6.OTHER INFORMATION | 6.1OTHER INFORMATION | 7.OTHER INFORMATION | 7.1OTHER INFORMATION | 8.OTHER INFORMATION | 8.1OTHER INFORMATION

State of California  
Department of Insurance (DOI)

Company: American Modern Home Insurance Company  
Line: Allot Lines and Other Lines  
CEN File # (Department Use Only)

### RATEMAKING DATA

Completed By:  Version: 001  
Date Completed:   
Detailed Line Description:   
Coverage:

Please enter your Experience Creditability to proceed.

Year	Creditability	Number of Years in Reported Period
5th Prior Year Ending		0
4th Prior Year Ending		
3rd Prior Year Ending		
2nd Prior Year Ending		
1st Prior Year Ending		
Most Recent Year Ending	0.0%	0

**Rate Sheet**

Enter proposed Rates for new programs, or describe "New Program" on Page 1 General.  
 Enter proposed Rates for new programs, or describe "New Program" on Page 1 General.  
 Enter proposed Rates for new programs, or describe "New Program" on Page 1 General.  
 Enter proposed Rates for new programs, or describe "New Program" on Page 1 General.

Line	Description	Rate	5th Prior Year Ending	4th Prior Year Ending	3rd Prior Year Ending	2nd Prior Year Ending	1st Prior Year Ending	Most Recent Year Ending	Proposed	New Program
(1)	Year		2012	2013	2013	2013	2013	2014		
(2)	California Direct Written Premium									
(3)	California Direct Earned Premium									
(4)	Premium Adjustment Factor	Std 4								
(5)	Expense Ratio Factor	Std 5								
(6)	Underwriting Expense Ratio and Paid Charges	Std 6								
(7)	Expense Ratio									
(8)	Expense Ratio and Cost of Insurance Factor (CICIF)									
(9)	Loss Development Factor	Std 7								
(10)	DOCR Development Factor	Std 11								
(11)	Loss Ratio Factor	Std 8								
(12)	DOCR Loss Ratio Factor	Std 9								
(13)	Combined Ratio Factor	Std 10								
(14)	Expense Creditability	Std 10								
(15)	Net Income	Std 11								
(16)	Excluded Premium Ratio	Std 12								0.0%
(17)	Proposed Premium Ratio	Std 13								10.0%
(18)	Proposed Rate	Std 14								4.0%

Lines 16-18 are directly to pages 3 and 4 of the rate sheet.

The Proposed column should reflect the annualized rate expressed as a percentage for premium, loss and DOCR levels and creditability.

Refer to Section 6.2.1 of the Prior Approval Rate Filing Instructions for New Program requirements.

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### Key Points

1. This page is auto populated from StdExh form for most of the fields
2. User will have the access to overwrite the data that are auto populated from different PARA forms

### 10. 7.1Rate Change Calculation

**Description:**

This page calculates the minimum and maximum permitted rate changes for the filed line and each coverage, form or program included in this Rate Template, using the data input by the insurer in previous pages of this same template

[illegible]

### Key Points

This form is auto populated from Ratemaking tab and is locked in for the edits.



### 11. 7.2Rate Change Calculation

**Description:**

This page calculates the minimum and maximum permitted rate changes for the filed line and each coverage, form or program included in this Rate Template, using the data input by the insurer in previous pages of this same template

[illegible]


## Key Points

This form is auto populated from Ratemaking tab and is locked in for the edits.

