



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

Credit Life/Disability/Unemployment Form

CREDIT LIFE, DISABILITY AND UNEMPLOYMENT EXPERIENCE REPORT – Due April 1st

Complete this form in compliance with A.A.C. R20-6-604.07

CO. NAME: _____ NAIC CO. CODE: _____

Calendar Year: _____

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

Part 1. Class of Business

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 PREMIUM PAYMENT: (Check one)

- ___ Single Premium
- ___ Monthly Outstanding Balance (MOB)
- ___ (MOB) Revolving Account

PLAN OF BENEFITS: (Check all that apply)

- | | | | |
|----------------------------|----------------------|-----------------|---------------|
| CREDIT LIFE | ___ Decreasing | ___ Single Life | ___ Gross |
| | ___ Level | ___ Joint Life | ___ Net |
| CREDIT DISABILITY | ___ 14 Day | ___ Single Life | ___ Retro |
| | ___ 30 Day | ___ Joint Life | ___ Non Retro |
| | ___ Other (Describe) | _____ | _____ |
| CREDIT UNEMPLOYMENT | ___ 30 Day | ___ Single Life | ___ Retro |
| | ___ Other (Describe) | ___ Joint Life | ___ Non Retro |
| | _____ | _____ | _____ |

PART 2. Arizona Premiums and Losses

1. EARNED PREMIUMS:

1a	Gross Written Premiums	
1b	Refunds on terminations	
1c	Net written premiums (lines 1a – 1b)	
1d	Premiums 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. INCURRED CLAIMS:

2a	Claims paid	
2b	Unreported claim reserves, start of period	
2c	Unreported claim reserves, end of period	
2d	Claim reserves, start of period	
2e	Claim reserves, end of period	
2f	Incurred claims (lines 2a – 2b + 2c – 2d + 2e)	

3. INCURRED COMPENSATION:

3a	Commissions and Service fees incurred	
3b	Other incurred compensation	
3c	Total incurred compensation (lines 3a + 3b)	
3d	Commissions / Service fee percentage (lines 3a ÷ 1c)	
3e	Other incurred compensation percentage (lines 3b ÷ 1f)	

4. LOSS PERCENTAGE

4a	Actual loss percentage (lines 2f ÷ 1f)	
4b	Loss percentage at prima facie rates (lines 2f ÷ 1g)	

5.	MEAN INSURANCE IN FORCE (MIF) (For Credit Life Only)	
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6.	LOSSES PER \$1,000 MIF: (1,000 x line 2f ÷ Item 5)	
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CONTACT:

Preparer's Name _____ Title _____

Email Address _____ Phone Number _____

Signature _____ Date _____

FILING INSTRUCTIONS:

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

E-mail completed Form to the propcas@difi.az.gov Put "CLDU Experience Report" and Name of Insurer in subject line.

DO NOT MAIL ORIGINAL/HARDCOPY DOCUMENT