

LINE OF BUSINESS: Auto Liability  
Auto Physical Damage

Code: 19.0000

LINE(S) OF INSURANCE	CODES
<u>Private Passenger Auto (PPA)</u>	<u>19.1001</u>
<u>Motorcycle</u>	<u>19.0002</u>
<u>Recreational Vehicle (RV)</u>	<u>19.0003</u>
<u>Other</u>	<u>19.0004</u>

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

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Updated 9/11/2018

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>	<b>W.S. 26-15-110 &amp; Regulation-Chapter 11</b>	Prior approval required. A filing can only be made by the insurance company themselves or a registered advisory organization. No form is considered filed in accordance with law by a reference to some other approved form of another insurer (no "me-too" filings) or an advisory organization. All form filings must be complete in and of themselves.
COPIES, RETURN ENVELOPES, ETC	<b>Wyoming Uniform Filing Procedure</b>	Paper Filings must be sent in duplicate and have a self-addressed, postage paid return envelope.
COVER LETTER AND EXPLANATORY MEMORANDUM	<b>Wyoming Uniform Filing Procedure</b>	Paper Filings must contain the company's name, address, NAIC number, company phone number and contain the name of the individual responsible for the preparation of the filing. All Filings must contain a separate itemized listing of each policy form and endorsement including form number. Filings must also contain a certification of compliance signed by an officer of the company, attorney or actuary.
EFFECTIVE DATE WORDING	<b>W.S. 26-15-110 (b)</b>	Any filing shall be made not less than forty-five (45) days in advance of any delivery. At the expiration of forty-five (45) days the form filed is approved unless affirmatively approved or disapproved by the commissioner's order. Approval of any form by the commissioner constitutes a waiver of any unexpired portion of the waiting period. Upon Approval effective dates are acceptable.
NAIC #	<b>Wyoming Uniform Filing Procedure</b>	All Filings shall contain the NAIC number.
THIRD PARTY FILERS AUTHORITY	<b>Regulation-Chapter 11</b>  <b>W.S. 26-15-110</b>	A letter of authorization from the Company on whose behalf the forms are being filed must be attached. It is our understanding that is a requirement of SERFF that a 3 <sup>rd</sup> Party Filer account be used for these filings. 3 <sup>rd</sup> Party Filings are accepted with proper authorization. 3 <sup>rd</sup> party filing is not defined in our statutes but is identified as the administrative filing of forms. A 3 <sup>rd</sup> party filer would not prepare or consult on these forms which are identified in our statutes as activities of an advisory organization. W.S. 26-15-110 and Regulation Chapter 11 outline statutory filing requirements. Additionally 26-14-103 defines advisory organization and 26-14-109 outlines their authority.

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<b>FORMS—POLICY PROVISIONS</b>		
AMBIGUOUS & MISLEADING	<b>W.S. 26-15-111</b>	Provides for disapproval of any forms containing any inconsistent, ambiguous or misleading clauses, or exceptions and conditions which deceptively affect the risk purported to be assumed in the general coverage of the contract;
APPLICATIONS	<b>W.S. 26-15-110</b>	If written application is required and made part of the policy; the form shall not be delivered without prior approval.
APPRAISALS	<b>Policy Language</b>	Standard policy language would govern.
ARBITRATION	<b>Wyo. Constitution Article 19, Section 8</b>	<p>"The legislature may provide by law for the voluntary submission of differences to arbitrators for determination and said arbitrators shall have such powers and duties as may be prescribed by law; but they shall have no power to render judgment to be obligatory on parties; unless they voluntarily submit their matters of difference and agree to abide the judgment of such arbitrators."</p> <p>In is the Department's Policy that in no instance shall any insurance coverage circulated within the State of Wyoming contain a mandatory arbitration clause by which the insured is required to arbitrate an insurance claim in the event of disagreement with the insurer, nor shall any such clause require that the results of arbitration are binding on the parties without the right of appeal unless the parties themselves agree to be so bound by a separate agreement. Any arbitration proceedings shall be conducted within the state of Wyoming.</p> <p>Also see further clarification pertaining to UM coverages.</p>
BANKRUPTCY PROVISIONS	<b>Policy Language</b>	Bankruptcy does not affect an existing claim or policy condition.
CANCELLATION & NON-RENEWAL	<b>Regulation-Chapter 14</b>	Provides reason, notice requirements and conditions under which a policy can be canceled or non-renewed.
Calculation of Unearned/Return Premium	<b>W.S. 26-35-102</b>	Any insurer who cancels a policy of insurance in accordance with this chapter shall, prior to cancellation, refund any unearned premium to the policyholder.
Notice of Cancellation	<b>Regulation-Chapter 14, Section 4</b>	For policies in effect less than 60 days, at least 10 days prior notice is required. For cancellation for reasons in Section 3, 20 days prior notice is required except for nonpayment of premium in which 10 days prior notice is required.
Notice of Non-renewal	<b>Regulation-Chapter 14, Section 5</b>	If a policy is non-renewed; 30 days prior notice is required except for non-payment of premium.
Notice of Assigned Risk Plan	<b>Regulation-Chapter 14, Section 6</b>	Except of nonpayment of premium, when automobile liability coverage is either canceled or non-renewed by an insurer, the insurer shall notify the policyholder of his possible eligibility for automobile insurance through the automobile assigned risk plan or Wyoming automobile insurance plan.
Permissible Reasons for Cancellation	<b>Regulation-Chapter 14, Section 3</b>	Permissible reasons for cancellation include: i.) Nonpayment, ii.) Revocation of operator's driver's license with refusal of excluded driver condition, iii.) Fraud by the applicant on the application, iv.) Any reason determined appropriate by the commissioner after hearing.

