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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2010

AN ACT

RELATING TO INSURANCE

Introduced By: Senators Lynch, Walaska, and Bates

Date Introduced: March 24, 2010

Referred To: Senate Corporations

It is enacted by the General Assembly as follows:

the damage of an insured claimant or oblige:

1 SECTION 1. Sections 27-34-1, 27-34-2, 27-34-3, 27-34-5, 27-34-6, 27-34-7, 27-34-8, 2 27-34-9, 27-34-10, 27-34-11, 27-34-12, 27-34-14, 27-34-15, 27-34-16, 27-34-17 and 27-34-19 of the General Laws in Chapter 27- 34 entitled "Rhode Island Insurers Insolvency Fund" are hereby 3 4 amended to read as follows: 5 27-34-1. Short title. -- This chapter shall be known and may be cited as the "Rhode Island Insurers' Insolvency Fund Property & Casualty Insurance Guaranty Association Act". 6 7 27-34-2. Purpose. -- The purpose of this chapter is to provide a mechanism for the payment of covered claims under certain insurance policies, to avoid excessive delay in payment 8 9 and to avoid to the extent provided in this chapter minimize financial loss to claimants or 10 policyholders because of the insolvency of an insurer, and to ereate an entity provide an 11 association to assess the cost of the such protection and distribute it equitably among member 12 insurers. 13 27-34-3. Scope. -- This chapter shall apply to all kinds of direct insurance, but shall not 14 be applicable to the following: 15 (1) Life, annuity, health, or disability insurance;

(2) Mortgage guaranty, financial guaranty or other forms of insurance offering protection

against investment risks. For purposes of this section "financial guaranty insurance" includes any

insurance under which loss is payable upon proof of occurrence of any of the following events to

1	(1) Failure of any obligor or obligors on any debt instrument or other monetary
2	obligation, including common or preferred stock, to pay when due the principal, interest, dividend
3	or purchase price of such instrument or obligation, whether failure is the result of a financial
4	default or insolvency and whether or not the obligation is incurred directly or as a guarantor by,
5	or on behalf of, another obligor which has also defaulted;
6	(ii) Changes in the level of interest rates whether short term or long term, or in the
7	difference between interest rates existing in various markets;
8	(iii) Changes in the rate of exchange of currency, or from the inconvertibility of one
9	currency into another for any reason;
10	(iv) Changes in the value of specific assets or commodities, or price levels in general;
11	(3) Fidelity or surety bonds, or any other bonding obligations;
12	(4) Credit insurance, vendors' single interest insurance, or collateral protection insurance
13	or any similar insurance protecting the interests of a creditor arising out of a creditor-debtor
14	transaction. For purposes of this section "credit insurance" means insurance on accounts
15	receivable;
16	(5) Insurance of warranties or service contracts <u>including insurance that provides for the</u>
17	repair, replacement or service of goods or property, indemnification for repair, replacement or
18	service for the operational or structural failure of the goods or property due to a defect in
19	materials, workmanship or normal wear and tear, or provides reimbursement for the liability
20	incurred by the issuer of agreements or service contracts that provide such benefits;
21	(6) Title insurance;
22	(7) Ocean marine insurance., except that portion of the marine protection and indemnity
23	insurance covering liability of the insured for personal injury, illness, or death to employees and
24	insurance covering pleasure craft. "Ocean Marine insurance" means any form of insurance,
25	regardless of the name, label or marketing designation of the insurance policy, which insures
26	against maritime perils or risks and other related perils or risks, which are usually insured against
27	by traditional marine insurance, such as hull and machinery, marine builders risk, and marine
28	protection and indemnity. Perils and risk insured against include without limitation loss, damage,
29	expense or legal liability of the insured for loss, damage or expense arising out of or incident to
30	ownership, operation, chartering, maintenance, use, repair or construction of any vessel, craft or
31	instrumentality in use in œan or inland waterways for commercial purposes, including liability
32	of the insured for personal injury, injury, illness or death or for loss or damage to the property of
33	the insured or another person;

(8) Commercial lines excess liability insurance;

1	(9) (8) Any transaction or combination of transactions between a person, including
2	affiliates of the such person, and an insurer, including affiliates of the insurer, which involves the
3	transfer of investment or credit risk unaccompanied by transfer of insurance risk; and
4	(9) Any insurance provided by or guaranteed by the government; or
5	(10) Any transaction or combination of transactions between a protected cell and the
6	general account or another protected cell of a protected cell company organized under the
7	Protected Cell Companies Act, chapter 64 of this title, as those terms are defined in this chapter.
8	27-34-5. Definitions As used in this chapter:
9	(1) "Account" means any one of the three (3) accounts created by § 27-34-6;
10	(2) "Affiliate" means a person, who directly, or indirectly, through one or more
11	intermediaries, controls, is controlled by, or is under common control with an another insolvent
12	insurer person on December 31 of the year next immediately preceding the date the insurer
13	becomes an insolvent insurer;
14	(3) "Association" means the Rhode Island Insurance Guaranty Association created under
15	section 27-34-6.
16	(4) "Association similar to the association" means any guaranty association, security fund
17	or other insolvency mechanism that affords protection similar to that of the association. The term
18	shall also include any property and casualty insolvency mechanism that obtains assessments or
19	other contributions from insurers on a pre-insolvency basis.
20	(5) "Assumed claims transaction" means:
21	(i) Policy obligations that have been assumed by the insolvent insurer, prior to the entry
22	of a final order of liquidation, through a merger between the insolvent insurer and another entity
23	obligated under the policies; or
24	(ii) An assumption reinsurance transaction in which all of the following has occurred:
25	(A) The insolvent insurer assumed, prior to the entry of a final order of liquidation, the
26	claim or policy obligations of another insurer or entity obligated under the claims or policies: and
27	(B) The assumption of the claim or policy obligations has been approved, if such
28	approval is required, by the appropriate regulatory authorities; and
29	(C) As a result of the assumption, the claim or policy obligations became the direct
30	obligations of the insolvent insurer through a novation of the claims or policies.
31	(3) (6) "Claimant" means any insured making a first party claim or any person instituting
32	a liability covered claim; provided that no person who is an affiliate of the insolvent insurer may
33	be a claimant;
34	(4) "Commercial lines excess liability insurance" means any commercial lines liability

