



Arizona Department of Insurance

Phone: (602) 364-2393

Web: <https://insurance.az.gov>

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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) _____

SECURITIZATION: (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@azinsurance.gov Put "CP Experience Report" and Name of Insurer in subject line.

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