

*Regulations of Connecticut State Agencies*

TITLE 38a. Insurance Department

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*Agency*

**Insurance Department**

*Subject*

**Approval of Property & Casualty Insurance Forms**

*Inclusive Sections*

**§§ 38a-676-1—38a-676-3**

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**Approval of Property & Casualty Insurance Forms**

**Sec. 38a-676-1. Definitions**

As used in Sections 38a-676-1 through 38a-676-3, inclusive:

- (a) “Commissioner” means the Insurance Commissioner of this state.
- (b) “Form” means any insurance policy or contract, other than fidelity, surety or guaranty bonds, and any endorsement modifying such policy or contract providing personal risk insurance or commercial risk insurance as defined in Section 38a-663 of the General Statutes.
- (c) “Insurer” means an insurance company licensed by the Commissioner to write property and casualty insurance, or a licensed rating or advisory organization.
- (d) “SERFF” means software known as the System for Electronic Rate and Form Filing, Version 2.0 or higher, or any subsequent corresponding system, adopted by the National Association of Insurance Commissioners.

(Effective September 25, 1992; Amended January 2, 2002)

**Sec. 38a-676-2. Filing procedure**

Any insurer required pursuant to Section 38a-676 of the General Statutes to file a copy of a form with the Commissioner shall comply with the following standards:

(a) All filings of proposed policies, forms, endorsements or changes shall be submitted in an easily readable condition. Printer’s proofs, typewritten or photostatic copies, electronic filings submitted in accordance with subsection (g) of this section, or other legible copies are permitted. Only one copy of the filing is required to be filed and shall be retained by the Insurance Department; however, where an insurer wishes to have a complete copy of the filing and the transmittal letter returned to it, filings in duplicate are permissible.

**(b) Filing Transmittal Letter.**

(1) The filing transmittal letter should be sent to the attention of the Property and Casualty Division of the Insurance Department.

(2) If one or more elements within a filing vary by member company within a group of companies, the filer shall send a separate filing transmittal letter for each insurer within the group.

(3) The filer shall enclose a return copy of the transmittal letter along with a stamped self-addressed return envelope of a size sufficient to return either the copy of the transmittal letter or the copy of the entire filing and transmittal letter if the insurer has elected to file a duplicate copy of the filing in accordance with Section 38a-676-2 (a). Additionally, the insurer must enclose a letter sized self-addressed stamped envelope to provide the notice required by Section 38a-676-3 (a).

(4) The filing transmittal letter shall contain a descriptive caption. The caption shall: (i) identify the insurer; (ii) briefly identify the line of insurance or program to which the filing pertains; (iii) include a brief description of the purpose of the filing; (iv) where the insurer maintains a filing numbering system, list its filing number; (v) include its assigned National Association of Insurance Commissioners’ insurer code number which includes the group

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code number and company code number. If more than one company is included in the filing show each company code number.

All subsequent correspondence to the Insurance Department concerning the filing shall include the caption in the identical format as it was displayed in the original filing transmittal letter and, in addition, the date of the original filing transmittal letter.

(5) The body of the filing transmittal letter shall specify the proposed effective date and provide the name and telephone number for contacting the person responsible for submitting the filing.

(c) **Explanatory Memorandum.** Except as provided in subdivision (2) of this subsection, each filing shall include an explanatory memorandum describing the filed changes.

(1) If the filed form is new or a replacement of a currently filed form, as opposed to a revision of a currently filed form, then the explanatory memorandum must describe each element of the form.

(2) If the filed form is a revision of a currently filed form then the explanatory memorandum shall describe each element of the filed changes. Such memorandum shall include a comparison of the new wording with the wording being replaced or, in lieu of this, bracketing [ ] the words or matter (e.g. numbers) in a filing to be omitted and underlining the words or matter to be added on a copy of the form itself. The filing of a revised form or forms must fully describe the intent and reasonably anticipated effect(s) of each element of the revision. If the filing consists of a minor revision to a form, the filer may, in lieu of an explanatory memorandum, provide the information required by this subdivision in the body of the transmittal letter.

(3) In all instances list the title of the form(s) submitted therewith along with the form identification number(s) and edition date, if any. Indicate any previously filed forms to be withdrawn, along with the form identification number(s) and edition date, if any.

(4) If less than five (5) forms are being filed at one time, the filer may, in lieu of providing this information on the explanatory memorandum, include it in the transmittal letter.

