

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE (CDI)

FILE & USE APPLICATION FORM

Your file #: _____

Original Copy 1 Copy 2

Is this a group filing? Yes No

**Note: A separate CA-RA1 page must be
Submitted for each company within a
Group filing.**

Latest applicable CDI File No. in this
Line, Subline and/or Program:

Department Use Only	
FILING NO.:	_____
LINE CODE:	_____
DATE FILED:	_____
DATE PROCESSED:	_____
PUBLIC NOTICE DATE:	_____
INTAKE ANALYST:	_____
BUREAU CODE & SR.:	_____
For Group Filing Only	
X-Reference #:	_____
Remarks:	_____

Company Name _____ Group Name _____

NAIC Company Code _____ NAIC Group Code _____

Organized Under the Laws of the State of _____

Line of Insurance _____ Subline _____
(as it appears in CA-RA3) (as it appears in the Annual Statement)

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.

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

PROPERTY & LIABILITY FILING SUBMISSION DATA SHEET

This application must be accurately completed and accompany each filing or modification.

Select by placing an "X" on the line that indicates appropriate answer. Complete each of these sections.

This is a filing of:

- Rates
- Rating & Underwriting Rules
- Forms
- Revision/Replacement (for existing program)
- Withdrawal of Rate/Rule
- New Program

Line of Insurance this filing pertains to:

COMMERCIAL LINES: (As filed in the Annual Statement)

10.1 ____ Financial Guaranty

28.1 ____ Credit

SUBLINE: (If subline indicated, major line should be shown to indicate how filed in the Annual Statement.)

X.19 ____ Other (Contractors Bonds, Notary Bonds, etc., specify below

SUMMARY OF RATE APPLICATION

(1) A. Line of Insurance: _____

B. Subline: _____

(2) Effective Date of Rate Change: _____

New Business: _____

Renewal Business: _____

(3) Actual Total Rate Change (%): _____

(4) Coverage	(5) Indicated Change	(6) Actual Change	(7) Current Level Earned Prem. (\$)	(8) Project Earned Premium (\$)
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

TOTAL

(11) Remarks: _____
