

State: North Carolina **Filing Company:** Erie Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: HP 5/1/14 Consent To Rate Form - Company
Project Name/Number: HP 5/1/14 Consent To Rate Form - Company/NCH1-3262-0514

Filing at a Glance

Company: Erie Insurance Company
Product Name: HP 5/1/14 Consent To Rate Form - Company
State: North Carolina
TOI: 04.0 Homeowners
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Filing Type: Form
Date Submitted: 01/20/2014
SERFF Tr Num: ERPP-129381780
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved
Co Tr Num: NCH1-3262-0514

Effective Date
Requested (New):
Effective Date 05/01/2014
Requested (Renewal):
Author(s): Natalie Wiesen, Stephanie Yeager, Janet Gorski, Lisa Maas
Reviewer(s): Wanda Williams (primary)
Disposition Date: 01/21/2014
Disposition Status: Approved
Effective Date (New):
Effective Date (Renewal): 05/01/2014

State: North Carolina **Filing Company:** Erie Insurance Company
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General Information

Project Name: HP 5/1/14 Consent To Rate Form - Company	Status of Filing in Domicile:
Project Number: NCH1-3262-0514	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/21/2014	
State Status Changed: 01/21/2014	Deemer Date:
Created By: Lisa Maas	Submitted By: Lisa Maas
Corresponding Filing Tracking Number:	
State TOI: 04.0 Homeowners	State Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Description:

We request approval of our North Carolina Homeowners Consent to Rate Cover Letters and Consent to Rate Form (Ed. 1/14) for our use with policies effective on and after May 1, 2014 in our new Homeowners Program. The North Carolina Homeowners Consent to Rate Coverage Letter explains to our Policyholder that their renewal Homeowners premium will exceed the North Carolina Rate Bureau (NCRB) standard premium and provides a detailed explanation of the steps necessary for the Policyholder to continue their Homeowners coverage. The cover letter makes clear that the Policyholder's failure to sign and return the Consent to Rate form will indicate that they have rejected our offer and the policy will not renew. If no response to our initial letter, we will send a follow up letter confirming the pending renewal, unless the Policyholder contact ERIE immediately. We will send a follow up confirmation of nonrenewal to each Policyholder whose policy did not renew due to their failure to return the Consent to Rate Form. The Consent to Rate Form complies with the requirements of North Carolina's Consent To Rate law. We trust this filing meets with your approval. If more information is needed, please call Janet Gorski, Product Development Specialist toll free at 800/458-0811, extension 7083, or send her and E-mail at Janet.Gorski@erieinsurance.com.

Company and Contact

Filing Contact Information

Janet Gorski, Personal Lines Product Development Specialist I	Janet.Gorski@erieinsurance.com
100 Erie Insurance Place	814-870-7083 [Phone]
Erie, PA 16530	814-460-7430 [FAX]

Filing Company Information

Erie Insurance Company	CoCode: 26263	State of Domicile:
100 Erie Insurance Place	Group Code: 213	Pennsylvania
Erie, PA 16530	Group Name:	Company Type:
(800) 458-0811 ext. [Phone]	FEIN Number: 251232960	Property/Casualty
		State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

ERPP-129381780

State Tracking #:

Company Tracking #:

NCH1-3262-0514

State:

North Carolina

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Wanda Williams	01/21/2014	01/21/2014

SERFF Tracking #:

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State Tracking #:**Company Tracking #:**

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Disposition

Disposition Date: 01/21/2014

Effective Date (New):

Effective Date (Renewal): 05/01/2014

Status: Approved

Comment:

Your policy form filing referenced above is hereby approved in accordance with North Carolina General Statute 58-39-55. If this date is changed, you must notify us in writing prior to the effective date.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form Filing Questionnaire FC-048		Yes
Supporting Document	Form Revision		Yes
Form	Consent to Rate Form		Yes
Form	Important Notice - Response Required		Yes
Form	Property Insurance - Consent to Rate Reminder		Yes
Form	CTR Form Letter		Yes

State: North Carolina

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Consent to Rate Form	PA0007	01/14	END	New			PA0007-Consent to Rate-Policyholderv6EIC_11-05-13.pdf
2		Important Notice - Response Required	PA0008	01/14	END	New			PA0008v5EIC.PDF
3		Property Insurance - Consent to Rate Reminder	PA0009	01/14	END	New			PA0009v6EIC.PDF
4		CTR Form Letter	PA0010	01/14	END	New			PA0010v5EIC.PDF

