

CONNECTICUT INSURANCE DEPARTMENT

EXTENDED WARRANTY FORM FILING COMPLIANCE QUESTIONNAIRE

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COMPANY	Co. File No.
Company Contact:	Phone Number:
E-Mail Address:	

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with Connecticut General Statutes ("CGS") §42-260 and Connecticut Bulletin PC-45-03. Form, page and paragraph references that bring the submission into compliance must be included (enter NA in this column if item is not applicable to the filing). Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.

			Form/Page/Para Reference
I. Contract Provisions:			
a. Identity of extended warranty provider	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
b. Identity of program and what it pertains to	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
c. Description of the purpose for the filing			
d. Explanatory memo if filing has changes to previous submission	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
Contract includes:			
a. Clear description and identification of the product being warranteed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
b. Date the warranty commences and terminates	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
c. If warranty period is (or may be) for less than 1 year, describe the automatic extension of coverage if product is being repaired when the warranty expires	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
d. Description of transfer or assignment of the warranty	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
e. Services excluded/limitations on the obligation of the provider	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
f. Description of any responsibilities of the buyer (include nature and frequency of buyer obligations and consequences of not meeting obligations).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
g. Step by step procedures for making claim against warranty	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
h. Is in-home service provided? If not, are mailing costs covered? If not, are transportation costs covered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
i. Description of services supplied by the warranty provider	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
j. Statement of right to cancel if product is returned or sold, lost, stolen or destroyed or a statement that there is no right to cancel	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
k. Name and address of insurer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
l. Description of how to make a claim to the insurer if provider fails to meet its obligation under the warranty			
m. Resolution of dispute language	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
II. Insurance Policy or Risk Retention Policy			
a. Copy of the providers reimbursement insurance policy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
b. Cancellation notice states that Commissioner will be notified at least 60 days prior to the nonrenewal.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
c. Nonrenewal notice in compliance with CGS. 38a-323.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /
III. Miscellaneous			
a. Company has submitted with <u>each</u> extended warranty contract the \$15 filing fee.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	/ /