

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

TRANSMITTAL LETTER FOR SUBMISSION OF  
ADVISORY ORGANIZATION FORMS & MANUAL

Your file #: \_\_\_\_\_  
(15 characters maximum)

\_\_ Original \_\_ Copy 1 \_\_ Copy 2

<u>Department Use Only</u>	
MANUAL FILING NO.:	_____
FORM FILING NO.:	_____
	(Form #1 From Page 5)
DATE FILED:	_____
COMPLIANCE DATE:	_____
DATE PUBLIC NOTIFIED:	_____
DEEMER DATE:	_____
INTAKE ANALYST:	_____
BUREAU CODE & SR.:	_____
MANUAL _____ FORMS:	_____
PERCENT CHANGE %:	_____

Advisory Organization Name \_\_\_\_\_

Organized Under the Laws of the State of \_\_\_\_\_

Line of Insurance \_\_\_\_\_ Subline \_\_\_\_\_  
(as selected page #CA-AO 3 of 4) (as selected on page #CA-AO 3 of 4)

Program \_\_\_\_\_

Home Office \_\_\_\_\_

Main Administrative Office in California \_\_\_\_\_

Name and Title of Contact Person \_\_\_\_\_

Toll Free Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_  
If not available, collect calls will be made.

E-MAIL Address (if available): \_\_\_\_\_

Mailing Address \_\_\_\_\_

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true, complete, and correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date of Filing

\_\_\_\_\_  
Telephone Number

**ADVISORY ORGANIZATION FORMS & MANUAL TRANSMITTAL LETTER DATA SHEET**

Each filing or modification must meet the filing requirements of sections 2199.2.6 and 2199.2.7 or the submissions will be REJECTED.

**MANUAL FILING**

The purpose of this filing is as follows: (More than one item may be marked.)

Documents or Information Required

- New Program Manual Explain purpose and intent of new manual
- Revision or Replacement Manual  
revising or replacing the following: CDI File # of approved manual  
this submission replaces \_\_\_\_\_
- Policy Writing Rules Describe each revision, explain reasons  
for each revision, and include a copy of  
the revised or replaced manual.
- Rating Rules
- Rating Plans
- Classification Codes & Descriptions
- Territorial Codes & Descriptions
- Prospective Loss Costs

TITLE OF MANUAL: \_\_\_\_\_

**FORM FILINGS**

FORMS Complete Page 4 of the CA-AO-FORMS & MANUAL

Documents to be Filed

Describe the purpose of the form or form change.

For NEW FORMS, furnish a copy of the form to be filed. If the form is a new endorsement to the policy, describe any changes in coverage under the policy. Describe what adjustments, if any, will be made to the premium due to the introduction of the forms.

For REVISED FORMS, describe any changes in coverage between the proposed form and the current form. Reference pertinent sections of each form affected. Brackets [ ] should be used to identify any deletions on the current form and underline all changes in the revised form. Describe what adjustments, if any.

LINE OF BUSINESS: Only one line may be accepted:

PERSONAL LINES

COMMERCIAL LINES

LINE:

SUBLINE:

(Only the following sublines should be designated.)

- \_\_\_\_\_ Fire
- \_\_\_\_\_ Allied Lines
- \_\_\_\_\_ Homeowners Multi-Peril
- \_\_\_\_\_ Commercial Multi-Peril
- \_\_\_\_\_ Earthquake
- \_\_\_\_\_ Farmowners Multi-Peril
- \_\_\_\_\_ Inland Marine
- \_\_\_\_\_ Medical Malpractice
- \_\_\_\_\_ Other Liability
- \_\_\_\_\_ Auto Liability
- \_\_\_\_\_ Auto Physical Damage
- \_\_\_\_\_ Auto Liab. & Phys. Dmg.
- \_\_\_\_\_ Aircraft
- \_\_\_\_\_ Glass
- \_\_\_\_\_ Burglary & Theft
- \_\_\_\_\_ Boiler & Machinery
- \_\_\_\_\_ Fidelity
- \_\_\_\_\_ Surety
- \_\_\_\_\_ Other (Please specify)

Personal

- \_\_\_\_\_ Mobile Homeowners
- \_\_\_\_\_ Motorcycle
- \_\_\_\_\_ Pleasure Boats
- \_\_\_\_\_ Umbrella/Excess
- \_\_\_\_\_ None
- \_\_\_\_\_ Other (Please Specify)

Commercial

- \_\_\_\_\_ Businessowners
- \_\_\_\_\_ Liquor Liability
- \_\_\_\_\_ Manufacturers & Contractors
- \_\_\_\_\_ Owners, Landlords, & Tenants
- \_\_\_\_\_ Other Professional Liability
- \_\_\_\_\_ Product Liability
- \_\_\_\_\_ Special Multi-Peril
- \_\_\_\_\_ Umbrella/Excess
- \_\_\_\_\_ None
- \_\_\_\_\_ Other (Please specify)

**Advisory Organization (AO)**  
**California Forms Transmittal Supplement**

1. Put only one line of business per sheet
2. Type of Form: (1) Application, (2) Endorsement, (3) Policy, or (4) Other
3. Form category: (1) Optional or (2) Mandatory
4. For revised forms, attach side-by-side comparison. Strike over material being deleted and underline new material.

	CDI FILE NO. (LEAVE BLANK)	TYPE OF FORM	NEW AO FORM NO.	OLD AO FORM NO.	TITLE OF FORM	FORM CATEGORY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						