(5) All filings that incorporate by reference a rating or advisory organization document must include the name of the organization and the reference document number. All filings that adopt a form promulgated by a rating or advisory organization may in lieu of a reference document number indicate the document form number and revision date, if applicable. Failure to supply this information will render the filing incomplete and will be returned to the filer with the appropriate notation.

(d) In accordance with chapter 699a of the General Statutes, concerning readable language in insurance policies, certain insurance policies and policy forms issued or delivered in this state shall meet simplified language standards. The property and casualty policies affected are: Individual personal line dwelling coverage on one to four family units, personal inland marine, and personal line automobile insurance. Personal line automobile insurance includes coverage for vehicles designed primarily for personal, family or household needs.

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Every such form filing shall be accompanied by a certificate signed by an officer of the insurer, in the format specified by the Insurance Department, that such form complies with Chapter 699a of the General Statutes. See Appendix I. If a form filing is submitted electronically in accordance with subsection (g) of this section, the original signed certification shall be maintained by the insurance company and available for inspection by the Insurance Department.

(1) A separate certification shall be submitted for each policy and its related endorsements. Certification may be accomplished by using a policy and its related forms as one unit or each policy and each form separately.

(2) Certifications shall be submitted on a replica of the one shown in Appendix I and will apply only to the policies and endorsements listed on the certification form.

(3) Future revisions of policies or endorsements which have been previously certified shall be recertified. In each case, a replica of the sample certification form (Appendix I of this Regulation) shall be used.

(4) Individual companies or groups of companies may certify policies and endorsements filed by the company or group.

(e) The Insurance Department is obligated to collect, pursuant to Section 12-211 of the General Statutes, form filing fees from foreign or alien insurers, if the state or foreign country in which they are domiciled imposes such (and larger) fees upon Connecticut's domestic insurers. Accordingly, each insurer domiciled in any other state or jurisdiction which requires such fees shall remit the equivalent filing fee (in the form of a check made payable to the Treasurer, State of Connecticut) together with each such filing submitted. The insurer shall also represent and certify that the fee payment remitted is the same amount required by its domiciliary state or jurisdiction. No filing submission will be accepted unless the filing fee is also received by the Insurance Department.

(f) Any employee of an insurer may submit a filing on behalf of the insurer, provided that the filing is described upon the insurer's official stationery or is submitted electronically in accordance with subsection (g) of this section. Filings which are submitted on behalf of an insurer by a licensed rating or advisory organization will be accepted only if the Insurance Department has on file a currently effective filing authorization which is certified by an officer of the insurer. Such an authorization must clearly indicate the extent of the licensed rating or advisory organization's filing authority to act on behalf of the insurer. Unless the authorization contains an expiration date, it will be considered valid until withdrawn in writing by an officer of the insurer.

(g) Insurance companies, rating and advisory organizations may submit the rate form or other filings electronically using SERFF.

(h) The time limit for the commissioner to act on filings made electronically shall be the same as the time limit for the commissioner to act on filings made in paper form. Filings made electronically shall be considered received by the commissioner when received in the electronic data processing system used by the commissioner to review filings, unless received on a weekend or legal holiday, in which case filings are deemed received on the

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next business day. Communications from the commissioner to persons making filings electronically shall be considered received by that person when the communication is sent electronically to the person making the filing.

(Effective September 25, 1992; Amended January 2, 2002)

**Sec. 38a-676-3. Policy form acceptance**

(a) Within fifteen (15) calendar days of receipt of a form filed with the Commissioner pursuant to Section 38a-676 of the General Statutes, the Insurance Department shall determine a filing to be complete or deficient for purposes of submission for review and shall issue written notice to the insurer regarding the status of the form.

(1) The written notice for a complete filing shall state that the form filing is complete and accepted for review as of the date of its receipt. For purposes of this section, a form filing is complete upon the Insurance Department's determination that it is in compliance with Section 38a-676-2.

(2) The written notice for a deficient filing shall state that the form filing is deficient and not accepted for filing and shall set out the specific items that must be corrected to make the form complete. In addition to this notice, the Insurance Department may notify the insurer, in any manner, of any additional problems with the form.

(b) Unless otherwise provided by law, the Insurance Department shall review all forms filed with the Insurance Commissioner pursuant to Section 38a-676 of the General Statutes in the order in which they are received by the Insurance Department; provided, however, that when exceptional circumstances exist, the Commissioner may direct the immediate review of a form filing. The Insurance Department shall employ a chronological logging system to facilitate chronological review. The Insurance Department may make an exception to the chronological order where it deems it appropriate to do so.