1 insurance written over an underlying policy with policy limits of at least three hundred thousand 2 dollars (\$300,000) or a self-insured retention of at least three hundred thousand dollars 3 (\$300,000);4 (5) "Commercial lines insurance" means any insurance to which this chapter applies 5 which is not personal lines insurance; 6 (6) (7) "Commissioner" means the commissioner of insurance Director of the Department 7 of Business Regulation or his or her designee; 8 (7) (8) "Control" means the possession, direct or indirect, of the power to direct or cause 9 the direction of the management and policies of a person, whether through the ownership of 10 voting securities, by contract other than a commercial contract for goods or nonmanagement 11 services, or otherwise, unless the power is the result of an official position with, or corporate 12 office held by, the person. Control shall be presumed to exist if any a person, directly or 13 indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent 14 (10%) or more of the voting securities of any other person. This presumption may be rebutted by 15 a showing that control does not exist in fact; 16 (8) (9) "Covered claim" means the following: 17 (i) an An unpaid claim, including one for unearned premiums, submitted by a claimant, 18 which arises out of and is within the coverage and subject to the applicable limits of an insurance 19 policy to which this chapter applies issued by an insurer if the insurer becomes an insolvent 20 insurer after the effective date of this chapter and the policy was either issued by the insurer or 21 assumed by the insurer in an assumed claims transaction; and: 22 (i)(A) The claimant or insured is a resident of this state at the time of the insured event; 23 provided; that for entities other than an individual, the residence of a claimant, or insured or 24 policyholder is the state in which its principal place of business is located at the time of the 25 insured event; or 26 (ii)(B) The claim is a first party claim for damage to property from which the claim arises 27 is with a permanently located permanent location in this state. 28 (ii) Except as provided elsewhere in this section, "Covered covered claim" shall not 29 include any amount: 30 (A) Any amount Awarded awarded as punitive or exemplary damages; 31 (B) Any amount Sought sought as a return of premium under any retrospective rating 32 plan; or 33 (C) Any amount Due due any reinsurer, insurer, insurance pool, or underwriting

association, health maintenance organization, hospital plan corporation, professional health

1	service corporation or self-insurer as subrogation recoveries, reinsurance recoveries, contribution,
2	indemnification or otherwise; provided, that a No claim for any amount; due any reinsurer,
3	insurer, insurance pool, underwriting association, health maintenance organization, hospital plan
4	corporation, professional health service corporation or self-insurer may be asserted against a
5	person insured under a policy issued by an insolvent insurer which has become an insolvent
6	insurer, which, if it were not a claim by or for the benefit of a reinsurer, insurer, insurence pool,
7	or underwriting association, would be a "covered claim", may be filed directly with the receiver
8	of the insolvent insurer, but in no event may any the claim be asserted against the insured of the
9	insurer other than to the extent the claim exceeds the association obligation limitations set forth in
10	section 27-34-8 of this chapter;
11	(D) Any claims excluded pursuant to section 27-34-11.1 due to the high net worth of an
12	insured;
13	(E) Any first party claims by an insured that is an affiliate of the insolvent insurer;
14	(F) Any fee or other amount relating to goods or services sought by or on behalf of any
15	attorney or other provider of goods or services retained by the insolvent insurer or an insured
16	prior to the date it was determined to be insolvent;
17	(G) Any fee or other amount sought by or on behalf of any attorney or other provider of
18	goods or services retained by any insured or claimant in connection with the assertion or
19	prosecution of any claim, covered or otherwise, against the association;
20	(H) Any claims for interest; or
21	(I) Any claim filed with the association or a liquidator for protection afforded under the
22	insured's policy for incurred-but-not-reported losses.
23	(9) "Fund" means the Rhode Island insurers' insolvency fund created under § 27-34-6;
24	(10) "Insolvent insurer" means an insurer licensed to transact insurance in this state any
25	of the kinds of insurance within the scope of this chapter, either at the time the policy was issued;
26	when the obligation with respect to the covered claim was assumed under an assumed claims
27	transaction; or when the insured event occurred, and against which an whom a final order of
28	liquidation with a finding of insolvency has been entered after the effective date of this chapter
29	with a finding of insolvency by a court of competent jurisdiction in the insurer's state of domicile.
30	or in this state under the provision(s) of chapter 14.3 of this title which order of liquidation has
31	not been stayed or been the subject of a writ of supersedeas or other comparable order;
32	(11) "Insured" means any named insured, any additional insured, any vendor, lessor or
33	any other party identified as an insured under the policy.
34	(11) (12) (a) "Member insurer" means any person who:

