

August 20, 1986

SUBJECT: INSURANCE

WITHDRAWN

SUPPLEMENT NO. 1 to CIRCULAR LETTER NO. 3 (1986)

TO: ALL AUTHORIZED PROPERTY/CASUALTY INSURERS IN NEW YORK STATE, INSURANCE & PRODUCER ASSOCIATIONS, EXCESS LINE BROKERS, UNDERWRITING MEMBERS OF THE NEW YORK INSURANCE EXCHANGE, INC.

RE: UPDATING LIABILITY INSURANCE AVAILABILITY SURVEY

Circular Letter No. 3, issued on April 17, 1986, contained a survey signed to ascertain markets particularly for difficult-to-place liability insurance coverages. As a result of survey responses, the Department via its Hotline and other market assistance programs has been able to identify markets for many prospective insureds experiencing difficulty in securing coverage.

Critical availability problems remain. Market conditions are also changing, due to significant developments, such as the omnibus legislation recently enacted into law in New York State designed to enhance availability and affordability of vital liability insurance coverages. We stress that, pursuant to the omnibus legislation, in connection with commercial risk, professional liability and public entity insurance coverages not exempted from the flexible-rating system, insurers must refile rates to reflect the likely cost reductive effects of the tort reforms embodied in the omnibus legislation and companion laws. These refilings must be made by insurers no later than 11. Friday, September 26, 1986, ninety days after the effective date, June 28, 1986, of the omnibus legislation. A special Circular Letter, specifically addressed to this tort reform refiling requirement, will soon be issued. Regulations concerning the flex-rating system will also be published by the Department in the near future.

The new laws empower the Superintendent of Insurance to activate the New York Property Insurance Underwriting Association for specified liability insurance markets, in the event that meaningful coverage is determined to be lacking in the voluntary markets. In order to enable the Department to continue to assist in maximizing voluntary market placements and to determine the extent of availability problems on an ongoing basis, it is essential that you update the annexed survey, and return it to the Department no later than September 5, 1986. Until further notice, please update this availability survey on a quarterly basis, returning it to the Department by ten (10) days after the end of each quarter; the next survey should be made as of December 31, 1986. Only changes from your last response need to be indicated. Where appropriate, we encourage replies from insurance carriers to be made on a consolidated basis on behalf of parent, subsidiaries and affiliates. Please direct your reply and any questions to Richard Lynde (212-602-0363), Principal Insurance Examiner, Property & Casualty Insurance Bureau. In between survey updates, please inform Mr. Lynde about any new markets of which you become aware.

JAMES P. CORCORAN

SUPERINTENDENT OF INSURANCE

Please check the appropriate box to indicate whether or not your company will write liability insurance for each

particular type of risk, provided of course, that it meets your underwriting criteria. If you will write a particular type of risk, provide the name and telephone number of a contact person that the Insurance Department may provide for inquiries about placement of coverage.

Note that some types of risk have been added to this supplemental survey and some have been deleted. The risks which have been added may be identified by the CAPITAL LETTERS. If you will not consider writing any of the exposures included in this survey, or if there is no change from your company's response to the earlier survey and you do not write any of the additional risks, please check only the appropriate box on the last page and complete the identifying information. If there are changes from your earlier response, advise us only of those changes and the additional risks, if any, which you will consider writing.

Thank you for your cooperation and assistance.

\* Reinsurers - Please advise if you would write these risks on a reinsurance basis (treaty or facultative). It is not necessary to supply the name of a contact person.

\*\* Excess Lines Brokers - Please provide a positive response only if you can place coverage with a non-admitted insurer. The contact person should be the individual in your office to whom inquiries may be directed.

\*\*\* Producer Associations - Please advise your members that the Department is conducting this survey and advise the Department if you are aware of admitted markets.

TYPE OF RISK	YES	NO	CONTACT
Recreation Liability-Carnivals, Fairs and Amusement Parks required by Article 27 of the New York Labor Law to obtain liability insurance.			
Large Amusement Parks	<input type="checkbox"/>	<input type="checkbox"/>	
Small Amusement Parks	<input type="checkbox"/>	<input type="checkbox"/>	
Traveling Amusement Shows	<input type="checkbox"/>	<input type="checkbox"/>	
Small Local Fairs	<input type="checkbox"/>	<input type="checkbox"/>	
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>	
State or County Fairs	<input type="checkbox"/>	<input type="checkbox"/>	
Other Recreational Liability			
Ice Skating Rinks/and or Clubs	<input type="checkbox"/>	<input type="checkbox"/>	
Ski Tour Operators	<input type="checkbox"/>	<input type="checkbox"/>	

TYPE OF RISK	YES	NO	CONTACT
INSURER NAME			

TYPE OF RISK	YES	NO	CONTACT
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Horseback Riding Establishments	<input type="checkbox"/>	<input type="checkbox"/>	
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Minter Recreation Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
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Go Kart Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
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Snowmobile Rentals	<input type="checkbox"/>	<input type="checkbox"/>	
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Indoor Pool Swim Clubs	<input type="checkbox"/>	<input type="checkbox"/>	
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Private Recreational Clubs	<input type="checkbox"/>	<input type="checkbox"/>	
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Summer Camp & Recreational	<input type="checkbox"/>	<input type="checkbox"/>	
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Facilities

