

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
PERSONAL LIABILITY AND UMBRELLA INSURANCE FORM FILING COMPLIANCE
QUESTIONNAIRE**

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COMPANY	Co. File No.
Company Contact:	Phone Number:
E-Mail Address:	
Sub-Type of Insurance	

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with Regulation Nos. 95, 129 and New York Insurance Law Section Nos. 1113, 2307, 3102, 3105, 3106, 3420 and/or 3425. Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.

I. ALL POLICIES

A. Is there coverage for any of the following?

- | | | |
|--|------------------------------|-----------------------------|
| 1. Punitive or exemplary damages | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Intentional acts | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Assault and battery, except for defense of person or property | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

B. Does the policy comply with § 3420 as follows?

- | | | |
|--|------------------------------|-----------------------------|
| 1. Policy is written on a "pay on behalf of" basis rather than on an indemnification basis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Policy contains a proper insolvency clause | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Policy contains a proper judgment clause, and does not include the requirement that the judgment be "final", or obtained "after actual trial" | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Policy contains a provision permitting notice of claim to be given to company's agent. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Is there a provision that failure to give timely notice shall not invalidate any claim if such notice is given as soon as reasonably possible? [NYIL §3420(a)(4)] | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Is there a provision that failure to give timely notice shall not invalidate any claim, unless such failure has prejudiced the insurer? [NYIL §3420(a)(5)] | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Is there a provision that, with respect to all liability claims (except property damage), if the insurer disclaims liability or denies coverage based upon the failure to provide timely notice, the injured person or other claimant may maintain an action directly against the insurer, provided the disclaimer or denial is based on such failure? [NYIL §3420(a)(6)] | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

- C. If policy includes coverage for personal injury, does it contain, in substance, the items contained in §1113(a)(13)?** YES NO

D. Defense Provisions

- | | | |
|--|------------------------------|-----------------------------|
| 1. Policy provides defense even if allegations are groundless, false or fraudulent | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Policy provides for the orderly transfer of defense duties when a limit of liability is used up in the payment of judgements or settlements | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

- E. Does policy language comply with §3425? (complete §3425 checklist)** YES NO

- F. Does this policy comply with §3102?** YES NO

- G. Does this policy contain a Liberalization Clause?** YES NO

- H. Does the policy contain warranties that violate §3105 or §3106?** YES NO

- I. Does the policy contain a definition of loading or unloading?** YES NO

- J. Does the policy contain the name of an unlicensed company?** YES NO

NOTE: All citations are to the applicable sections of Regulation Nos. 95, and/or 129 and New York Insurance Law sections 1113, 2307, 3102, 3105, 3106, 3420 and/or 3425.

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COMPANY

Sub-Type of Insurance

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I. ALL POLICIES (continued)

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| K. Are there any blank forms? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| L. Are all forms numbered? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| M. Does the policy contain a pollution exclusion? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| N. Policy application: | | | |
| 1. Has been filed for approval if part of the policy | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 2. Complies with Regulation 95 | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| O. If the policy covers bodily injury, and that definition does not include mental anguish that results from a wrongful act, is some form of rate relief given | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| P. Does the policy include Worker's Compensation coverage as required by §3420(j)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Q. Is there a provision requiring that disputes between the company and insured be resolved through arbitration? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

II. LEAD PAINT EXCLUSION: Check here if policy contains a lead exclusion, and answer the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is there a manual rule that provides for a premium reduction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is there a manual rule that provides that the exclusion may only be attached to policies insuring structures built prior to 1980 which have a significant potential lead paint exposure and have not undergone lead abatement procedures? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Is the exclusion limited to non-owner occupied units in the building unless the owner-occupied unit has a commercial exposure, for example "Home Day Care". | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Will the company wait until expiration of the three year required policy period as prescribed by Section 3425 of the Insurance Law to attach the endorsement to existing policies? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Did the company submit a disclosure notice informing insureds of the reduction in coverage. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

III. PERSONAL UMBRELLAS

Does the policy contain a pollution exclusion that excludes occurrences of a sudden and accidental nature? YES NO

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