

LINE OF BUSINESS: Other Liability

LINE(S) OF INSURANCE

CODES

Code: 17.0000

Claims Made 17.1000
Occurrence 17.2000
CGL 17.0001
Completed Operations 17.0002
 All other sublines please type codes -

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS			
COPIES, RETURN ENVELOPES ETC.	Reg. 38a-676-2	Include one copy of the filing for the department and a copy of the cover letter and a stamped self-addressed return envelope for the company	
COVER LETTER AND EXPLANATORY MEMORANDUM	Reg. 38a-676-2	Must Be Included	
FILING SUBMISSION			
Effective Date Wording	CGS 38a-695		
NAIC #			
LINE OF AUTHORITY			
NO FILE OR FILING EXEMPTIONS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
SIDE BY SIDE COMPARISON	Reg. 38a-676-2	Must Be Included	
THIRD PARTY FILERS AUTHORITY	Reg. 38a-676-2	Cover letter must be on company letterhead and signed by company employee	
GENERAL REQUIREMENTS FOR ALL FILINGS			
FORMS—POLICY PROVISIONS			
ACCESS TO COURTS			
AGGREGATE LIMITS			
AMBIGUOUS & MISLEADING			
APPLICATIONS		Not required to be filed unless part of the policy	
APPRAISALS			
ARBITRATION			
ASSESSIBLE POLICIES			
BANKRUPTCY PROVISIONS			
BLANK ENDORSEMENTS			
CANCELLATION & NON-RENEWAL	CGS 38a-324 and CGS 38a-323		
Calculation of Unearned/Return Premium			
Conditional Renewal		Per Bulletin PC 42-04	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Minimum Retained Premium			
Notice of Cancellation	CGS 38a-323		
Notice of Non-renewal	CGS 38a-323		
Permissible Reasons for Cancellation	CGS 38a-323		
Permissible Reasons for Non-renewal	CGS 38a-323		
Required Policy Period			
CERTIFICATIONS			
FORMS—POLICY PROVISIONS			
CLAIMS MADE	Connecticut regulations 38a-327-1 through 38a-327-6		
Policy Minimum Standards	Connecticut regulations 38a-327-3		
Limited to Certain Lines	Connecticut regulations 38a-327-2	Claims-made coverage may not be provided in any policy delivered, issued for delivery or renewed in this State by a licensed insurer on or after the effective date of this Regulation, unless the claims-made policy is issued for one of the following lines, sublines, risks or coverages: (1) Directors and Officers Liability; (2) Employee Benefit's Liability; (3) Errors and Omissions Liability; (4) Excess Liability; (5) Fiduciary Liability; (6) Pollution and Environmental Impairment Liability; (7) Products and Completed Operations Liability; (8) Professional Liability; (9) Public Entity Liability; and (10) Commercial general liability coverage for a large business entity generating gross revenues of at least one hundred million dollars (\$100,000,000) annually, and where such risk develops an annual commercial general liability manual premium on a mature level on a claims-made basis of at least five hundred thousand dollars (\$500,000). (11) Coverage for an individual risk or class of insurance based on a request by the insurer when such insurance is not generally available and is submitted to the Insurance Department and is approved by the Commissioner.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Extended Reporting Coverage	Connecticut regulations 38a-327-3 Connecticut regulations 38a-327-3(d)(1)	Each claims-made policy shall provide an automatic extended reporting period of at least thirty (30) days upon termination of coverage. Additional extended reporting period coverage shall be made available for purchase by the named insured at any time during the policy term and not later than thirty (30) days following termination of coverage, including termination for non-payment of premium. Such additional extended reporting period coverage shall apply only in regard to that coverage terminated, and shall be made available on the same terms and conditions as those specified in the policy.	
Reinstatement of Aggregate Limit	Connecticut regulations 38a-327-3 (f)	The policy must provide that additional extended reporting period coverage with an aggregate liability limit at least equal to the aggregate liability limit specified in the policy is available for purchase.	
Consent to Change Retroactive Date	Connecticut regulations 38a-327-3 (a)	Once a retroactive date is established with an insured, it may be advanced only with the written consent of the named insured.	
Termination of Coverage	Connecticut regulations 38a-327-1 (j)	Definition must be included. Automatic Extended Reporting Periods and Additional Extended Reporting Periods are subject to the definition of "Termination" in § 38a-327-1: "Termination of Coverage" means, whether made by the insurer or the insured at any time: (1) cancellation or nonrenewal of a policy, (2) decrease in limits, reduction of coverage, increased deductible or self-insured retention, new exclusion, or any other change in coverage less favorable to the insured.	
Prior Acts Coverage	CGS 38a-394	Professional Liability policy must contain a provision for the purchase of prior acts coverage. Professional liability insurance means professional liability contracts for: (1) Physicians and surgeons, (2) hospitals, (3) lawyers, (4) dentists, (5) architects and engineers, (6) chiropractors, (7) licensed natureopaths, (8) podiatrists, and (9) advanced practice registered nurses.	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Disclosure and Notice Requirement CLEAR & UNAMBIGUOUS LANGUAGE	Connecticut regulations 38a-327-4	Must be on the first page of the policy in bold-face type at least equal to the size of type used for policy captions.	
CONSUMER INFORMATION			
Privacy notice			
VSI Warning			
Notification Form			
CONTENT OF POLICIES			
COUNTERSIGNATURES		Not Required	
DECLARATIONS PAGE			
DEFENSE WITHIN LIMITS		Must be outside limits except for D&O, E&O, & Professional Liability	
DISCLOSURES			
DEFINITIONS			
DISCRIMINATION			
DUTY TO DEFEND			
EMPLOYERS LIABILITY			
EXCESS COVERAGE			
EXCLUSIONS & LIMITATIONS			
FORMS—POLICY PROVISIONS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
FICTITIOUS GROUPS	CGS 38a-827	Prohibited	
FORMS MISCELLANEOUS			
FRAUD WARNING		Not Mandatory	
GROUP POLICIES		Master Policy and Certificates permitted for risk purchasing groups only	
LIMITS			
Action Against Company			
Defense Costs		Must be outside limits except for D&O, E&O, & Professional Liability	
OTHER INSURANCE			
PARTICIPATING POLICIES			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
OTHER INSURANCE			
PRIMARY UNDERLYING COVERAGE			
PUNITIVE DAMAGES		May Be Excluded	
Suit	CGS 38a-290	One Year From Time of Loss	
WORKERS' COMPENSATION—EXCESS			
Mandatory Wording		This insurance applies to losses paid by the Insured as a qualified self-insurer under the Workers Compensation Law for bodily injury by accident or bodily injury by disease including resulting death, provided: 1. Injury by accident must occur during the policy period. 2. Injury by disease must be caused or aggravated by exposure during the policy period to conditions of your employment.	
Cancellation	CGS 31-284-10	30 days advance notice must be given to the Chairman of the Workers Compensation Commission.	
OTHER			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
"A" RATED RISKS			
Individual Risk Rating			
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
ACTUARIAL CERTIFICATIONS FOR RATES		Not required.	
ADOPTIONS OF RATE SERVICE ORGANIZATIONS (RSO) FILINGS		Per Bulletin PC-35.	
Loss Costs			
CONSENT-TO-RATE			
CATASTROPHE HAZARDS			
DEFENSE COSTS			
DISCOUNTS			
EXPIRATION DATE(S) FOR APPROVED RATES		Not Required.	
GROUP POLICIES			
Extra-Territorial Approval Authority			
REVIEW REQUIREMENTS			
LOSS RATIO STANDARDS			