Roller Skating Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
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Special Events	<input type="checkbox"/>	<input type="checkbox"/>	
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Health Clubs	<input type="checkbox"/>	<input type="checkbox"/>	
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Racquet Ball Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
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INSURER NAME

TYPE OF RISK	YES	NO	CONTACT
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Private Beaches	<input type="checkbox"/>	<input type="checkbox"/>	
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Baseball & Softball Clubs	<input type="checkbox"/>	<input type="checkbox"/>	
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Fireworks Display	<input type="checkbox"/>	<input type="checkbox"/>	
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Contact Sports Club	<input type="checkbox"/>	<input type="checkbox"/>	
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Gymnasium Schools	<input type="checkbox"/>	<input type="checkbox"/>	
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TYPE OF RISK	YES	NO	CONTACT
Youth Centers	<input type="checkbox"/>	<input type="checkbox"/>	
Private Airplanes	<input type="checkbox"/>	<input type="checkbox"/>	
Boat Rentals	<input type="checkbox"/>	<input type="checkbox"/>	
Boat Launch Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Boat Marina Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Tennis Instructor	<input type="checkbox"/>	<input type="checkbox"/>	

## INSURER NAME

TYPE OF RISK	YES	NO	CONTACT
Road Race Club	<input type="checkbox"/>	<input type="checkbox"/>	
Judo & Karate Instruction	<input type="checkbox"/>	<input type="checkbox"/>	
Recreational Guide Service	<input type="checkbox"/>	<input type="checkbox"/>	
Singles Club	<input type="checkbox"/>	<input type="checkbox"/>	
Beach Club	<input type="checkbox"/>	<input type="checkbox"/>	
Police Athletic League	<input type="checkbox"/>	<input type="checkbox"/>	
Special Exhibit Floater	<input type="checkbox"/>	<input type="checkbox"/>	
Vacation Resorts	<input type="checkbox"/>	<input type="checkbox"/>	
BUNGALOW COLONIES	<input type="checkbox"/>	<input type="checkbox"/>	

LIQUOR LAW LIABILITY -taverns and  
restaurants for which liquor  
accounts for more than 50% of total

TYPE OF RISK	YES	NO	CONTACT
sales. CGL coverage is not requested.	<input type="checkbox"/>	<input type="checkbox"/>	

## INSURER NAME

TYPE OF RISK	YES	NO	CONTACT
PRODUCT LIABILITY			

Medical Products - Sales	<input type="checkbox"/>	<input type="checkbox"/>	
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Cosmestic Manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	
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New Products (Cosmetics)	<input type="checkbox"/>	<input type="checkbox"/>	
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TOY MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	
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Food Processing (New Business)	<input type="checkbox"/>	<input type="checkbox"/>	
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PEST CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	
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TREE SPRAYING	<input type="checkbox"/>	<input type="checkbox"/>	
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USED CAR DEALERS	<input type="checkbox"/>	<input type="checkbox"/>	
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MOTORCYCLES DEALERS	<input type="checkbox"/>	<input type="checkbox"/>	
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## COMPLETED OPERATIONS

Boat Hauling	<input type="checkbox"/>	<input type="checkbox"/>	
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## INSURER NAME

TYPE OF RISK	YES	NO	CONTACT
BROILER & MACHINERY REAPIR	<input type="checkbox"/>	<input type="checkbox"/>	
City Contractual Work	<input type="checkbox"/>	<input type="checkbox"/>	
CITY CONTRACTUAL WORK (\$ 4 MILLION EXCESS OF \$ 1 MILLION)	<input type="checkbox"/>	<input type="checkbox"/>	
Asbestos Removal	<input type="checkbox"/>	<input type="checkbox"/>	

TYPE OF RISK	YES	NO	CONTACT
Removal of other Pollutants (i.e., Dioxin, PCBs)	<input type="checkbox"/>	<input type="checkbox"/>	
PEST CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	
Tree Spraying	<input type="checkbox"/>	<input type="checkbox"/>	
Bridge Painting	<input type="checkbox"/>	<input type="checkbox"/>	
ROOFING CONTRACTORS	<input type="checkbox"/>	<input type="checkbox"/>	
Dock Repair	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolding Sales	<input type="checkbox"/>	<input type="checkbox"/>	

## INSURER NAME

TYPE OF RISK,	YES	NO	CONTACT
Tanning Salons	<input type="checkbox"/>	<input type="checkbox"/>	
UNDERGROUND TANK INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>	
WASTE DISPOSAL (HAZARDOUS)	<input type="checkbox"/>	<input type="checkbox"/>	
WASTE DISPOSAL (NON-HAZARDOUS)	<input type="checkbox"/>	<input type="checkbox"/>	

## MISC. PRODUCT LIABILITY

Detergent Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Packaging Firm	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Gauge Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Equipment Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	

TYPE OF RISK,	YES	NO	CONTACT
Close Out Sales Vendor	<input type="checkbox"/>	<input type="checkbox"/>	

