

**CALIFORNIA DEPARTMENT OF INSURANCE**

**TITLE INSURERS & UNDERWRITTEN TITLE COMPANIES - RATES, SCHEDULE OF FEES, POLICIES & ENDORSEMENTS - TRANSMITTAL FILING FORM**

Check all boxes & complete all blanks that apply

**Section 1 General Company Information**

Applicant is a(n):

Title Insurer/Underwriter

Insurer NAIC#: \_\_\_\_\_

Underwritten Title Company (UTC)

California ID#: \_\_\_\_\_

UTC's - Please list all insurers with which you have an underwriting agreement:

\_\_\_\_\_  
\_\_\_\_\_

**For Department of Insurance use only**

CDI Filing Number: \_\_\_\_\_

Date Received \_\_\_\_\_

**Section 2 Filing Contact Information**

Compliance Officer / Filing Contact:

Corporate Officer responsible for filing:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel. no.: \_\_\_\_\_

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

Fax no.: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Company name & address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3 Specific Filing Information**

Your company file number (if applicable): \_\_\_\_\_ Latest CDI rate filing # \_\_\_\_\_

Proposed effective date - This filing will apply to policies issued on or after: \_\_\_\_\_

Does the filing contain any rate increases?  Yes  No

Projected overall rate impact \_\_\_\_\_ %  
(must take into account all rate increases, decreases, & be transactionally weighted on the California book of business)

Date of public posting of filing in offices: \_\_\_\_\_

Location (address) filing was publically posted: \_\_\_\_\_

Provide a clean electronic copy and a marked up electronic copy of the entire schedule of fees, including the base rate table, forms and endorsements, and all proposed changes in at least 10 point font.

UTC's include most recent Income Statement.