## 12. LCM Calculation

**Description:**

This page of the Rate Template must be completed for those rate filing submissions where the filed line or coverage uses a Loss Cost Multiplier (LCM)


California Department of Insurance - PARS Portal

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State of California  
Department of Insurance (CIDI)

Company:  
Line:  
CIDI No. # (Supplemental Line Only)

GRANDE INSURANCE ASSOCIATION  
Auto Liability and Physical Damage

Inherited Line Description  
Coverage  
Prior Effective Date:

Commercial Auto Liability  
10/01/2024  
12/03/2024

Completed By:  
Date Completed:  
Proposed Effective Date:

10/01/2024  
12/03/2024

(1) New/Original Policy

1.1 CIDI Inventory Organization (AO) File # entering proposed line costs

1.2 AOT or LIT not approved for line or coverage

1.3 State of Issued Label in the 1.2

1.4 AOT valid as a percent of base and COB: derived from 1.3 and 1.5. PSC industry line and AOT's maximum is 50%

1.5 Maximum Permitted LHM, based on efficiency standard

NA

(2) Existing Program Filings

2.1 CIDI AO File # entering current line costs

2.2 Current Company LHM

2.3 CIDI AO File # entering proposed new state order of applicable line numbers, regardless to company

2.4 Current AO line cost percent change approved for line or coverage

2.5 Cumulative AO line cost percent change approved for line or coverage, adjusted for Company's distribution

2.6 Rule related to the insurer's book how changes affect their applying the line cost or LHM line increase, applicable AO's Section 401

2.7 Maximum Permitted LHM

NA

(3) Proposed Company LHM

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### Key Points

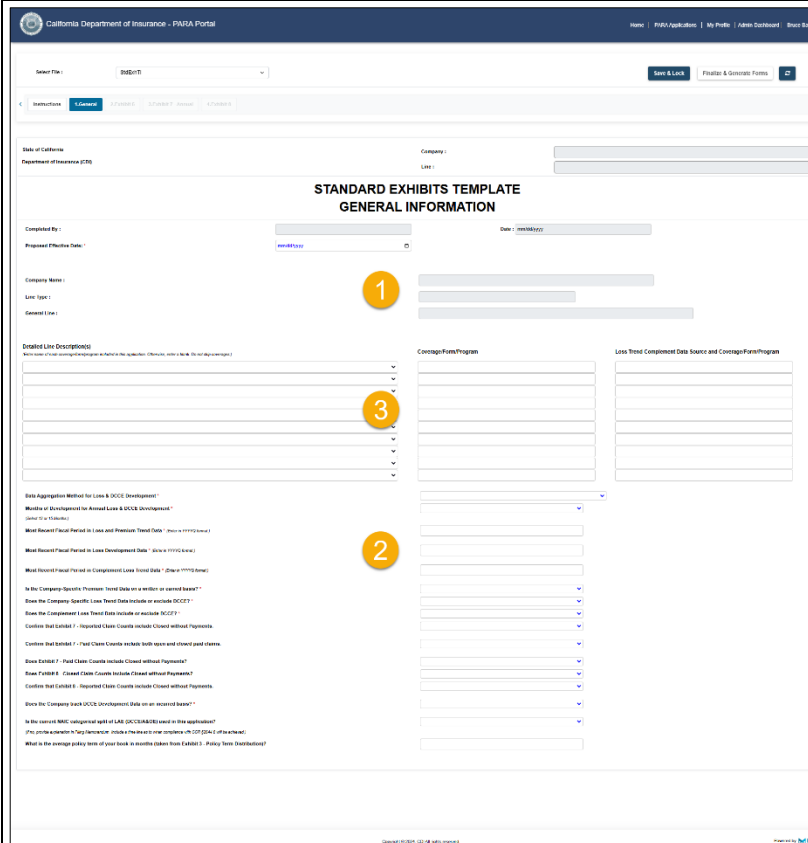
Except the greyed-out fields  
this form is user populated

## Standard Exhibits Template

### 1.General

#### Description:

This page specifies certain general filing characteristics common to all coverages, forms or programs contained in the Application



