

Readopt with amendment Ins 5001.03, effective 5-5-19 (Document #12770), to read as follows:Ins 5001.03 Form Filing Procedures.

(a) All forms required to be filed pursuant to RSA 412 shall be submitted through SERFF. Forms and rates shall be filed together or separately.

(b) All form filings shall include the following:

(1) A notation in the SERFF general information tab if a filing is a new program; and

(2) A filing description submitted under the SERFF general information tab or the supporting documentation tab and which provides for the following:

a. A detailed description of the program for which the filer seeks approval; and

b. A brief description of each form within the program, including any new features, and a listing of other forms to which it will be attached.

(c) If a form is replacing a prior form, the prior form shall be identified by its SERFF tracking number or the company filing number. If a form is replacing a form filed before January 1, 2008, the filer shall provide the prior approved form along with a statement that the form has been approved. If a form is not replacing a prior form, it shall be so stated.

(d) Where a form is replacing another form, a side-by-side comparison that clearly shows the changes, additions, or deletions for each amended form shall be provided in the SERFF form schedule tab along with the final copy of the form.

(e) Any form submitted for review shall be in the same layout, as permitted by technology, as issued to consumers in New Hampshire.

(f) The declarations page of a policy shall be completed with hypothetical data that is realistic and consistent with the other contents of the policy, so as to provide an example. The declarations page shall also prominently display a space reserved for producer contact information.

(g) With respect to any submission of a company domiciled in a state or country where the state insurance department or comparable agency requires foreign or alien insurers to pay any fees for the filing or examination of forms, the submission shall include an electronic funds transfer (EFT) payment of the retaliatory fee due to the state of New Hampshire, pursuant to RSA 400-A:35.

(h) If filed separately, forms, rate filings, and rate or form rules shall be cross referenced by SERFF tracking numbers in the SERFF general information tab.

(i) All variable language shall be identified by the use of brackets, accompanied by a narrative statement describing the full range of variability. The narrative shall be attached to the SERFF supporting documentation tab or shown on the corresponding manual page for the form and provided with the filing. Variable language that changes the terms and conditions of coverage provided by the policy shall also be explained in the narrative statement.

(j) Any submission of a blank form that is unclear as to its intended use on its face shall in all instances be accompanied by a list of all intended uses attached to the SERFF supporting documentation tab.

(k) In the event that forms submitted to the department by an insurer are not approved and such forms are thereafter corrected and resubmitted, the previous submission's SERFF tracking number shall be provided in

the SERFF general information tab. Filings disapproved pursuant to RSA 412:5, I shall not be resubmitted unless and until previously identified form objections are corrected.

(l) When a company withdraws a form from use in this state, written notice of withdrawal shall be provided to the department along with the withdrawal's effective date.

(m) The written notice in (l) above shall further include an explanatory memorandum submitted in SERFF which provides the following information:

- (1) For forms filed prior to January 1, 2008, a copy of the form and a statement from the company indicating the year of approval;
- (2) For forms filed on or after January 1, 2008, the SERFF tracking number; and
- (3) The reason for the withdrawal.

(n) If an insurer delegates its filing authority to a third-party filer, excluding advisory organizations, each filing shall include a signed and dated letter from an authorized representative of the insurer authorizing the third-party filer to make filings on behalf of the insurer.

(o) The letter in (n) above shall be dated within 6 months of the filing, and:

- (1) The insurer shall not delegate responsibility for the content of a filing to a third-party filer. Errors and omissions made by a third-party filer shall be errors and omissions by the insurer; and
- (2) If a third-party filer has a pattern of making 3 or more filings that do not comply with New Hampshire insurance laws, the commissioner shall deny or approve a delegation of filing authority, pursuant to RSA 412:19.

(p) Individual risk filings shall be submitted via SERFF as a confidential filing type, and the filing shall include:

- (1) The department's "Individual Risk Form Filing" as illustrated in Appendix A and which may be accessed on the department's website in the property and casualty section, under industry filing guidelines at <https://www.nh.gov/insurance/pc/consent.htm>. The individual risk filing form shall be fully completed and signed by the policyholder;
- (2) A copy of the declarations page; and
- (3) All forms to be used with the individual risk filing.

(q) Risk Purchasing Group (RPG) SERFF filings shall include:

- (1) All forms intended to be used by the RPG, other than "State Amendatory Endorsements" for states other than New Hampshire, filed in the SERFF forms schedule tab;
- (2) A copy of the master policy, filed in the SERFF supporting documentation tab; and
- (3) All forms previously approved by the department for use by the RPG, including the corresponding SERFF tracking number(s) listed in a document and included in the SERFF supporting documentation tab.

APPENDIX A
STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT
INDIVIDUAL RISK FORM FILING

NAMED INSURED AND MAILING ADDRESS	INSURANCE COMPANY AND MAILING ADDRESS
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Policy Number_____	Policy Term_____
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REASON FOR INDIVIDUAL RISK FORM

Describe exposure(s) or any other circumstances which would necessitate the use of a form which is not filed by the insurer.

Attach revised form(s) and copy of original form indicating what revisions were made.

I HEREBY CERTIFY THAT I UNDERSTAND THAT THE COVERAGE PROVIDED FOR THIS POLICY IS NOT STANDARD.

I HEREBY CERTIFY AND I UNDERSTAND THAT THE PREMIUM CHARGE FOR THIS POLICY (ENDORSEMENT) IS NOT STANDARD.

Policyholder Signature

Date

Title

The signature by the policyholder or an authorized representative of the policyholder (NOT the insurance agent) must be made after this form has been completed.

Available at <https://www.nh.gov/insurance/pc/documents/individualrisk.pdf>

APPENDIX B
STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT
CONSENT TO RATE FORM

Must be accompanied by declarations page showing name, location and address.)

NAMED INSURED AND MAILING ADDRESS	INSURANCE COMPANY AND MAILING ADDRESS
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Policy Number _____	Policy Term _____
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REASON(S) FOR EXCEPTION TO FILED RATE(S) - RSA 412:16X:

Describe exposure(s) or any substandard, unusual or hazardous conditions which necessitates the use of a rate or premium not filed with the Department. Include any underwriting information in support of the proposed rating. Reasons that merely refer to a policyholder’s inability to obtain coverage at standard rates, or comments that essentially equate to “class of risk” are not acceptable.

_____ Unusual hazard involved	_____ Unfavorable loss experience
_____ Other	

Explanation of above reason(s)

Premium at filed rate(s) _____	Premium at Consent Rate(s) _____
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I HEREBY CERTIFY AND I UNDERSTAND THAT THE PREMIUM CHARGE FOR THIS POLICY (ENDORSEMENT) IS NOT STANDARD.

 Policyholder Signature

 Date

 Title

The signature by the policyholder or an authorized representative of the policyholder (NOT the insurance agent) must be made after this form has been completed.

Available at <https://www.nh.gov/insurance/pc/documents/consenttorate.pdf>

APPENDIX C

Rule	Specific State Statute the Rule Implements
Ins 5001.03	RSA 400-A:15, I; RSA 412:5, I; RSA 412:19; RSA 412:43, I; RSA 417-C:1, I(c); RSA 417-B:3, IV