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Return Premium	<p><b>W.S. 26-35-102</b></p> <p><b>W.S. 26-23-103</b></p>	<p>Any insurer who cancels a policy of insurance in accordance with this chapter shall, prior to cancellation, refund any unearned premium to the policyholder.</p> <p>If the insured property is totally destroyed and the total amount of loss is less than the total amount insured thereon as to the hazard causing the loss, the insurer shall return to the insured at the time of payment of the loss the amount of premiums paid under the policy then in force for the excess of insurance over the fair value of the property at the time of the loss. This section does not apply to insurance of replacement value.</p>
Unfair Discrimination	<b>Regulation-Chapter 33</b>	The following are hereby identified as acts or practices which constitute unfair discrimination between individuals or risks of the same class and essentially the same hazard: (a) Refusing to issue, refusing to renew, cancelling, mandating increased deductibles or limiting the amount of insurance coverage on a property or casualty risk, by whatever means direct or indirect, because of the geographic location of the risk, unless: (i) The refusal, cancellation, increased deductible or limitation is for a business purpose which is not a mere pretext for unfair discrimination, or (ii) The refusal, cancellation, increased deductible or limitation is required by law or regulatory mandate.
CERTIFICATIONS	<a href="#"><u>Dept. Memo: Certificates of Insurance</u></a>	Clarifies the authorized use and requirements of Certificates of Insurance and outlines specific language requirements.
CLAIMS MADE	<b>Department policy</b>	To lessen the gaps of insurance, it is the position of the Department that claims made policies offer the availability of an unlimited extended reporting period.
CONSUMER INFORMATION	<p><b>Regulation-Chapter 54</b></p> <p><b>Regulation-Chapter 55</b></p>	<p>Wyoming Regulation Chapter 54 governs the treatment of Consumers' nonpublic personal health information and nonpublic personal financial information.</p> <p>Wyoming Regulation Chapter 55 outlines the standards to safeguard and protect Consumer Information.</p>
Credit Scoring Notice	<b>W.S. 26-2-134</b>	<p>The commissioner is authorized to adopt rules as necessary to govern the practices of all persons licensed under this code with respect to the use of credit scoring in the underwriting of personal lines, motor vehicles and homeowner policies. The rules shall provide:</p> <p>(i) That a person's credit history or scoring shall not be the sole basis to cancel, deny or non-renew an insurance policy. An insurer may use credit history only in combination with other valid underwriting factors independent of credit history or score;</p> <p>(ii) That an insurer shall provide notice to the person when credit scoring is being used to underwrite a policy and when use of credit scoring is adverse to the person;</p> <p>(iii) That the consumer is adequately protected against unfair discrimination in the use of credit scoring to underwrite policies.</p>
CONTENT OF POLICIES	<b>W.S. 26-15-113</b>	Any policy shall specify: The names of the parties to the contract; the subject of insurance, the risks insured against, the policy period, the premium, and the conditions of insurance
DECLARATIONS PAGE	<b>W.S. 26-15-110</b>	The Declaration page is considered a policy form and must be submitted for prior approval pursuant to 26-15-110.
DEFENSE WITHIN LIMITS	<b>W.S. 31-9-405(b)(ii)</b>	W.S. 31-9-405(b)(ii) states that the limit of liability shall not be reduced by "interest and costs". Therefore, Defense costs within limits are not permitted.