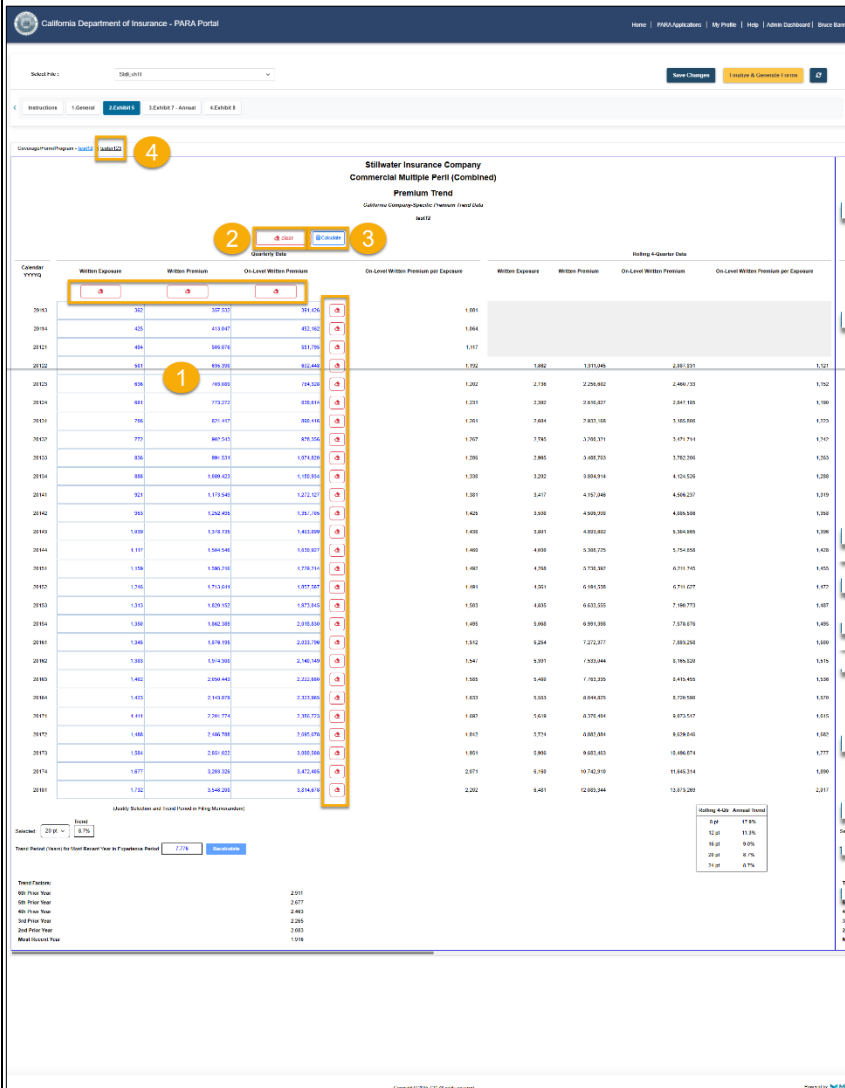
#### Key Points

1. This part of this form will be auto populated from PriorAppRateApp General page and will not be editable.
2. The rest of the page is user populated
3. The data in below fields on this form is original source for all other PARA forms
  - Proposed Effective Date
  - Detailed Line of Description
  - Coverages/Form /Program

## 2. Exhibit 5

### Description:

This indicates how the premium trend factors on 'Ratemaking Data' page, line 4 of the Rate Template, were developed by completing the Standard Exhibits Template.



### Key Points

1. The user will copy the bulk data for the first 3 columns and the rest of the columns get auto populated.
2. Clear button in red color is used to bulk delete data entered in these large, user-editable tables. To clear all the data from the table, click on the Clear button on the top right corner of the table. To clear respective single row or column data, use the Clear button in that corresponding row or column. A pop-up will then appear to confirm your action as the erased data is PERMANENTLY lost and cannot be recovered.
3. Calculate button in blue color is used to perform calculations for the large, user-editable tables and update related fields instantly. Please note that if any user does not click on the calculate button after making the edits, then the application will perform all the calculations automatically in the background once the changes are saved using Save Changes button.
4. To navigate to next coverage table, use the hyperlink mentioned on the top left corner.