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
MID TERM CHANGES			
LOSS COST MULTIPLIERS			
PREMIUM REFUND OR RETENTION			
PRICING			
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
Minimum Premium Rules			
Multi-tier		Where there are different rates by tiers, the underwriting guidelines must be such that there is a clear differential as to the risk acceptable for each tier. Each applicant must always be offered the best (lowest priced) tier or rate for which the individual is qualified and the factors used to determine eligibility must be clear and distinct.	
Payment Plans		Filing Not Required	
Premiums			
Service Charges	38a-707-1 to 38a-707-9		
Surcharges			
Other Fees	38a-707-1 to 38a-707-9		
RATE RANGES			
RATING PLAN REQUIREMENTS			
Expense Modification Plan			
Experience Rating			
Large Deductible			
Retrospective Rating			
Schedule Rating		Maximum +/- 25%	
Small Deductible			
Wrap-up Rating		Per NCCI Rule---Refer to CT Exception Page	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
RATE/LOSS COST SUPPORTING INFORMATION			
Competition			
Expenses			
Experience			
Judgment			
Credibility and factors trending			
Profit Loading			
RETURN ON EQUITY DOCUMENT— INVESTMENT INCOME	Bulletin PC-35	Rates may contain a provision for contingencies and a provision for a reasonable profit allowance. In determining the reasonableness of the profit allowance, consideration shall be given to all investment income attributable to unearned premiums and loss reserves.	
"			
RISK CLASSIFICATION			
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS			
TERRITORIES			
OTHER			