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other



Member Company

Erie Insurance Company

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

Policyholder Mailing Name1XXXXXXXXXX
Policyholder Mailing Name2XXXXXXXXXX
Policyholder Mailing Address 1XXXXXXXXXX
Policyholder Mailing Address 2XXXXXXXXXX
City, State, Zip, Zip+4 XXXXXXXXX
(4D Bar Code)



162323
GG1234

Date: mm/dd/yyyy

Agency Name and Address

Agency Name
Agency Address

Consent to Rate Form

Policy Number:

Effective Date:

Policy Period:

Location of Residence Premises:

Please select one: Homeowners Unit Owners Contents Broad Form Mobile Homeowners

Coverage Limits:

Coverage A - Dwelling Amount:

(Increased Building Items for unit owners)

Coverage B - Other Structures:

Coverage C - Personal Property:

Coverage D - Loss of Use:

Coverage E - Personal Liability (each occurrence):

Coverage F - Medical Payments (per person):

Deductible:

North Carolina Standard Bureau Premium:

Proposed Policy Premium:

Percentage Increase Over Bureau Premium:

The proposed premium shown above does not exceed 250 percent of the standard Bureau premium. (Note: Your actual premium may vary depending upon the specific coverage provided under your policy and any changes in risk characteristics.)

This agreement shall remain in force as long as the policy remains in force. This agreement shall also apply to any future change in premium for the policy or any continuation, renewal, reinstatement or replacement of the policy with another homeowners policy issued by Erie Insurance Company.

/I/we acknowledge that coverage may be available through the North Carolina Joint Underwriting Association (FAIR Plan) or the North Carolina Insurance Underwriting Association (Beach Plan).

Signature of Named Insured

Date



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Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

Policyholder Mailing Name 1XXXXXXXXXX
Policyholder Mailing Name 2XXXXXXXXXX
Policyholder Mailing Address 1XXXXXXXXXX
Policyholder Mailing Address 2XXXXXXXXXX
City, State, Zip, Zip+4 XXXXXXXXX
(4D Bar Code)



162323
GG1234

Date: mm/dd/yyyy

Policy Number: Qnnnnnnnnn

Important Notice - Response Required

Dear Valued ERIE Customer,

Your property insurance policy with Erie Insurance is scheduled to renew shortly. The renewal premium offered to you by ERIE, and printed on the attached Consent to Rate (CTR) form, will exceed the North Carolina Rate Bureau (NCRB) standard premium. The NCRB regulates the premiums insurance companies may charge their customers. They require insurers to let policyholders know, and obtain their consent, if their premiums exceed the state's standard rate.

To renew your policy with ERIE, we ask that you please sign and date the enclosed form and return it to us within 15 business days in the self-addressed envelope. You can also fax the form to (814) 870-3222, Attention: North Carolina Consent To Rate. If we don't receive your CTR form by the specified date, that will signify that you have declined this offer and your coverage will end on mm/dd/yyyy, which is the expiration date of the current policy term.

We value your business and want to keep you as an ERIE customer. Unfortunately, the North Carolina standard rate is not always sufficient to cover the costs to repair a home in the event of a loss. Writing insurance at an insufficient rate would hinder our ability to provide the level of protection our customers have come to expect. We encourage you to promptly return the enclosed form to prevent any possible lapse in coverage. We will renew your policy once we receive the signed CTR form from you. If you have any questions, please call your ERIE Agent who will be glad to help.

Thank you for the opportunity to serve you and continue as your property insurance carrier. We look forward to hearing from you soon.

Thank You,

Erie Insurance Company

Enclosures

CC: Agency Name:
Agency Address:



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Policyholder Mailing Name 1XXXXXXXXXX
Policyholder Mailing Name 2XXXXXXXXXX
Policyholder Mailing Address 1XXXXXXXXXX
Policyholder Mailing Address 2XXXXXXXXXX
City, State, Zip, Zip+4 XXXXXXXXX
(4D Bar Code)



162323
GG1234

Date: mm/dd/yyyy

Policy Number: Qnnnnnnnnn

Property Insurance - Consent to Rate Reminder

Dear Valued ERIE Customer,

Approximately 30 days ago, we mailed you a notice offering to renew your property policy with premiums above the North Carolina Rate Bureau standard rate. You were asked to sign and return a Consent to Rate (CTR) form indicating your acceptance of that offer in order to receive your upcoming renewal policy.

Our records indicate that we have not yet received your CTR form. **In accordance with our prior notice, your policy will not renew, and all coverage will cease, at the end of the current policy term.** If you wish to accept the CTR renewal offer before the termination date of your policy, please sign and return the CTR form immediately using the previously provided envelope or contact your ERIE Agent. You may also fax the form to (814) 870-3222, Attention: North Carolina Consent To Rate.