(c) Within thirty (30) calendar days after a form is accepted for review, the Insurance Department shall review the form and either record it effective or disapprove it. If, upon such review of the form, the Insurance Department determines that additional information from the insurer is necessary in order to ascertain whether the form is contrary to law or is unfair, deceptive or may encourage misrepresentation of the policy, the Insurance Department shall make such request to the insurer. The insurer will then have thirty (30) calendar days from the date of the request to provide the Insurance Department with the additional information, provided that during such time, the insurer may request in writing that the period for responding to the request for information be extended for an additional period of time, not to exceed an additional sixty (60) calendar days. The request for an extension shall be considered granted upon its receipt by the Insurance Department. During the pendency of the Insurance Department's request for information, the thirty (30) day period for Insurance Department action shall be tolled. If the insurer fails to comply with such request within the allotted time, such applicant shall be deemed to have voluntarily withdrawn its filing and the Insurance Department shall close its file without further action.

(d) The Commissioner shall disapprove the use of any such form if it does not comply

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with the provisions of this regulation or any other provision of law, or if it contains a provision or provisions which are unfair or deceptive or which encourage misrepresentation of the policy. Any such action shall specify the reason for disapproval of the form.

(e) Forms that are not disapproved by the Commissioner shall have the extra copy of the filing transmittal letter returned stamped "Recorded Effective" with the effective date of the filing, the name and signature of the staff member who acted upon the filing and the date the filing was stamped.

*(See Appendix on following pages)*

(Effective September 25, 1992)

**Sec. APPENDIX I.**

STATE OF CONNECTICUT  
POLICY AND ENDORSEMENT CERTIFICATION FORM  
AS PER CHAPTER 699a OF THE GENERAL STATUTES  
(READABLE LANGUAGE)  
PART A

Name of Company or Group \_\_\_\_\_

Certification applies to: \_\_\_\_\_

(Company)

(Group)

(If certification is made on behalf of a Group of Companies, indicate names of all companies with Group below).

COMPLETE EACH APPLICABLE BOX BELOW  
OR INDICATE NOT APPLICABLE (N.A.)

Form is filed by:

Company/Group has the  
following Policy/Form on  
file in Connecticut

Indicate Program  
Name

(Indicate filer by name:  
rating organization,  
advisory organization,  
company)\*

Homeowners

\_\_\_\_\_

\_\_\_\_\_

Dwelling Fire

\_\_\_\_\_

\_\_\_\_\_

Personal, Inland Marine

\_\_\_\_\_

\_\_\_\_\_

Personal Auto

\_\_\_\_\_

\_\_\_\_\_

Motorcycle

\_\_\_\_\_

\_\_\_\_\_

Recreational Vehicle

\_\_\_\_\_

\_\_\_\_\_

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(\*) For each policy or endorsement indicated as filed by the Company, it is required that the (\*) Company complete Part B of the Policy and Endorsement Certification Form.

The company certifies that the above forms filed by the Company or on its behalf and the forms shown on Part B of the Policy and Endorsement Certification Form, meet the minimum standards of readability required by Chapter 699a of the General Statutes and the letter height requirement of regulation 38a-297-3. The type-face style(s) used for the above forms is (are):

Signed \_\_\_\_\_

Title \_\_\_\_\_  
(Officer of the Company)

Date \_\_\_\_\_

STATE OF CONNECTICUT  
POLICY AND ENDORSEMENT CERTIFICATION FORM  
AS PER CHAPTER 699a OF THE GENERAL STATUTES  
(READABLE LANGUAGE)  
PART B

Name of Company or Group \_\_\_\_\_

As certified by an officer of the company on Part A, the policy and the related endorsements listed below comply with the minimum standards of readability required by Chapter 699a of the General Statutes and the letter height requirement of regulation 38a-297-3.

Options (Check One)

“Sample” technique can be used only if policy or endorsement contains more than 10,000 words. A copy of policy or endorsement highlighting word samples tested must be attached.

1. Policy and related forms are scored for the Flesch reading ease test as one unit. Companies using the standard Connecticut Basic Reparations Benefits endorsement which has not yet been simplified may exclude this endorsement in the determination of the combined score if they so indicate.

2. Policy and related endorsements are separately scored for Flesch reading ease test.

Policy or Endorsement

Form No.

(Effective September 25, 1992)