



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

Credit Property Form

CREDIT PROPERTY EXPERIENCE REPORT, ANNUAL STATEMENT SUPPLEMENT – Due April 1st

Complete this form in compliance with A.R.S. §20-1621.06 and A.A.C. R20-6-604.07

CO. NAME: \_\_\_\_\_ NAIC CO. CODE: \_\_\_\_\_

Calendar Year: \_\_\_\_\_ Number of policies/certificates: \_\_\_\_\_

\_\_\_\_\_ Check box if NO written premium/policies issued and go to Contact area and Filing Instructions.

PART 1. Class of Business

CREDITOR OR FORCED PLACEMENT

Is the business creditor-placed and/or under force placed? If the answer is yes to either of these, then please skip to Part 2

- \_\_\_ Yes
\_\_\_ No

Is the Property insured real property? If so, check "Real Property" in the first column below, and proceed to Part 2

TYPE OF PROPERTY INSURED: (Check one)

- \_\_\_ Auto
\_\_\_ Real Property
\_\_\_ Personal Property
\_\_\_ Other (Describe) \_\_\_\_\_

SECURITIAZTION: (Check one)

- \_\_\_ Not Secured
\_\_\_ Home Equity
\_\_\_ Personal Property
\_\_\_ Other (Describe) \_\_\_\_\_

CLASSES OF BUSINESS: (Check one)

- \_\_\_ a. Credit Unions
\_\_\_ b. Bank, Savings and Loan Institutions, Mortgage Companies
\_\_\_ c. Finance Companies, Small Loan Companies and ARS 6-601(5) Consumer Lenders
\_\_\_ d. Dealers including auto, truck or boat, retail stores or other individuals selling financed goods
\_\_\_ e. All other persons selling Credit Insurance not specifically listed above

MODE OF PREMIUMS PAYMENT: (Check one)

- \_\_\_ Single Premium
\_\_\_ Monthly Outstanding Balance (MOB)
\_\_\_ Other (Describe) \_\_\_\_\_

COVERAGES PROVIDED: (Check all that apply)

- \_\_\_ Fire and Extended Coverage
\_\_\_ Theft
\_\_\_ Other (Describe) \_\_\_\_\_

TYPE OF INTEREST: (Check one)

- \_\_\_ Dual Interest
\_\_\_ Single Interest
\_\_\_ Other (Describe) \_\_\_\_\_

TYPE OF LOAN: (Check all that apply)

- \_\_\_ Closed End Plan of Indebtedness
\_\_\_ Open Ended plan of Indebtedness
\_\_\_ Other (Describe) \_\_\_\_\_

## **Part 2. Arizona Premiums and Losses**

### **1. ARIZONA – EARNED PREMIUMS:**

1a	Gross Written Premiums	
1b	Refunds on terminations	
1c	Net written premiums (lines 1a – 1b)	
1d	Premium reserves, start of period	
1e	Premium reserves, end of period	
1f	Actual earned premiums (lines 1c + 1d - 1e)	
1g	Earned premiums at prima facie rates	

### **2. ARIZONA – INCURRED CLAIMS:**

2a	Claims paid	
2b	All claim reserves, start of period	
2c	All claim reserves, end of period	
2d	Incurred claims (lines 2a – 2b + 2c)	
2e	Paid claim count	

### **3. ARIZONA – PRODUCT SPECIFIC EXPENSES:**

3a	Commissions and Service Fees incurred	
3b	Other incurred compensation	
3c	Defense and cost containment expenses incurred (ref. 5.1)	
3d	Adjusting and other expense incurred (ref. 5.2)	
3e	Premium Taxes incurred	

### **4. ARIZONA – POLICY DATA:**

4a	Rate in effect on the later of 1/1/03 or product inception	
4b	Rate change dates and new rates	
4c	Policies in force at the beginning of the year — Policy Count	
4d	Policies in force at the end of the year	

## **Part 3 – Countrywide Premiums and Losses**

### **5. COUNTRYWIDE – EARNED PREIMIUMS:**

5a	Gross Written Premiums	
5b	Refunds on termination	
5c	Net written premiums (lines 5a – 5b)	
5d	Premium reserves, start of period	
5e	Premium reserves, end of period	
5f	Actual earned premiums (lines 5c + 5d – 5e)	
5g	Earned premiums at prima facie rates	

### **6. COUNTRYWIDE – INCURRED CLAIMS:**

6a	Claims paid	
6b	All claim reserves, start of period	
6c	All claim reserves, end of period	
6d	Incurred claims (lines 6a – 6b + 6c)	
6e	Paid claim count	

**7. COUNTRYWIDE – PRODUCT SPECIFIC EXPENSES:**

7a	Commissions and service Fees incurred	
7b	Other incurred compensation	
7c	Defense and cost containment expense incurred (ref. 5.1)	
7d	Adjusting and other expense incurred (ref. 5.2)	
7e	Premium Taxes incurred	

**8. COUNTRYWIDE – POLICY DATA:**

8a	Rate in effect on the later of 1/1/03 or product inception	
8b	Rate change dates and new rates	
8c	Policies in force at the beginning of the year – Policy Count	
8d	Policies in force at the end of the year	

**CONTACT:**

\_\_\_\_\_  
Preparer's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FILING INSTRUCTIONS:**

Name the document using this format: CP-[YEAR]-[NAIC#]-[InsurerName] (e.g. CP-2019-12345-InsurerName)

E-mail completed Form to the [propcas@difi.az.gov](mailto:propcas@difi.az.gov) Put "CP Experience Report" and Name of Insurer in subject line.

**DO NOT MAIL ORIGINAL/HARDCOPY DOCUMENT**