1	(i) Writes any kind of insurance to which this chapter applies <u>under section 27-34-3</u> ,
2	including the exchange of reciprocal or interinsurance contracts; and
3	(ii) Is licensed to transact insurance in this state (except at the option of the state);
4	(b) An insurer shall cease to be a member insurer effective on the day following the
5	termination or expiration of its license to transact the kinds of insurance to which this chapter
6	applies, however, the insurer shall remain liable as a member insurer for any and all obligations,
7	including obligations for assessments levied prior to the termination or expiration of the insurer's
8	license and assessments levied after the termination or expiration, which relate to any insurer that
9	became an insolvent insurer prior to the termination or expiration of the insurer's license.
10	(12) (13) "Net direct written premiums" means direct gross premiums written in this state
11	on insurance policies to which this chapter applies, including policy and membership fees, less
12	the following amounts: (i) return Return premiums, (ii) Premiums on those policies not taken, and
13	(iii) dividends Dividends or unabsorbed premiums paid or credited to policyholders on the that
14	direct business. "Net direct written premiums" does not include premiums on contracts between
15	insurers or reinsurers;
16	(14) "Novation" means that the assumed claim or policy obligations became the direct
17	obligations of the insolvent insurer through consent of the policyholder and that thereafter the
18	ceding insurer or entity initially obligated under the claims or policies is released by the
19	policyholder from performing its claim or policy obligations. Consent may be express or implied
20	based upon the circumstances, notice provided and conduct of the parties.
21	(13) (15) "Person" means any individual, <u>aggregation of individuals</u> , corporation,
22	partnership, association, or voluntary organization other entity;
23	(14) "Personal lines insurance" means any insurance to which this chapter applies issued
24	for personal, family, or household purposes;
25	(15) "Pleasure craft" means watercraft, other than a seaplane on the water or a houseboat,
26	not greater than thirty-five (35) feet in length used solely for pleasure and not used for:
27	(i) Charter or hire; or
28	(ii) To carry persons or property for fee or any commercial use; and
29	(16) "Self-insured retention" means:
30	(i) Any fund or other arrangement to pay claims other than by an insurance company; or
31	(ii) Any arrangement under which an insurance company has no obligation to pay claims
32	on behalf of an insured if it is not reimbursed by the insured.
33	(16) "Receiver" means liquidator, rehabilitator, conservator or ancillary receiver, as the
34	context requires.

(17) "Self-insurer" means a person that covers its liability through a qualified individual or group self-insurance program or any other formal program created for the specific purpose of covering liabilities typically covered by insurance.

27-34-6. Creation of the fund. — Creation of the association. — There is created a nonprofit unincorporated legal entity to be known as the "Rhode Island insurers' insolvency fund.

Property & Casualty Insurance Guaranty Association." All insurers defined as member insurers in subdivision 27-34-5(12) shall be and remain members of the fund association as a condition of their authority to transact insurance in this state. The fund association shall perform its functions under a plan of operation established and approved under § 27-34-9 and shall exercise its powers through a board of directors established under § 27-34-7. For the purposes of administration and assessment, the fund shall be divided into three (3) separate accounts: (1) the workers' compensation insurance account; (2) the automobile insurance account; and (3) the account for all other insurance to which this chapter applies.

27-34-7. Board of directors. — (a) The board of directors of the fund association shall consist of not less than five (5) nor more than nine eleven (9) (11) persons serving terms as established in the plan of operation. The insurer members of the board shall be selected by member insurers subject to the approval of the commissioner. Vacancies on the board shall be filled for the remaining period of the term by a majority vote of the remaining board insurer members subject to the approval of the commissioner. Two (2) persons, who must be public representatives, shall be appointed by the commissioner to the board of directors. Vacancies of positions held by public representatives shall be filled by the commissioner. A public representative may not be an officer, director or employee of an insurance company or any person engaged in the business of insurance. For the purposes of this section, the term "director" shall mean an individual serving on behalf of an insurer member of the board of directors or a public representative on the board of directors.

- (b) In approving selections to the board, the commissioner shall consider among other things whether all member insurers are fairly represented.
- (c) Members of the board of directors may be reimbursed from the assets of the fund association for expenses incurred by them as members of the board of directors.
- 30 (d) Any board member who is an insurer in receivership shall be terminated as a board
 31 member, effective as of the date of the entry of the order of receivership. Any resulting vacancies
 32 on the board shall be filled for the remaining period of the term in accordance with the provisions
 33 of subsection (a).
 - (e) In the event that a director shall, because of illness, nonattendance at meetings or any

2	missing three (3) consecutive board meetings, the board of directors may declare the office vacant
3	and the member or director shall be replaced in accordance with the provisions of subsection (a).
4	(f) If the commissioner has reasonable cause to believe that a director failed to disclose a
5	known conflict of interest with his or her duties on the board, failed to take appropriate action
6	based on a known conflict of interest with his or her duties on the board, or has been indicted or
7	charged with a felony, or misdemeanor involving moral turpitude, the commissioner may suspend
8	that director pending the outcome of an investigation or hearing by the commissioner or the
9	conclusion of any criminal proceedings. A company elected to the board may replace a suspended
10	director prior to the completion of an investigation, hearing or criminal proceeding. In the event
11	that the allegations are substantiated at the conclusion of an investigation, hearing or criminal
12	proceeding, the office shall be declared vacant and the member or director shall be replaced in
13	accordance with the provisions of subsection (a).
14	27-34-8. Powers and duties of the fund Powers and duties of the association (a)
15	The fund association shall:
16	(1)(i) Be obligated to pay covered claims existing prior to the determination order of the
17	insolvency liquidation of a member insurer or arising within sixty (60) days after the
18	determination order of the insolvency liquidation or before the policy expiration date if less than
19	sixty (60) after the determination order of the insolvency liquidation or before the insured
20	replaces the policy or causes its cancellation if he or she the insured does so within sixty (60)
21	days of the determination order of liquidation. The obligations shall be satisfied by paying to the
22	claimant an amount as follows:
23	(i) (A) The full amount of a covered claim for benefits under a workers' compensation
24	insurance coverage;
25	(ii) (B) An amount not exceeding ten thousand dollars (\$10,000), per policy for a covered
26	claim for the return of unearned premium;
27	(iii) (C) An amount not exceeding five hundred thousand dollars (\$500,000), per claimant
28	for all other covered claims for insolvencies occurring on or after January 1, 2008 and an amount
29	not exceeding three hundred thousand dollars (\$300,000) per claimant for all other covered
30	claims for insolvencies occurring prior to January 1, 2008.
31	(ii) In no event shall the fund association be obligated to pay a claimant an amount in
32	excess of the obligation of the insolvent insurer under the policy or coverage from which the
33	claim arises. Notwithstanding any other provision of this chapter, a covered claim shall not
34	include any a claim filed with the guaranty fund association after the final date set by the court for

other reason, be deemed unable to satisfactorily perform the designated functions as a director by