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
DISCLOSURES	<b>W.S. 26-3-131</b>	Disclosure of loss information: An Insurer shall provide loss information described in this Article within 30 days of the named insured's written request.
DISCRIMINATION	<b>W.S. 26-13-112(c)</b>	No insurer shall make or permit any unfair discrimination between insureds or property having like insuring or risk characteristics, in the premium or rates charged for insurance, in the dividends or other benefits payable on the insurance or in any other of the terms and conditions of the insurance.
DUTY TO DEFEND	<b>Department Policy</b>	It is this department's position that if a company assumes the right to defend, it also has the duty to defend.
EXCLUDED DRIVER	<b>W.S. 26-35-105 &amp; W.S. 31-9-405(b)(ii)</b>	Statutory authority to use a driver exclusion endorsement.
FICTITIOUS GROUPS	<b>W.S. 26-13-122</b>	No authorized or unauthorized insurer shall make available, through any rating plan or form, property, casualty or surety insurance to any firm, corporation or association of individuals at any preferred rate or premium based upon any fictitious grouping of the firm, corporation or association.
FORMS MISCELLANEOUS	<b>W.S. 26-15-126</b>	The Insurer shall furnish to the person forms of proof of loss to be completed. Time requirements for the insured to provide the proof of loss should begin with "x" days of Insurer providing the form to the insured. Hawkeye--Security Ins. Co. v. Apodaca, 524 P.2d 874, 1974 Wyo. LEXIS 221 (Wyo. 1974).
GUEST PASSENGER LIABILITY	<b>W.S. 31-9-405</b>	The Wyoming financial responsibility laws require liability coverage up to the State minimum limits of 25/50/20.
LIABILITY- OTHER INSURANCE CLAUSE	<b>W.S. 31-9-405</b>	Liability coverage is primary to the automobile, at least to the Financial Responsibility limits of 25/50/20.
LIMITS	<b>W.S. 31-9-405</b>	Mandatory 25/50/20 Limits – Definition of Liability Policy – Informational Purposes.
Household Exclusion - Liability	<b>Wyo. Ins. Dept. vs. Allstate Insurance Co., 671P.2d810 (Wyo.) 1983</b>	Household exclusion was rendered void and of no effect by the Wyoming Supreme Court. Coverage can be limited to the Financial Responsibility Limits of 25/50/20. Inter/Intra family suits are permissible.
Injury to Fellow Employee	<b>Regulation- Chapter 24</b>	Consistent with the Wyoming Safety Responsibility Act, any private passenger automobile policy which provides Bodily Injury Liability coverage may not exclude the named insured from such coverage for bodily injury to a fellow employee of the named insured injured in the course of such employment in a business other than the automobile business and arising out of the use by the named insured of: (a) The owned motor vehicle, or (b) A non-owned private passenger or utility automobile the use of which is otherwise covered by the policy. Liability coverage may be excluded from the above described situations for those injuries which are required to be compensated, under any Workmen's Compensation Law.
LOSS SETTLEMENTS	<b>W.S. 26-15-124(b)</b>	Claims for benefits under a property or casualty insurance policy shall be rejected or accepted and paid by the insurer or its agent designated to receive those claims within forty-five (45) days after receipt of the claim and supporting bills. Payment cannot be contingent upon agreement, appraisal or judgment.
Appraisal	<b>Policy Language</b>	Standard policy language would govern.
Action Against Company	<b>W.S. 26-15-134</b>  <b>W.S. 1-3-105</b>	Suit upon causes of action arising within this state against an insurer over an insurance contract shall be brought in the county where the cause of action arose or in the county where the policyholder instituting the action resides.  W.S. 1-3-105 establishes the statute of limitation for bringing an action under a contract.