Clear and Delete Video Tutorial – [ClearButtonFeature.mp4](#)

Calculate Video Tutorial – [CalculateFeature.mp4](#)

### 3. Exhibit 7 – Annual

#### Description:

This page indicates how the loss and DCCE development factors shown on Ratemaking Data, lines 9 and 10 of the Rate Template were developed by completing Exhibit 7. Insurers must submit annual loss develop triangles in the Standard Exhibits Template regardless of whether the insurer is developing losses on an annual or quarterly basis.

#### Key Points

1. Annual triangle data on this form are user populated, and rest of the calculated data gets auto populated.
2. Clear button in red color is used to bulk delete data entered in these large, user-editable tables. To clear all the data from the table, click on the Clear button on the top right corner of the table. To clear respective single row or column data, use the Clear button in that corresponding row or column. A pop-up will then appear to confirm your action as the erased data is PERMANENTLY lost and cannot be recovered.
3. Calculate button in blue color is used to perform calculations for the large, user-editable tables and update related fields instantly. Please note that if any user does not click on the calculate button after making the edits, then the application will perform all the calculations automatically in the background once the changes are saved using Save Changes button.
4. To navigate to next coverage table, use the hyperlink mentioned on the top left corner.

Clear Video Tutorial – [ClearButtonFeature.mp4](#)

Calculate Video Tutorial – [CalculateFeature.mp4](#)

## 4. Exhibit 8

### Description:

This page provides support for the loss and DCCE trend factors on 'Ratemaking Data' page, lines 11 and 12 of the Rate Template by completing the Standard Exhibits Template.

### Key Points

1. If the selection on the StdExh General page is "Earned" the Earned Exposure column on this form is auto populated from Exhibit 5 and is locked in for edits. If the selection is "Written" the Earned Exposure field will be open for edits. All other columns on the first table are user populated.
2. Clear button in red color is used to bulk delete data entered in these large, user-editable tables. To clear all the data from the table, click on the Clear button on the top right corner of the table. To clear respective single row or column data, use the Clear button in that corresponding row or column. A pop-up will then appear to confirm your action as the erased data is PERMANENTLY lost and cannot be recovered.
3. Calculate button in blue color is used to perform calculations for the large, user-editable tables and update related fields instantly. Please note that if any user does not click on the calculate button after making the edits, then the application will perform all the calculations automatically in the background once the changes are saved using Save Changes button.
4. To navigate to the next coverage table, use the hyperlink mentioned on the top left corner.

Clear Video Tutorial – [ClearButtonFeature.mp4](#)

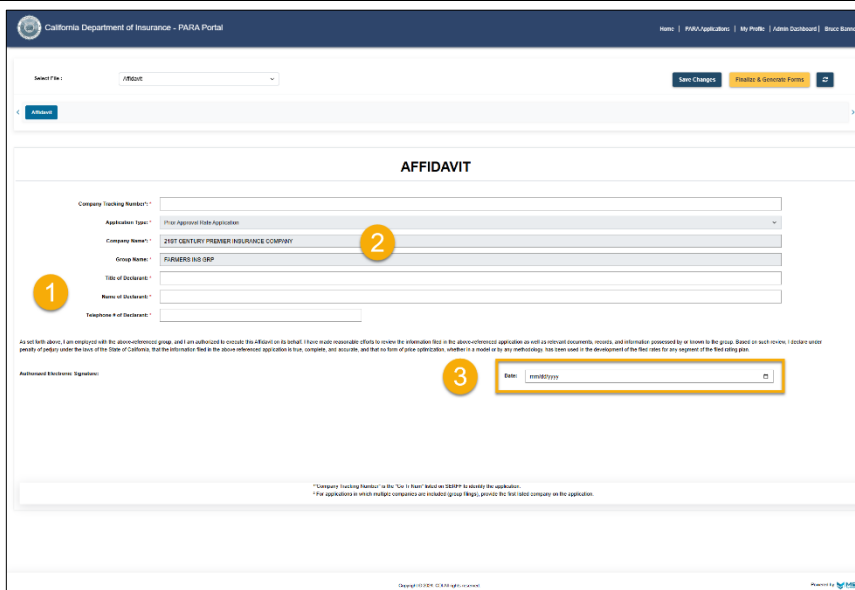
Calculate Video Tutorial – [CalculateFeature.mp4](#)

