2006 Michigan Policy Forms Survey

Name of Company	NAIC Group number and Company code

Instructions: *If you cannot check any boxes in question number 1, proceed to certification on page 2. All others complete questions 2 thru 12. "Policy form" as used in these questions, includes all riders and/or endorsements to a policy form. If a question requires you to provide additional information, label it as instructed. When your survey is complete and certified by an officer of the company, return to OFIS at the address on page 2.*

1) **For which types of insurance have you issued or renewed policies in Michigan in 2005?**
If none, then your survey is complete. Please complete certification on page 2 and return.

- ☐ **General Liability**
- ☐ **Private Passenger Auto**
- ☐ **Commercial Auto**
- ☐ **Motorcycle**
- ☐ **Homeowners**
- ☐ **Umbrella Liability**
- ☐ **Title**
- ☐ **Workers Compensation**
- ☐ **Professional Liability**
- ☐ **Liquor Liability**
- ☐ **Other Property and/or Casualty**
- ☐ **Disability**
- ☐ **Medicare Supplement**
- ☐ **Life**
- ☐ **Long Term Care**
- ☐ **Annuities**
- ☐ **Credit Life**
- ☐ **Credit Disability**
- ☐ **Other Life and/or Health**

2) Do any of your policy forms contain provisions that limit the amount of time in which insureds can file a claim? *If yes, please submit a copy of each policy form that contains such language with the language highlighted. Label top right corner of first page as Exhibit 2.*

☐ Yes ☐ No

3) Do any of your policy forms contain provisions that limit the amount of time in which insureds can file a lawsuit against the insurer? *If yes, please submit a copy of each policy form that contains such language with the language highlighted. Label top right corner of first page as Exhibit 3.*

☐ Yes ☐ No

4) Do any of your policy forms contain prior notice requirements, conditions, or clauses that prevent you from considering an otherwise valid proof of loss?
If yes, please submit a copy of each policy form that contains such prior notice requirements, conditions, or clauses with the language highlighted. Label top right corner of first page as Exhibit 4.

☐ Yes ☐ No

5) Do all of your liability policy forms, including homeowners and auto coverage, contain a provision that complies with MCL 500.3008 by stating, "Failure to give any notice required to be given by such policy within the time specified herein shall not invalidate any claim made by the insured if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that notice was given as soon as was reasonably possible?" *If no, please identify each liability policy form that does not contain this provision and explain why the provision is not included. Label top right corner of first page as Exhibit 5.*

☐ Yes ☐ No

6) Do all of your property only/homeowners policy forms contain a provision that complies with MCL 500.2833(1)(q) by stating, "An action under the policy may be commenced only after compliance with the policy requirements. An action must be commenced within 1 year after the loss or within the time period specified in the policy, whichever is longer. The time for commencing an action is tolled from the time the insured notifies the insurer of the loss until the insurer formally denies liability?"
If no, please identify each property only / homeowners policy form that does not contain this provision and explain why the provision is not included. Label top right corner of first page as Exhibit 6.

☐ Yes ☐ No

7) Do all of your auto policy forms contain a provision that complies with MCL 500.3145? *If no, please identify each type of auto policy form that does not contain this provision and explain why the provision is not included. Label top right corner of first page as Exhibit 7.*

☐ Yes ☐ No

8) Do any of your life, health, surety, and/or casualty policy forms contain provisions that prohibit insureds from filing lawsuits against the insurer?
If yes, please submit a copy of each policy form that contains such language with the language highlighted. Label top right corner of first page as Exhibit 8.

☐ Yes ☐ No

Survey continues on Page 2

9) Do any of your life, health, surety, and/or casualty policy forms contain provisions that require insureds to engage in binding arbitration concerning claims disputes? *If yes, please submit a copy of each policy form that contains such language with the language highlighted. Label top right corner of first page as Exhibit 9.*

☐ Yes ☐ No

10) Do all of your disability policy forms contain a provision that complies with these Michigan laws? *Or check if* ☐ *This insurer has no disability policy forms.*

MCL 500.3410	☐ Yes	☐ No	***MCL 500.3414***	☐ Yes	☐ No
MCL 500.3411	☐ Yes	☐ No	***MCL 500.3415***	☐ Yes	☐ No
MCL 500.3412	☐ Yes	☐ No	***MCL 500.3416***	☐ Yes	☐ No
MCL 500.3413	☐ Yes	☐ No	***MCL 500.3418***	☐ Yes	☐ No

If you checked any "No" box above, please identify each type of disability policy form that does not contain the required provisions and explain why the provisions are not included. Label top right corner of first page as Exhibit 10.

11) Do any of your policy forms contain provisions granting deference in any subsequent proceedings, to the insurer's decision to deny a claim? *If yes, please submit a copy of all policy forms that contain such a provision, with the deference provision highlighted. Label top right corner of first page as Exhibit 11.*

☐ Yes ☐ No

12) Do all of your policy forms contain a provision to notify an insured that the time your company uses to evaluate and determine to pay or deny a claim does not count against the time limit within which an insured must sue for coverage of an unpaid claim? *If no, please identify each type of policy form that does not contain the provision and explain why the provision is not included. Label top right corner of first page as Exhibit 12.*

☐ Yes ☐ No

Certification

I certify that I am an officer of the company named in this report, and that I have authority to file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Officer	Date signed	Person and phone number to contact regarding this report
Signer's name and title typed or printed		
Signer phone number	Signer email address	Contact Person EMail address

PA 218 of 1956, PA 350 of 1983 and PA 251 of 2000, as amended requires submission of this form by all licensed insurers in Michigan. Failure to complete and submit this survey properly could result in a compliance action or revocation of your authority to do business in Michigan.

Return completed report to:

Office of Financial and Insurance Services
Insurance Product Review Unit
PO Box 30220
Lansing MI 48909-7720

Address questions about this survey to Carol Ostrowski at
1-877-999-6442 or 1-517-373-4948

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.