- 1 the filing of claims against the liquidator or receiver of an insolvent insurer. The fund shall pay
- 2 only that amount of each unearned premium, which is in excess of one hundred dollars (\$100)
- For the purpose of filing a claim under this subsection, notice of claims to the liquidator of the
- 4 <u>insolvent insurer shall be deemed notice to the association or its agent and a list of claims shall be</u>
- 5 periodically submitted to the association or association similar to the association in another State
- 6 by the liquidator;

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- 7 (iii) Any obligation of the association to defend an insured shall cease upon the
- 8 association's payment or tender of an amount equal to the lesser of the association's covered
- 9 claim obligation limit or the applicable policy limit.
 - (2) Be deemed the insurer to the extent of its obligation on the covered claims and to that extent, subject to the limitation provided in this chapter, shall have all of the rights, duties and obligations of the insolvent insurer as if the insurer had not become insolvent, including but not limited to, the right to pursue and retain salvage and subrogation recoverable on covered claim obligations to the extent paid by the association. The association shall not be deemed the insolvent insurer for the purpose of conferring jurisdiction.
 - (3) Allocate claims paid and expenses incurred among the three (3) accounts separately, and assess member insurers separately for each account, amounts necessary to pay the obligations of the fund association under subdivision (a)(1) of this subsection subsequent to an insolvency, the expenses of handling covered claims subsequent to an insolvency and other expenses authorized by this chapter. The assessments of each member insurer shall be in the proportion that the net direct written premiums of the member insurer for the calendar year preceding the assessment on the kinds of insurance in the account bears to the net direct written premiums of all member insurers for the calendar year preceding the assessment on the kinds of insurance in the account. Each member insurer shall be notified of the assessment not later than thirty (30) days before it is due. No A member insurer may not be assessed in any one year on any account an amount greater than two percent (2%) of that member insurer's net direct written premiums for the calendar year preceding the assessment on the kinds of insurance in the account. If the maximum assessment, together with the other assets of the association fund in any account, does not provide in any one year in any account an amount sufficient to make all necessary payments from that account, each member insurer shall be assessed the additional amount that must be obtained to make all necessary payments of the underfunded account from the other two accounts, subject to the same limitation of two percent (2%) of that member insurer's net direct written premiums for the calendar year preceding the assessment on the kinds of insurance in the account. The additional assessments shall be considered loans by and between the separate

accounts. Amounts borrowed under this subsection shall be paid back to the separate accounts from which they were borrowed, out of assets, including, but not limited to, existing and future assessments in the account receiving the loan. An interest charge shall be levied on all amounts borrowed under this subsection based on the average prime rate of interest for each year the money remains unpaid. If the amounts borrowed remain unpaid on the seventh yearly anniversary result of the inability of the borrowing account to make repayment, then the amount borrowed and interest which is not repaid, starting with the principal and interest of the first year, shall be considered uncollectible. The funds available shall be prorated and the unpaid portion shall be paid as soon after this as funds become available. The fund shall pay claims in any order which it deems reasonable, including the payment of claims as they are received from the claimants or in groups or categories of claims. The fund association may exempt or defer, in whole or in part, the assessment of any member insurer, if the assessment would cause the member insurer's financial statement to reflect amounts of capital or surplus less than the minimum amounts required for a certificate of authority by any a jurisdiction in which the member insurer is authorized to transact insurance. However, during the period of deferment, no dividends shall be paid to shareholders or policyholders. Deferred assessments shall be paid when the payment will not reduce capital or surplus below required minimums. The payments Payments shall be refunded to those companies receiving larger assessments by virtue of the deferment, or, at the election of any company, credited against future assessments. A member insurer may set off against any assessment, authorized payments made on covered claims and expenses incurred in the payment of claims by the member insurer if they are chargeable to the account for which the assessment is made.

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(4) Investigate claims brought against the fund association and adjust, compromise, settle; and pay covered claims to the extent of the fund's association's obligation and deny all other claims. and may review settlements, releases, and judgments to which the insolvent insurer or its insured were parties, to determine the extent to which the settlements, releases, and judgments may be properly contested. The association shall pay claims in any order that it may deem reasonable, including the payment of claims as they are received from the claimants or in groups or categories of claims. The association shall have the right to appoint and to direct legal counsel retained under liability insurance policies for the defense of covered claims.

(5) Notify the insured claimants in this state as deemed necessary by the commissioner directs under § 27 34 10(b)(1) and upon the commissioner's request, to the extent records are available to the association.

(6)(i) Have the right to review and contest as set forth in this subsection settlements,