If we receive your signed CTR form after the policy expiration date, you will have a lapse in coverage and ERIE may refuse to reinstate your policy.

Your policy term will end on mm/dd/yyyy.

Thank You,

Erie Insurance Company



Member Company

Erie Insurance Company

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Policyholder Mailing Name 1XXXXXXXXXX
Policyholder Mailing Name 2XXXXXXXXXX
Policyholder Mailing Address 1XXXXXXXXXX
Policyholder Mailing Address 2XXXXXXXXXX
City, State, Zip, Zip+4 XXXXXXXXX
(4D Bar Code)



162323
GG1234

Date: mm/dd/yyyy

Policy Number: Qnnnnnnnnn

Dear Customer,

This letter confirms that we did not receive your signed Consent to Rate form accepting our renewal offer. As a result, your residential property insurance policy **did not renew, and is out of force as of mm/dd/yyyy, the end of the policy term.**

If you have any questions about your policy, or want to discuss having the policy reinstated or rewritten*, please contact your ERIE Agent immediately.

Thank You,

Erie Insurance Company

* Subject to underwriting eligibility standards

SERFF Tracking #:

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Supporting Document Schedules

Satisfied - Item:	Form Filing Questionnaire FC-048
Comments:	
Attachment(s):	FC-048 Form Questionnaire (2-06).pdf
Item Status:	
Status Date:	
Bypassed - Item:	Form Revision
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

**NORTH CAROLINA DEPARTMENT OF INSURANCE
FORMS(S) QUESTIONNAIRE**

(1) **NAME OF FILING ORGANIZATION** Erie Insurance Company

(2) **FILER'S FILE #** NCH1-3262-0514

(3) **PROGRAM TITLE** Homeowners

(4) **LINE(S) OF INSURANCE** 04.0 Homeowners

(5) **HOW MANY NEW FORMS AND/OR REVISED FORMS ARE BEING FILED?**
*NEW 4 *REVISED 0
*Attach forms index, including form numbers, edition dates and titles.

(6) **LIST ALL OLD FORMS(S) BEING WITHDRAWN AND DEPARTMENT FILE NUMBER**

(7) **EXPLAIN THE PURPOSE(S) OF THIS FILING. (ATTACH SEPARATE SHEET)**

(8) **LIST THE STATES WHERE THIS FILING HAS BEEN MADE**
 NC

(9) **HAS THIS FILING BEEN MADE IN YOUR DOMICILIARY STATE?** YES NO
IF FILED, WHAT ACTION DID YOUR DOMICILIARY STATE TAKE?

(10) **LIST THE STATES THAT HAVE APPROVED THIS FILING**

(11) **LIST THE STATES THAT HAVE DISAPPROVED THIS FILING AND REASON(S) FOR DISAPPROVAL (ATTACH SEPARATE SHEET)**

(12) ATTACH COPIES OF ALL REQUIRED MODIFICATIONS REFERRED TO IN (10) ABOVE

(13) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED BUREAU OF LICENSED RATING ORGANIZATION, COMPLETE THE FOLLOWING:

(A) NAME OF AFFILIATED BUREAU OR RATING ORGANIZATION

(B) NAME OF BUREAU OR RATING ORGANIZATION PROGRAM

(C) IDENTIFICATION NUMBER OF BUREAU OR RATING ORGANIZATION PROGRAM

(D) ARE YOU A MEMBER ; SUBSCRIBER ; SERVICE PURCHASER

(14) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED INSURANCE COMPANY IN NORTH CAROLINA, GIVE THE N.C. INSURANCE DEPARTMENT FILE NUMBER AND APPROVAL DATE FILE #
APPROVAL DATE _____ ON A SEPARATE SHEET, DESCRIBE THE DIFFERENCE(S),
IF ANY, BETWEEN YOUR FORMS(S) AND THOSE OF THE PREVIOUSLY APPROVED PROGRAM.

(15) COMPUTER PRINTED DECLARATIONS PAGES SHOULD BE COMPLETED IN "JOHN DOE" FASHION AND ATTACHED.

(16) PROPOSED EFFECTIVE DATE AND RULE OF IMPLEMENTATION

5/1/2014

(17) IF MAILING AN EXCLUSION, DOES THIS EXCLUSION HAVE ANY PREMIUM IMPACT?

NO YES. IS THIS COVERED IN A COMPANION FILING? NO YES

PROVIDE COMPANY/NCDOI FILE NO. FOR COMPANION FILING _____

(18) I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.



SIGNATURE OF OFFICER OF THE COMPANY OR HEAD OF THE FILINGS DEPARTMENT