



Cost Sharing Agreement Review Form D

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

Company Name: _____ NAIC #: _____
Control #: _____ Date Submitted: _____ Deemer Date: _____
Analyst Review: _____ Date: _____ Supervisor Review: _____ Date: _____

STEP 1 - REVIEW THE FILING IN ITS ENTIRETY AND COMPLETE THE ITEMS BELOW. DOCUMENT ALL RELEVANT FACTS OR ISSUES WITH THE FILING IN THE REMARKS SECTION.

1) Was a copy of the agreement included in the filing? Yes NO
Remarks: _____

2) Are the following terms and conditions provided in the Agreement?		Remarks
Services to be provided:	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Compensation:	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Access to records (regulatory agencies):	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Maintenance of records:	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Property rights of records (serviced entity):	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Invoicing and payment terms:	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Assignment (not unilateral):	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Indemnification:	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Relevant state law:	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Additional Remarks: _____

3) Is the Agreement only between affiliated parties? Yes No
Remarks: _____

4) Are there any terms in the Agreement that are unclear or need clarification? Yes No
Remarks: _____

5) Are there any concerns that need to be discussed internally?
Remarks: _____

6) Summarize the business rationale provided that discusses the purpose and need for the Agreement:
Remarks: _____

7) Describe the accounting basis used to apportion costs, and whether or not it is in accordance with SAP:
Remarks: _____

8) Has the appropriate Cost Allocation or Fair and Reasonable (service agreement) language have been included in the Agreement?
Remarks: _____

9) What is the period of time the Agreement is to be in effect?

Remarks: _____

10) What specific expenses and/or costs are to be covered by each party?

Remarks: _____

11) If approved, how does this agreement impact the company's surplus and/or financial condition?

Remarks: _____

12) Are there any other issues or concerns with the filing that may require follow up with the company?

Remarks: _____

13) Does the Form D contain the required signature and certification?

Remarks: _____

14) Additional Information, to include CR, RBC%, Financial Strength Ratings, External Audit Findings, etc:

Remarks: _____

15) Recommendation (include revisions to the agreement):

Remarks: _____

STEP 2 - DISCUSS FINDINGS WITH SUPERVISOR. IF ALL INFORMATION HAS BEEN PROVIDED AND THERE ARE NO MATERIAL CONCERNS, PREPARE RECOMMENDATION FOR SUPERVISOR REVIEW. IF ADDITIONAL INFORMATION IS NEEDED, CONTACT COMPANY. INDICATE TO THE COMPANY IF FILING WILL BE DENIED AND NEEDS TO BE REFILED.