2	parties prior to the entry of the order of liquidation. In an action to enforce settlements, releases
3	and judgments to which the insolvent insurer or its insureds were parties prior to the entry of the
4	order of liquidation, the association shall have the right to assert the following defenses, in
5	addition to the defenses available to the insurer:
6	(A) The association is not bound by a settlement, release, compromise or waiver executed
7	by an insured or the insurer, or any judgment entered against an insured or the insurer by consent
8	or through a failure to exhaust all appeals, if the settlement, release, compromise, waiver or
9	judgment was:
10	(I) Executed or entered within one hundred twenty (120) days prior to the entry of an
11	order of liquidation, and the insured or the insurer did not use reasonable care in entering into the
12	settlement, release, compromise, waiver or judgment, or did not pursue all reasonable appeals of
13	an adverse judgment; or
14	(II) Executed by or taken against an insured or the insurer based on default, fraud,
15	collusion or the insurer's failure to defend.
16	(B) If a court of competent jurisdiction finds that the association is not bound by a
17	settlement, release, compromise, waiver or judgment for the reasons described in subparagraph
18	(a)(i), the settlement, release, compromise, waiver or judgment shall be set aside, and the
19	association shall be permitted to defend any covered claim on the merits. The settlement, release,
20	compromise, waiver or judgment may not be considered as evidence of liability or damages in
21	connection with any claim brought against the association or any other party under this chapter.
22	(C) The association shall have the right to assert any statutory defenses or rights of offset
23	against any settlement, release, compromise or waiver executed by an insured or the insurer, or
24	any judgment taken against the insured or the insurer.
25	(ii) As to any covered claims arising from a judgment under any decision, verdict or
26	finding based on the default of the insolvent insurer or its failure to defend, the association, either
27	on its own behalf or on behalf of an insured may apply to have the judgment, order, decision,
28	verdict or finding set aside by the same court or administrator that entered the judgment, order,
29	decision, verdict or finding and shall be permitted to defend the claim on the merits.
30	(6)(7) Handle claims through its employees or through one or more insurers or other
31	persons designated as servicing facilities, which may include the receiver for the insolvent
32	<u>insurer</u> . Designation of a servicing facility is subject to the approval of the commissioner, but the
33	designation may be declined by a member insurer;
34	(7) (8) Reimburse each servicing facility for obligations of the fund association paid by

releases, compromises, waivers and judgments to which the insolvent insurer or its insureds were

the facility and for expenses incurred by the	facility while handling claims on behalf of the fund
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- association and shall pay the other expenses of the fund association authorized by this chapter;
- 3 and

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- 4 (8) (9) Obtain an irrevocable line of credit agreement from each member insurer in an
- 5 amount not to exceed the member insurer's maximum assessment pursuant to subdivision (3) of
- 6 this subsection to ensure the immediate availability of funds for the purposes of future claims and
- 7 expenses attributable to an insurer insolvency;
- 8 (ii) Any amount drawn from the fund under any line of credit shall be considered a
- 9 payment toward the member insurer's assessment provided for in subdivision (3) of this
- 10 subsection;
- 11 (iii) The member insurer shall provide funding to the fund under the line of credit within
- three (3) business days of receipt of a written request from the fund for a draw-down under the
- line of credit;
- 14 (iv) The line of credit agreement shall be subject to prior review and approval by the
- 15 commissioner at the time of origination and any subsequent renewal. It shall include any
- 16 commercially reasonable provisions the fund or the commissioner may deem advisable, including
- 17 a provision that the line of credit is irrevocable or for a stated period of time and provides for
 - thirty (30) day notice to the fund and the commissioner that the line is being terminated or not
- 19 renewed;

- 20 (v) If a line of credit is not given as provided for in this section, the member insurer shall
- 21 be responsible for the payment of an assessment of up to the member's proportionate share of the
- 22 applicable maximum as set forth in this subsection which shall be paid into a pre-insolvency
- assessment fund in each account.
- 24 (10) Submit, not later than ninety (90) days after the end of the association's fiscal year, a
- 25 <u>financial report for the preceding fiscal year in a form approved by the commissioner.</u>
- 26 (b) The fund association may:
- 27 (1) Employ or retain those persons as are necessary to handle claims and perform other
- 28 duties of the fund association;
- 29 (2) Borrow funds necessary to effect the purposes of this chapter in accordance
- with the plan of operation;
- 31 (3) Sue or be sued;
- 32 (4) Negotiate and become a party to any contracts necessary to carry out the purpose of
- 33 this chapter;
- 34 (5) Perform any other acts necessary or proper to effectuate the purpose of this chapter;

1	and
2	(6) Refund to the member insurers in proportion to the contribution of each member
3	insurer to that account that amount by which the assets of the account exceed the liabilities, if, at
4	the end of any calendar year, the board of directors finds that the assets of the fund association in
5	any account exceed the liabilities of that account as estimated by the board of directors for the
6	coming year.
7	(c) Suits involving the association:
8	(1) Except for actions by the receiver, all actions relating to or arising out of this chapter
9	against the association shall be brought in the courts in this state. The courts shall have exclusive
10	jurisdiction over all actions relating to or arising out of this chapter against the association.
11	(2) The exclusive venue in any action by or against the association is in the Providence
12	County Superior Court. The association may, at its option, waive this venue as to specific actions.
13	27-34-9. Plan of operation (a) The fund association shall submit to the commissioner
14	a plan of operation and any amendments to the plan of operation necessary or suitable to assure
15	the fair, reasonable; and equitable administration of the fund association. The plan of operation
16	and any amendments to it shall become effective upon approval in writing by the commissioner.
17	(b) If the fund fails to submit a suitable plan of operation or suitable amendments to the
18	plan, the commissioner shall, after notice and hearing, adopt and promulgate any reasonable rules
19	necessary or advisable to effectuate the provisions of this chapter. The rules shall continue in
20	force until modified by the commissioner or superseded by a plan or amendments to it submitted
21	by the fund and approved by the commissioner.
22	(c) All member insurers shall comply with the plan of operation.
23	(d) The plan of operation shall:
24	(1) Establish the procedures where all of the powers and duties of the fund association
25	under § 27-34-8 will be performed;
26	(2) Establish the procedures for handling the assets of the fund association;
27	(3) Require that written procedures be established for the disposition of liquidating
28	dividends or other monies received from the estate of the insolvent insurer;
29	(3) (4) Require that written procedures be Establish established to designate the amount
30	and method of reimbursing members of the board of directors under § 27-34-7;
31	(4) (5) Establish procedures by which claims may be filed with the fund association and

establish acceptable forms of proof of covered claims. Notice of claims to the receiver or

liquidator of the insolvent insurer shall be deemed notice to the fund or its agent, and a list of

claims shall be periodically submitted to the fund or similar organization in another state by the

