

CONNECTICUT INSURANCE DEPARTMENT

EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY FORM FILING COMPLIANCE QUESTIONNAIRE

COMPANY	Co. File No.
TYPE OF INSURANCE	PAGE 1 OF 1

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with applicable Connecticut laws and regulations. Form, page and paragraph references that bring the submission into compliance must be included (enter NA in this column if the item is not applicable to the filing). Failure to complete all items, or responses in the shaded column, will result in the filing being rejected and returned without further review.

I. COVERAGES

Form/Page/Para
Reference

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <p>a. Excess policy provides the same coverage's as the standard workers compensation policy.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| <p>b. Injury by accident must occur during the policy period.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| <p>c. Injury by disease must be caused or aggravated by exposure during the policy period to conditions of employment.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| <p>d. Aircraft exclusion or limitation.</p> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>e. Asbestos or silica exclusion or limitation.</p> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>f. Endorsement for a continuous policy or a continuous policy.</p> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>g. Voluntary compensation endorsement provides coverages to volunteers.</p> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>h. Partners and officers exclusion only include persons that have filed an exclusion form with the Workers' Compensation Commissioner.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |

II. CANCELLATION AND NONRENEWAL PROVISIONS

- | | | | |
|---|------------------------------|-----------------------------|-----|
| <p>a. Notice of cancellation or nonrenewal will be mailed to the named insured not the first named insured.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| <p>b. The company has a Connecticut Cancellation and Nonrenewal Amendatory Endorsement with this filing.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| <p>c. Cancellation reasons are exactly as stated in CGS 38a-324.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |

Excess workers compensation coverage cannot contain endorsements or clauses that would exclude injury or disease to employees. Endorsements or clauses that exclude injury or disease to employees do not comply with Conn. Agencies Reg. Sec. 31-284-6 which requires self-insurers to protect against catastrophic occurrences by purchasing excess insurance.

Conn. Agencies Reg. Section 31-284-10 requires thirty (30) days advance notice to the Chairman of the CT Workers' Compensation Commission or his designee for cancellation.