

FINANCIAL SERVICES COMMISSION OF ONTARIO

Forms Filing Guidelines

A. Purpose of the Guidelines

All insurers that are licensed to write automobile insurance in Ontario are required to have automobile insurance forms approved by the Superintendent, in accordance with section 227 of the Insurance Act.

The Superintendent has approved standard forms for use by insurers, and insurers may use these approved forms automatically. Any endorsement form to OAP 1 that is not a standard form must be filed and approved by the Superintendent in accordance with Section 227 of the Act. These guidelines describe the format to be used for filing non-standard forms for approval.

Standard endorsement (policy change) forms have been approved by the Superintendent and released through Superintendent's bulletins to the industry. Policy change forms to the Ontario Automobile Policy (OAP 1) are designated by a series of OPCF numbers and similarly standard endorsement forms for the Garage Policy (OAP4) have been approved by the Superintendent and are designated by a series of OEF numbers.

A non-standard endorsement form must be approved prior to or in conjunction with the filing for corresponding proposed revisions to endorsement rules and rates (see the Endorsement *Filing Guidelines*).

These *Forms Filing Guidelines* should also be used to file any other forms that will be provided to an insured and relate to automobile insurance (e.g., renewal questionnaire, certificate of automobile insurance).

These guidelines are for forms only. Please refer to the filing guidelines listed on FSCO's website for filing rates, risk classification systems, underwriting/declination rules, and endorsement rates and rules.

In these guidelines, PPA refers to private passenger automobile insurance. *Other Categories* refers to the following categories of automobile insurance:

- | | | | |
|----|---------------------|---|---------------------------------|
| a. | Personal Vehicles | - | Motorcycles |
| b. | Personal Vehicles | - | Motor Homes |
| c. | Personal Vehicles | - | Trailers and Camper Units |
| d. | Personal Vehicles | - | Off-road Vehicles |
| e. | Personal Vehicles | - | Motorized Snow Vehicles |
| f. | Personal Vehicles | - | Historic Vehicles |
| g. | Commercial Vehicles | | |
| h. | Public Vehicles | - | Taxis and Limousines |
| i. | Public Vehicles | - | Other than Taxis and Limousines |

B. Explanation of Appendices

Appendix A: Summary of Information

You must complete Appendix A each time you make a form filing.

This appendix is a summary of information in respect of the categories written and identifies changes to forms. You are required to confirm **all** the categories of automobile insurance that the form will apply to.

In the event of multiple forms being filed for approval, please submit a separate Appendix A (Summary of Information) for each form.

Appendix B: Certificate of an Official

A certificate of an official (see Appendix B) must accompany each form filing. Any official (e.g., Automobile Manager, Underwriting Manager) who has knowledge of the company's use of the form, and has authority to bind the company, may sign the certificate.

C. Procedures

1. You must submit a Form Filing where:
 - a) the form is not a standard form issued by FSCO.
 - b) you are proposing a change in your non-standard form already approved by FSCO.

When submitting a form for approval, the insurer must:

- provide the proposed effective date of the form
- provide a copy of the current form (if applicable) and a copy of the proposed form as it would be presented to an insured
- provide a description and the purpose of the proposed form, and whether it replaces an existing approved form

Each proposed non-standard endorsement form must:

- have a title and number ("OPCF" or "OEF" cannot not be used)
- describe clearly the coverage that is being provided or amended from the standard policy form or standard approved endorsement form
- clearly set out any exclusions
- require a signature of the applicant where coverage is reduced from the standard policy form.

2. Each filing must contain Appendix A and Appendix B, as well as a copy of the current form (if applicable) and a copy of the proposed form.

Form filings should be submitted by using our web-based filing system called ARCTICS. If you require a password, please contact your Team Lead/Rate Analyst.

Alternatively, you may send the filing to:

Financial Services Commission of Ontario
Automobile Insurance Division, Rates and Classifications Unit
5160 Yonge Street, P.O. Box 85
Toronto ON M2N 6L9

Company Name: _____

In the event of multiple forms being filed for approval, please submit a separate Appendix A (Summary of Information) for each form.

Summary of Information

1. Current Number and Title of Form: _____

Proposed Number and Title of Form: _____

2. Type of Form:

Application/Declaration for Retiree Discount	<input type="checkbox"/>
Certificate of Automobile Insurance	<input type="checkbox"/>
Endorsement	<input type="checkbox"/>
Optional Benefits	<input type="checkbox"/>
Policy	<input type="checkbox"/>
Rating	<input type="checkbox"/>
Renewal Questionnaire	<input type="checkbox"/>
Other	<input type="checkbox"/>

3. For **each** of the following categories of automobile insurance, indicate whether the proposed form will be used by checking the box beside the category.

Category	
Personal Vehicles - Private Passenger Automobiles	<input type="checkbox"/>
Personal Vehicles - Motorcycles	<input type="checkbox"/>
Personal Vehicles - Motor Homes	<input type="checkbox"/>
Personal Vehicles - Trailers and Camper Units	<input type="checkbox"/>
Personal Vehicles - Off-road Vehicles	<input type="checkbox"/>
Personal Vehicles - Motorized Snow Vehicles	<input type="checkbox"/>
Personal Vehicles - Historic Vehicles	<input type="checkbox"/>

Commercial Vehicles	<input type="checkbox"/>
Public Vehicles - Taxis and Limousines	<input type="checkbox"/>
Public Vehicles - Other than Taxis and Limousines	<input type="checkbox"/>
Drivers Policy – OAP #2	<input type="checkbox"/>
Garage Policy – OAP #4	<input type="checkbox"/>
Other:	

4. Is this a new form? Yes No

If no, please provide the FSCO filing number for the form that is being revised

Filing No. _____ Date of Approval: _____

5. If this is a new form, what is the purpose or intent of this form? How will it be used?

6. Does this form add coverage? Yes No

If yes, describe what coverages are being added.

7. Does this form delete coverage? Yes No

If yes, describe what coverages are being deleted.

8. If this is a revised form, briefly describe the changes being made.

9. Is a rate or premium applicable to this form? Yes No

10. Language of form: English French

11. Effective dates: New Business: _____
Renewal Business: _____

12. If this form is a non-standard endorsement, will an Endorsement Filing also be submitted?
 Yes No

If no, please provide reason: _____

13. Individual to whom questions concerning this filing may be addressed.

Name: _____

Title: _____

Name of Company: _____

Address: _____

Phone No.: _____

Facsimile No.: _____

E-mail Address: _____

CERTIFICATE OF AN OFFICIAL

I, _____ ,
(Name of Official) *(Position held)*
of _____ (the "Insurer")
(Official Name of Company)

CERTIFY THAT:

1. I have knowledge of the matters that are the subject of this certificate/form.
2. The changes requested are in compliance with the *Section 227 Forms Filing Guidelines*.
3. The information and each document contained in the filing accompanying this certificate are complete and accurate.
4. If the filing is approved, all forms provided to an Insured by the Insurer will, at all times and in all material respects, accurately reflect and conform to the filing as approved, whether such forms are produced manually or otherwise.
5. I have informed myself as to the Insurer's business systems and processes and confirm that any system or process changes that may be required to enable the Insurer to comply with paragraph 4 above, will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the Insurer in a timely manner.

Signature of Official

Date, Location