

Loss Cost Multiplier Manual Page

Original submission date

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Name of specific insurer submitting this filing: *Enter only one insurance company name. Submit an additional filing for each additional insurer.*

NAIC Company Number
_ _ _ _

Rating Organization Name	Line of Insurance	Manual <input type="checkbox"/> ISO Commercial Lines <input type="checkbox"/> Other: (specify) →
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Show the multipliers and expense fees that will apply to loss costs to produce rates:

Line of Insurance <i>Also indicate subline, Coverage, Class, Territory or other specifics if applicable</i>	Loss Cost Multiplier	Expense Fee <i>(if applicable)</i>

For specific questions about the filing process, please phone (517) 373-4948

You must assign a sequential page number for use in placement and replacement of this document in future filings.

Page number



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