

Date: \_\_\_\_\_

Space Reserved for Insurance Department Use

OTHER THAN WORKERS' COMPENSATION  
LOSS COST FILING DOCUMENT COVER FORM

INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION  
PROSPECTIVE LOSS COSTS

1. INSURER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_
2. PERSON RESPONSIBLE FOR FILING \_\_\_\_\_  
TITLE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_
3. INSURER NAIC # \_\_\_\_\_
4. LINE OF INSURANCE \_\_\_\_\_
5. ADVISORY ORGANIZATION \_\_\_\_\_
6. PROPOSED RATE LEVEL CHANGE \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
7. PRIOR RATE LEVEL CHANGE \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
8. ATTACH "NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION" (Use the above document ~~report~~ for each insurer elected loss cost multiplier.)