

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

PERSONAL AUTO DECLARATIONS PAGE FORM FILING COMPLIANCE QUESTIONNAIRE

PAGE 1 OF 2

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 sections of Article 23 of the Insurance Law or other applicable statutes and/or regulations as noted. Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.

As part of the policy, all declarations page(s) require the Department's prior approval in regard to their form, pursuant to Section 2307 of the Insurance Law.

<p>I. GENERAL. Does the Declarations page contain the name of an unlicensed company? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>II. DECLARATIONS PAGE. Must contain all rating information, as follows: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <ul style="list-style-type: none"> a. Name & Address of Insured b. Policy Number c. Effective Dates d. Vehicles(s) Make, Model, Symbol (VIN # optional) e. Rating Territory f. Driver Classification Codes (Rating Information Pages -- Vehicle & Traffic Law §311-4[a]) <p>III. COVERAGES:</p> <p>Each coverage must indicate limit and/or deductible and premium as applicable. All coverages purchased must be listed. All major coverages (denoted by ** below) must be listed, even if not purchased, in which case a "zero" or the phrase "no coverage" should be shown.</p> <p>MANDATORY COVERAGES</p> <ul style="list-style-type: none"> a. Bodily Injury (BI)** including Supplemental Spousal Liability (SSL), if purchased and Property Damage (PD) ** - or - Combined Single Limit (CSL) Liability** YES <input type="checkbox"/> NO <input type="checkbox"/> b. Uninsured Motorists and/or Supplementary Uninsured/Underinsured Motorists (SUM) ** (If only UM coverage is purchased, then SUM should be shown with zero limits. If SUM is purchased, then UM does not need to be shown.) YES <input type="checkbox"/> NO <input type="checkbox"/> c. SUM note [Reg. 35-D; §60-2.3(a)(2)] YES <input type="checkbox"/> NO <input type="checkbox"/> d. No-Fault (Personal Injury Protection) ** Must comply with format in Circular Letter #11(1992), and show each available coverage (PIP, OBEL, Additional PIP). YES <input type="checkbox"/> NO <input type="checkbox"/> <p>IV. OPTIONAL COVERAGES (if offered):</p> <ul style="list-style-type: none"> a. Collision** (min. deductible \$100) YES <input type="checkbox"/> NO <input type="checkbox"/> NOT OFFERED <input type="checkbox"/> b. Comprehensive** (min. deductible \$50) YES <input type="checkbox"/> NO <input type="checkbox"/> NOT OFFERED <input type="checkbox"/> c. Gap YES <input type="checkbox"/> NO <input type="checkbox"/> NOT OFFERED <input type="checkbox"/> d. Mechanical Breakdown YES <input type="checkbox"/> NO <input type="checkbox"/> NOT OFFERED <input type="checkbox"/> 	<div style="display: flex; justify-content: space-between; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>
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NOTE: All citations in Brackets are to the applicable sections of Article 23 of the Insurance Law and Regulation 100.

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PAGE 2 OF 2

COMPANY

SUB-TYPE OF INSURANCE

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IV. OPTIONAL COVERAGES (if offered), (continued)

- | | | | |
|-------------------------------------|------------------------------|-----------------------------|--------------------------------------|
| e. Medical Payments | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT OFFERED <input type="checkbox"/> |
| f. Towing & Labor | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT OFFERED <input type="checkbox"/> |
| g. Rental Reimbursement | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT OFFERED <input type="checkbox"/> |
| h. Accidental Death & Dismemberment | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT OFFERED <input type="checkbox"/> |
| i. Other: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT OFFERED <input type="checkbox"/> |
| j. Other: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT OFFERED <input type="checkbox"/> |

V. PREMIUM DISCOUNTS & SURCHARGES:

Disclosures including dollar amounts, accident and conviction dates and required notices related to discounts and surcharges must be made on either the premium bill, declarations page, or a notice accompanying either (§2345). [see suggested format in Circular Letter #11 (1992)]

Premium Reductions (Discounts). Disclosures of the dollar amounts of each discount mandated by statute or regulation are required. Presently these are reductions granted for:

- | | | | | |
|---|-------------------|------------------------------|-----------------------------|-----------------------------|
| a. Accident prevention course | §2336(a) & (d) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| b. Passive restraint device | §2336(b) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| c. Anti lock braking system (ABS) | §2336(c) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| d. Anti theft device(s) | §2337;2336(e)&(f) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| e. Daytime Running Lights | §2336(g) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| f. No Fault Work Loss Reduction | §2330 | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| g. Insurers are encouraged to display premium adjustments for other reductions applied to a policy under the insurer's rating plan on the declarations page(s). | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> |

VI. PREMIUM SURCHARGES.

- | | | |
|---|------------------------------|-----------------------------|
| a. All surcharges specifically authorized under law and regulations must be disclosed. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. The total dollar amount of all surcharges applied to the policy, and the dates of accidents and/or convictions related to such surcharges must be shown. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Dollar amounts of surcharges may, but need not, be itemized. If not itemized, the aggregate amount of all surcharges must be shown. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. Is the notice required by Reg. 100 [§169.1(i)] shown? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

VII. MOTOR VEHICLE LAW ENFORCEMENT FEE

Is the \$10.00 annual fee (\$5.00 per 6-month policy) per vehicle shown? (§9110) Per Circular Letter #13 (2009), this MVLE fee must be identified on the declarations page, premium billing, or in a separate written communication to the policyholder.

YES NO

VIII. MULTI-TIER RATING DISCLOSURE

If the insurer has a multi-tier rating structure, the specific rating tier in which the insured is being rate must be disclosed on the declarations page.

YES NO N/A

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