Riding Equipment Sales	<input type="checkbox"/>	<input type="checkbox"/>	
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CHILDRENS' CLOTHING DISTRIBUTOR INSURER NAME	<input type="checkbox"/>	<input type="checkbox"/>	
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TYPE OF RISK	YES	NO	CONTACT
AUTO PARTS MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	

FUEL OIL DISTRIBUTOR (POLLUTION EXPOSURE)	<input type="checkbox"/>	<input type="checkbox"/>	
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FUEL TANK INSTALLATION AND REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	
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TANKS OTHER THAN FUEL- INSTALLATION AND REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	
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SMALL CONTRACTORS AND OTHER  
SMALL BUSINESSES (1-5 EMPLOYEES)

CLEANING SERVICES (POLLUTION EXPOSURE)	<input type="checkbox"/>	<input type="checkbox"/>	
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CLEANING SERVICES (FLOOR WAXING EXPOSURE)	<input type="checkbox"/>	<input type="checkbox"/>	
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Elevator and Boiler Repair	<input type="checkbox"/>	<input type="checkbox"/>	
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GENERAL CONTRACTORS - "PAPER CONTRACTS"	<input type="checkbox"/>	<input type="checkbox"/>	
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Home Inspection Companies	<input type="checkbox"/>	<input type="checkbox"/>	
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PROFESSIONAL LIABILITY - DIRECTORS  
AND OFFICERS

TYPE OF RISK	YES	NO	CONTACT
Directors and Officers Liability (Profit)	<input type="checkbox"/>	<input type="checkbox"/>	
(Non-Profit)	<input type="checkbox"/>	<input type="checkbox"/>	
INSURER NAME			

TYPE OF RISK	YES	NO	CONTACT
Lawyers Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Law Enforcement Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Social Worker Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Architects and Engineers Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	
PUBLISHERS PROFESSIONAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNTANTS AND AUDITORS ERRORS AND OMISSIONS	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Producers Errors an Omissions	<input type="checkbox"/>	<input type="checkbox"/>	
Public Official Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>	
Real Estate Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing Homes Medical Malpractice	<input type="checkbox"/>	<input type="checkbox"/>	
INSURER NAME			

TYPE OF RISK	YES	NO	CONTACT
Private Nursing Service	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Malpractice			
Medical Students	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Malpractice			

#### MISCELLANEOUS LIABILITY RISKS

Municipal Liability Excess Coverage (\$ 4 million in excess of \$1 million)	<input type="checkbox"/>	<input type="checkbox"/>	
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Other Excess Liability (\$ 4 million in excess of \$ 1 million)	<input type="checkbox"/>	<input type="checkbox"/>	
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OTHER EXCESS LIABILITY (EXCESS OF \$5 MILLION)	<input type="checkbox"/>	<input type="checkbox"/>	
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Security Firms (i.e. Pinkerton Guard)	<input type="checkbox"/>	<input type="checkbox"/>	
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SMALL STORAGE WAREHOUSES CONTAINING CHEMICALS AND/OR POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	
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CAR RENTAL AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	
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Golf Cart Leasing	<input type="checkbox"/>	<input type="checkbox"/>	
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Platform Lift Rentals	<input type="checkbox"/>	<input type="checkbox"/>	
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#### INSURER NAME

TYPE OF RISK	YES	NO	CONTACT
Toilet Renting Company	<input type="checkbox"/>	<input type="checkbox"/>	
OWNERS' PROTECTIVE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	

TYPE OF RISK	YES	NO	CONTACT
PREMISES LIABILITY - OUTPATIENT ELECTIVE SURGERY OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	
Vacant Commercial Buildings	<input type="checkbox"/>	<input type="checkbox"/>	
Vacant Dwellings	<input type="checkbox"/>	<input type="checkbox"/>	
Block Associations	<input type="checkbox"/>	<input type="checkbox"/>	
CONDOMINIUM ASSOCIATIONS	<input type="checkbox"/>	<input type="checkbox"/>	
Community Centers	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Citizen Centers	<input type="checkbox"/>	<input type="checkbox"/>	
PRIVATE SCHOOLS (INCLUDING ATHLETIC PARTICIPATION)	<input type="checkbox"/>	<input type="checkbox"/>	
Child Care (Profit)	<input type="checkbox"/>	<input type="checkbox"/>	
(Non-Profit)	<input type="checkbox"/>	<input type="checkbox"/>	

INSURER NAME

Will your company write any of the risks for which you responded affirmatively if it involves a new business?

YES  NO  SOME  Please list.

Our Company will not write any of the exposures included in this survey.

There is no change from our Companies response to your previous survey and we will not write any of the additional exposures included in this survey.

COMPLETED BY:

INSURER

NAME

TITLE

TELEPHONE

RETURN TO:

RICHARD LYNDE, PRINCIPAL EXAMINER

PROPERTY AND CASUALTY BUREAU

NEW YORK STATE INSURANCE DEPARTMENT

160 WEST BROADWAY

NEW YORK, NEW YORK 10013