32

33

2	(5) (6) Establish regular places and times for meetings of the board of directors;
3	(6) (7) Establish Require that written procedures be established for records to be kept of
4	all financial transactions of the fund association, its agents, and the board of directors;
5	(7) (8) Provide that any member insurer aggrieved by any final action or decision of the
6	fund association may appeal to the commissioner within thirty (30) days after the action or
7	decision;
8	(8) (9) Establish the procedures by under which selections for the board of directors will
9	be submitted to the commissioner; and
10	(9) (10) Contain additional provisions necessary or proper for the execution of the powers
11	and duties of the fund association.
12	(e) (d) The plan of operation may provide that any or all powers and duties of the fund
13	association, except those under §§ 27-34-8(a)(3) and 27-34-8(b)(2), may be are delegated to a
14	corporation, association similar to the association or other organization which performs or will
15	perform functions similar to those of the this fund association, or its equivalent, in two or more
16	states. That The corporation, association similar to the association, or organization shall be
17	reimbursed as a servicing facility would be reimbursed and shall be paid for its performance of
18	any other functions of the fund association. A delegation under this subsection shall take effect
19	only with the approval of both the board of directors and the commissioner, and may be made
20	only to a corporation, association, or organization which extends protection not substantially less
21	favorable and effective than that provided by this chapter.
22	27-34-10. Duties and powers of the commissioner (a) The commissioner shall:
23	(1) Notify the fund association of the existence of an insolvent insurer not later than three
24	(3) days after he or she receives notice of the determination of the insolvency. The fund
25	association shall be entitled to a copy of any a complaint seeking an order of liquidation with a
26	finding of insolvency against a member insurer company at the same time that the complaint is
27	filed with a court of competent jurisdiction;
28	(2) Upon request of the board of directors, provide Provide the fund association with a
29	statement of the net direct written premiums of each member insurer; and upon request of the
30	board of directors.
31	(3) Notify the fund of all filings made under § 27 35 2 except as prohibited under § 27
32	35-6. The commissioner shall provide copies of all of these filings to the fund upon request.
33	(b) The commissioner may:
34	(1) Require that the fund notify the insured of the insolvent insurer and any other

receiver or liquidator;

2	notification shall be by mail at their last known address, where available, but if sufficient
3	information for notification by mail is not available, notice by publication in a newspaper of
4	general circulation shall be sufficient;
5	(2) (1) Suspend or revoke, after notice and hearing, the certificate of authority to transact
6	insurance in this state of any a member insurer which that fails to pay an assessment when due or
7	fails to comply with the plan of operation. and As an alternative, the commissioner may levy a
8	fine on a member insurer that fails to pay an assessment when due. The fine shall not exceed five
9	percent (5%) of the unpaid assessment per month, except that a fine shall not be less than one
10	hundred dollars (\$100) per month;
11	(3) (2) Revoke the designation of any servicing facility if he or she finds claims are being
12	handled unsatisfactorily.
13	(3) Examine, audit, or otherwise regulate the association.
14	(c) Any \underline{A} final action or order of the commissioner under this chapter shall be subject to
15	judicial review in a court of competent jurisdiction.
16	27-34-11. Effect of paid claims (a) Any person recovering under this chapter shall be
17	deemed to have assigned his or her any rights under the policy to the fund association to the
18	extent of his or her recovery from the fund association. Every insured or claimant seeking the
19	protection of this chapter shall cooperate with the fund association to the same extent as the
20	person would have been required to cooperate with the insolvent insurer. The fund association
21	shall have no cause of action against the insured of the insolvent insurer for any sums it has paid
22	out except any causes of action as the insolvent insurer would have had if the sums had been paid
23	by the insolvent insurer and except as provided in subsection (b) of this section and section 27-
24	34-11.1. In the case of an insolvent insurer operating on a plan with assessment liability,
25	payments of claims of the association shall not operate to reduce the liability of the insureds to
26	the receiver, liquidator or statutory successor for unpaid assessments.
27	(b) The fund association shall have the right to recover from the following persons the
28	amount of any "covered claim" paid on behalf of the person pursuant to this chapter:
29	(1) Any insured whose net worth on December 31 of the year next preceding the date the
30	insurer became an insolvent insurer exceeded fifty million dollars (\$50,000,000) and whose
31	liability obligations to other persons are satisfied in whole or in part by payments made under this
32	chapter; provided, that there is no recovery of any prejudgment interest on any pending or future
33	claims against this insured, including claims presently in suit or on appeal; and
34	(2) any person who is an affiliate of the insolvent insurer and whose liability obligations

interested parties of the determination of insolvency and of their rights under this chapter. The

to other persons are satisfied in whole or in part by payments made under this chapter. <u>all</u> amounts paid by the association on behalf of that person pursuant to the chapter, whether for indemnity, defense or otherwise.

- (c) The receiver, liquidator, or statutory successor of an insolvent insurer shall be bound by settlements of covered claims by the fund or a similar organization in another state. The court having jurisdiction shall grant these claims priority equal to that which the claimant would have been entitled in the absence of this chapter against the assets of the insolvent insurer. The expenses of the fund or similar organization in handling claims shall be accorded the same priority as the liquidator's expenses. The association and any association similar to the association in another state shall be entitled to file a claim in the liquidation of an insolvent insurer for any amounts paid by them on covered claim obligations as determined under this chapter or similar laws in other states and shall receive dividends and other distributions at the priority set forth in section 27-14.3-46.
- (d) The fund association shall periodically file with the receiver or liquidator of the insolvent insurer statements of the covered claims paid by the fund association and estimates of anticipated claims on the fund association that which shall preserve the rights of the fund association against the assets of the insolvent insurer.
- 27-34-12. Nonduplication of recovery. Exhaustion of other coverage. -- (a)(1) Any person having a claim against an insurer under any provision in an insurance policy other than a policy of an insolvent insurer which is also a covered claim, shall be required first to exhaust first his or her right under that all coverage provided by any other policy, including the right to a defense under the other policy, if the claim under the other policy arises from the same facts, injury or loss that gave rise to the covered claim against the association. The requirement to exhaust shall apply without regard to whether the other insurance policy is a policy written by a member insurer. However, no person shall be required to exhaust any right under the policy of an insolvent insurer or any right under a life insurance policy.
- (2) Any amount payable on a covered claim under this chapter shall be reduced by the full applicable limits stated in the other insurance policy, or by the amount of any the recovery under the other insurance policy as provided herein. The association shall receive a full credit for the stated limits, unless the claimant demonstrates that the claimant used reasonable efforts to exhaust all coverage and limits applicable under the other insurance policy. If the claimant demonstrates that the claimant used reasonable efforts to exhaust all coverage and limits applicable under the other insurance policy, or if there are no applicable stated limits under the policy, the association shall receive a full credit for the total recovery.

