



**STATE OF NEW YORK  
INSURANCE DEPARTMENT  
25 BEAVER STREET  
NEW YORK, NEW YORK 10004**

**Supplement No. 2 to  
Circular Letter No. 11 (1998)  
December 20, 1999**

**TO: ALL AUTHORIZED PROPERTY/CASUALTY INSURERS AND RATE SERVICE ORGANIZATIONS**

**RE: PROCEDURES FOR THE FILING OF POLICY FORMS, RULES AND RATES**

[Circular Letter No. 11](#), issued on May 7, 1998, brought to insurers' attention uniform procedures employed by the Department in its review of policy form, rate and rule filings. Those procedures include: (a) initially screening the filing for completeness and returning any filing which is deficient in information necessary for processing by the Department; (b) insurers' obligation to ensure that the filing complies with the appropriate statutory provisions and regulations; (c) the inclusion, by the insurer, of the name of a contact person who is familiar with the substance and technical aspects of the proposed filing; and (d) the obligation of the insurer to respond in a timely manner to any Department comments and/or questions on the proposal.

Although some insurers have modified their filing submission to comply with these procedures, there are still a large number of insurers who are not responding in a timely manner to Department inquiries. By keeping the filings of those insurers open and expending unnecessary time and effort to continually follow up with the insurers, the Department is not able to devote its full resources to other insurers who are in compliance with these procedures.

Circular Letter No. 11 advised that if a substantive response to an examiner's comments or letter is not received within thirty days, the examiner would follow up with the insurer's designated contact person. If a response was not received within thirty days of the follow-up date, the file would be closed. Any response received after the file was closed would be processed as a new submission with a new file number, as of the date the new response is received by the Department.

As of the date of this supplement, Department examiners will no longer issue follow-up requests for a response to their correspondence. Insurers are advised that if a substantive response to an examiner's initial comments or letter is not received within thirty days of the first correspondence or telephone conversation with an insurer's designated contact person, the proposal will be considered incomplete and not approved for use in New York, and the Department's file will be closed. Should the insurer wish the Department to again review the subject matter of a filing, a new submission that addresses the outstanding issues in any Department correspondence must be made in accordance with the provisions of Circular Letter No. 11.

Please address any comments or inquiries regarding this supplement to:

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Very truly yours,

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