## Affidavit

### 1. Affidavit

#### Description:

This page is the final step in the PARA process where the insurer (Declarant) declares that the information filed in the above referenced application is true, complete, and accurate, and that no form of price optimization, whether in a model or by any methodology, has been used in the development of the filed rates for any segment of the filed rating plan. This is marked under the penalty of perjury under the laws of the State of California.



#### Key Points

1. Type the Company Tracking number, Title, Name and Telephone# of the Declarant.
2. Some fields are auto populated from previous completed pages such as applicant Type, Company Name and Group Name.
3. Select the date when the affidavit is being completed and Save changes.

---

## 6. Email notifications

---

### 1. *Association Request submission*

Dear Admin,

We have received a new company association request from a registered user.

**User Details:**

- **Name:** App Mac
- **Email:** pks359458@gmail.com

**Company Details:**

- **Company Name:** 12521-Safeway Insurance Company

Please review and take the necessary action by either approving or rejecting the request using the link below:

[CDI PARA](#)

Thank you for your prompt attention to this matter.

Best regards,

CDI PARA Administrator

### 2. *Association Request approval*

Dear Bruce Banner,

We are pleased to inform you that your company association request has been approved.

**Company Details:**

- **Company Name:** 12521-Safeway Insurance Company
- **Role:** Insurer User


If you have any questions or need further assistance, please feel free to contact [PARAsupport@insurance.ca.gov](mailto:PARAsupport@insurance.ca.gov).

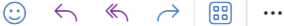
Best regards,

CDI PARA Team



### 3. Association Request rejection


**PARA Administrator**



To: Stacey Ward Thu 2024-11-21 5:25 PM

Dear Stacy Ward,

We are sorry to inform you that your company association request has been rejected.

**Company Details:**


- **Company Name:** 13161-Commerce West Insurance Company
- **Reason:** Not Applicable


If you have any questions or need further assistance, please feel free to contact [PARAsupport@insurance.ca.gov](mailto:PARAsupport@insurance.ca.gov).

Best regards,

CDI PARA Team

### 4. Forgot Password


**PARA Administrator**



To: Stacey Ward Thu 2024-11-21 5:28 PM

Dear Stacy Ward,

Please click on the link below to reset your password. If you did not request a password reset, please contact [PARAsupport@insurance.ca.gov](mailto:PARAsupport@insurance.ca.gov).

[Reset Password](#)

Or you can copy the following URL and paste it into your web browser.

<https://cdi-para-qa.powerappsportals.com/Account/Login/ResetPassword?userId=afaafcf3-9997-ef11-a72d-000d3a35aa48&code=Q78%2BXyOQI92TaVIE4gYDAB9hFaEVE6cRuCcEH6lNeV222lrQ2YOsabYjaJRFForlpWbxedLTHEhkczu5OhmOt0vLPxohGKlbG2iP5rBERQFBICmhq110mkpCBi1JnKqfGWiQ8M3UydgFOAR8eLKITgt8Aj0GnjQpaVjfuK6lRYCqPAI7eygPr33BSjkb8vE8IXlehsAcdPVS80XymA89A%3D%3D>

Please do not reply to this message. This email address is not monitored so we are unable to respond to any messages sent to this address.

Best Regards,

PARA Administrator

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## 5. *Registration Completion*

Dear Jane Smith,

We are pleased to inform you that your PARA Registration is complete.

If you have any questions or need further assistance, please feel free to contact [PARAsupport@insurance.ca.gov](mailto:PARAsupport@insurance.ca.gov).

Best regards,  
CDI PARA Team