1	(i) The credit shall be deducted from the lesser of:
2	(A) The association's covered claim limit;
3	(B) The amount of the judgment or settlement of the claim; or
4	(C) The policy limits of the policy of the insolvent insurer.
5	(ii) In no case, however, shall the obligation of the association exceed the covered claim
6	limit embodied in section 27-34-8.
7	(b) Any person having a claim or legal right of recovery under any governmental
8	insurance or guaranty program which is also a covered claim, shall be required to exhaust first his
9	or her right under that program. Any amount payable on a covered claim under this chapter shall
10	be reduced by the amount of any recovery under the program.
11	(3) Except to the extent that the claimant has a contractual right to claim defense under an
12	insurance policy issued by another insurer, nothing in this section shall relieve the association of
13	the duty to defend under the policy issued by the insolvent insurer. This duty shall, however, be
14	limited by any other limitation on the duty to defend embodied in this chapter.
15	(4) A claim under a policy providing liability coverage to a person who may be jointly
16	and severally liable as a joint tortfeasor with the person covered under the policy of the insolvent
17	insurer that gives rise to the covered claim shall be considered to be a claim arising from the same
18	facts, injury or loss that gave rise to the covered claim against the association.
19	(5) For purposes of this section, a claim under an insurance policy other than a life
20	insurance policy shall include, but is not limited to:
21	(a) A claim against a health maintenance organization, a hospital plan corporation, a
22	nonprofit hospital, medical or dental service corporation or disability insurance policy; and
23	(b) Any amount payable by or on behalf of a self-insurer.
24	(6) The person insured by the insolvent insurer's policy may not be pursued by a third-
25	party claimant for any amount paid to the third party by which the association's obligation is
26	reduced by the application of this section.
27	(e) (b) Any person having a claim which may be recovered from under more than one
28	insurers' insolvency fund insurance guaranty association or its equivalent shall seek recovery first
29	from the fund association or its equivalent of the place of residence of the insured, except that if it
30	is a first party claim for damage to property with a permanent location he or she the person shall
31	seek recovery first from the fund association or its equivalent in the state of the location of the
32	property, if If it is a workers' compensation claim, he or she the person shall seek recovery first
33	from the fund association or its equivalent of the state of the residence of the claimant. Any
34	recovery under this chapter shall be reduced by the amount of recovery from any other another

insurance insolvency fund guaranty association or its equivalent.

27-34-14. Tax exemption. -- The fund association shall be exempt from the payment of all fees and all taxes levied by this state or any of its subdivisions; except taxes levied on real or personal property.

27-34-15. Recognition of assessments in rates. -- Recoupment of assessments . -- The rates and premiums charged for insurance policies to which this chapter section applies shall include amounts sufficient to recoup a sum equal to the amounts paid to the fund association by the member insurer less any amounts returned to the member insurer by the fund association., and those rates Rates shall not be deemed excessive because they contain an amount reasonably calculated to recoup assessments paid by the member insurer.

<u>27-34-16. Immunity. --</u> There shall be no liability on the part of, and no cause of action of any nature shall arise against, any member insurer, the <u>fund association</u> or its agents or employees, the board of directors, <u>or any persons serving as an alternate or substitute representative of any director</u>, or the commissioner or his or her <u>representative representatives</u> for any action taken or <u>not taken any failure to act</u> by them in the performance of their powers and duties under this chapter.

27-34-17. Stay of proceedings. - All proceedings in which the insolvent insurer is a party or is obligated to defend a party in any court in this state shall, subject to waiver by the association in specific cases involving covered claims, be stayed for six (6) months and any such additional time that as may be determined by the court from the date the insolvency is determined or an ancillary proceeding is instituted in this state, whichever is later, to permit proper defense by the fund association of all pending causes of action. As to any covered claims arising from a judgment under any decision, verdict, or finding, based on the default of the insolvent insurer or its failure to defend an insured, the fund either on its own behalf or on behalf of the insured may apply to have the judgment, order, decision, verdict, or finding set aside by the same court or administrator that made the judgment, order, decision, verdict, or finding, and shall be permitted to defend against the claim on the merits. The liquidator, receiver, or statutory successor of an insolvent insurer covered by this chapter shall permit access by the board or its authorized representative to any such of the insolvent insurer's records that are necessary for the board in carrying out its functions under this chapter with regard to covered claims. In addition, the liquidator, receiver, or statutory successor shall provide the board or its representative with copies of the records upon the request by the board and at the expense of the board.

<u>27-34-19. Prohibition against advertising of membership in fund. -- Prohibition</u>

<u>against advertising of membership in association. --</u>No person shall make, publish, or

2	the fund association for the purposes of sale, solicitation, or inducement to purchase any form of
3	insurance within the scope of this chapter.
4	SECTION 2. Sections 27-34-13 and 27-34-18 of the General Laws in Chapter 27-34
5	entitled "Rhode Island Insurers' Insolvency Fund" are hereby repealed.
6	27-34-13. Examination of the fund The fund shall be subject to examination and
7	regulation by the commissioner. The board of directors shall submit to the commissioner, not
8	later than March 30 of each year, a financial report for the preceding calendar year in a form
9	approved by the commissioner.
10	27-34-18. Termination and distribution of fund (a) The commissioner shall by order
11	terminate the operation of the fund as to any kind of insurance within the scope of this chapter
12	with respect to which he or she has found, after hearing, that there is in effect a statutory or
13	voluntary plan which:
14	(1) Is a permanent plan which is adequately funded or for which adequate funding is
15	provided; and
16	(2) Extends or will extend to Rhode Island policyholders and residents protection and
17	benefits with respect to insolvent insurers not substantially less favorable and effective to the
18	policyholders and residents than the protection and benefits provided with respect to the kind of
19	insurance under this chapter.
20	(b) The commissioner shall by the same order authorize the discontinuance of future
21	payments by insurers to the fund with respect to the same kinds of insurance; provided, that
22	assessments and payments shall continue, as necessary, to liquidate covered claims, and related
23	expenses, not covered by the other plan.
24	(c) In the event the operation of any account of the fund shall be terminated as to all
25	kinds of insurance within its scope, the fund as soon as possible after this shall distribute the
26	balance of monies and assets remaining in the account, after discharge of the functions of the
27	fund with respect to prior insurer insolvencies not covered by the other plan, together with related
28	expenses, to the insurers which are then writing in this state policies of the kinds of insurance in
29	the account, pro rata upon the basis of the aggregate of the payments made by the respective
30	insurers to the account during the period of five (5) years next preceding the date of the order.
31	Upon completion of the distribution with respect to all of the accounts specified in section 27-34-
32	6, this chapter shall be deemed to have expired.
33	SECTION 3. Chapter 27-34 of the General Laws entitled "Rhode Island Insurers'
34	Insolvency Fund" is hereby amended by adding thereto the following sections:

circulate, or cause to be made, published, or circulated, any statement that uses the existence of

1	27-34-10.1. Coordination among guaranty associations (a) The association may
2	join one or more organizations of other state associations of similar purposes, to further the
3	purposes and administer the powers and duties of the association. The association may designate
4	one or more of these organizations to act as a liaison for the association and, to the extent the
5	association authorizes, to bind the association in agreements or settlements with receivers of
6	insolvent insurance companies or their designated representatives.
7	(b) The association, in cooperation with other obligated or potentially obligated guaranty
8	associations, or their designated representatives, shall make all reasonable efforts to coordinate
9	and cooperate with receivers, or their designated representatives, in the most efficient and
10	uniform manner, including the use of Uniform Data Standards as promulgated or approved by the
11	National Association of Insurance Commissioners.
12	27-34-11.1. Net worth exclusion (a) For purposes of this section "high net worth
13	insured" shall mean any insured, excluding state and local governments, whose net worth exceeds
14	fifty million dollars (\$50,000,000) on December 31 of the year prior to the year in which the
15	insurer becomes an insolvent insurer; provided, that an insured's net worth on that date shall be
16	deemed to include the aggregate net worth of the insured and all of its subsidiaries and affiliates
17	as calculated on a consolidated basis.
18	(b)(1) The association shall not be obligated to pay any first-party claims by a high net
19	worth insured.
20	(2) The association shall have the right to recover from a high net worth insured all
21	amounts paid by the association to or on behalf of such insured, whether for indemnity, defense
22	or otherwise.
23	(c) The association shall not be obligated to pay any claim that would otherwise be a
24	covered claim that is an obligation to or on behalf of a person who has a net worth greater than
25	that allowed by the insurance guaranty association law of the state of residence of the claimant at
26	the time specified by that state's applicable law, and which association has denied coverage to
27	that claimant on that basis.
28	(d) The association shall establish reasonable procedures subject to the approval of the
29	commissioner for requesting financial information from insureds on a confidential basis for
30	purposes of applying this section, provided that the financial information may be shared with any
31	other association similar to the association and the liquidator for the insolvent insurer on the same
32	confidential basis. Any request to an insured seeking financial information must advise the
33	insured of the consequences of failing to provide the financial information. If an insured refuses
34	to provide the requested financial information where it is requested and available, the association

1	may, until such time as the information is provided, provisionally deem the insured to be a night
2	net worth insured for the purpose of denying a claim under subsection (b) of this section.
3	(e) In any lawsuit contesting the applicability of this section where the insured has
4	refused to provide financial information under the procedure established pursuant to subsection
5	(d) of this section, the insured shall bear the burden of proof concerning its net worth at the
6	relevant time. If the insured fails to prove that its net worth at the relevant time was less than the
7	applicable amount, the court shall award the association its full costs, expenses and reasonable
8	attorneys' fees in contesting the claim.
9	27-34-12.1. Prevention of insolvencies To aid in the detection and prevention of
10	insurer insolvencies:
11	(1) The board of directors may, upon majority vote, make recommendations to the
12	commissioner on matters generally related to improving or enhancing regulation for solvency.
13	(2) At the conclusion of any domestic insurer insolvency in which the association was
14	obligated to pay covered claims, the board of directors may, upon majority vote, prepare a report
15	on the history and causes of the insolvency, based on the information available to the association
16	and submit the report to the commissioner.
17	(3) Reports and recommendations provided under this section shall not be considered
18	public documents.
19	SECTION 4. This act shall take effect upon passage.
	====== LC01952
	LC01732

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE

This act would rename the Rhode Island Insurers Insolvency Fund the Rhode Island
Property and Casualty Insurance Guaranty Association and would amend the chapter to bring it
into compliance with the current NAIC model act upon which the statute is based.

This act would take effect upon passage.

LC01952