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After Market Parts	<b>Regulation-Chapter 19</b>	Definitions and Directives – No Insurer shall directly or indirectly require the use of or accept any estimate utilizing non-original equipment manufacturer parts without written consent and disclosure of qualifying parts.
Arbitration	<b>Wyo. Constitution Article 19, Section 8</b>	<p>"The legislature may provide by law for the voluntary submission of differences to arbitrators for determination and said arbitrators shall have such powers and duties as may be prescribed by law; but they shall have no power to render judgment to be obligatory on parties; unless they voluntarily submit their matters of difference and agree to abide the judgment of such arbitrators."</p> <p>It is the Department's policy that in no instance shall any insurance coverage circulated within the State of Wyoming contain a mandatory arbitration clause by which the insured is required to arbitrate an insurance claim in the event of disagreement with the insurer, nor shall any such clause require that the results of arbitration are binding on the parties without the right of appeal unless the parties themselves agree to be so bound by a separate agreement. Any arbitration proceedings shall be conducted within the state of Wyoming.</p> <p>Also see further clarification pertaining to UM coverages.</p>
Deductibles	<b>W.S. 26-13-113</b>	See subrogation section below. Additionally if two (2) or more companies arbitrate a settlement, the deductible shall not be abridged.
Defense	<b>Settlement agreement in ISO v Wyoming Ins. Department, First Judicial Dist. Ct., Laramie County, WY, Docket 104-443 (1984)</b>	Mutual Release and Settlement Agreement provides in part that a company cannot tender their limits and walks. The following statement must be added: "The tender of policy limits before judgment or settlement does not relieve us of our duty to defend."
Loss Valuation	<b>Policy Language</b>	Standard policy language would govern.
Proof of Loss	<b>W.S. 26-15-126</b>	An insurer, upon written request of any person claiming to have a loss under an insurance contract issued by that insurer, shall furnish forms of proof of loss for completion by the person. Any time requirement for submission of proof of loss shall begin after providing the requested forms.
Appraisal	<b>Policy Language</b>	Standard policy language would govern.
PAYMENT OF LOSS TIME PERIOD	<b>W.S. 26-15-124(b)</b>	Payment must be made within forty-five (45) days of receipt of the claim and supporting bills. Payment cannot be contingent upon agreement, judgment, appraisal, etc.
MEDICAL PAYMENTS	<b>W.S. 26-18-121(d)</b>	Health Insurance policies can be excess to an auto policy thereby making the auto coverage primary.
MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)	<b>W.S. 26-15-113</b>	Any policy shall specify: The names of the parties to the contract; the subject of insurance, the risks insured against, the policy period, the premium, and the conditions of insurance
OVERINSURANCE	<b>W.S. 26-23-101</b>	No person shall buy insurance on property within this state for an amount which, together with any existing insurance, exceeds the fair value of the property or of the interest of the insured therein. This provision does not apply as to insurance of replacement value.

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PERMISSIBLE DRIVER	<b>W.S. 31-9-405(b)(ii)</b>	An owner's policy of liability insurance shall insure the person named and, except for persons specifically excluded pursuant to W.S. 26-35-105, any other person, as insured, using any covered motor vehicle with the express or implied permission of the named insured against loss from the liability imposed by law for damages arising out of the ownership, maintenance or use of the motor vehicle within the United States of America or the Dominion of Canada, subject to limits exclusive of interest and costs with respect to each motor vehicle, as follows: twenty-five thousand dollars (\$25,000.00) because of bodily injury to or death of one (1) person in any one (1) accident and, subject to the limit for one (1) person, fifty thousand dollars (\$50,000.00) because of bodily injury to or death of two (2) or more persons in any one (1) accident and twenty thousand dollars (\$20,000.00) because of injury to or destruction of property of others in any one (1) accident.
POLICY FEE	<b>W.S. 26-15-113 &amp; Regulation-Chapter 31</b>	W.S. 26-15-113 states any policy shall specify the amount of premium. Under 26-1-102, the definition of premium includes policy fees and is further clarified in Regulation Chapter 31.
PREMIUM REFUND	<b>W.S. 26-35-102</b>	Any insurer who cancels a policy of insurance in accordance with this chapter shall, prior to cancellation, refund any unearned premium to the policyholder.
PRIMARY/UNDERLYING COVERAGE	<b>W.S. 31-9-405</b>	Liability coverage is primary to the automobile, at least to the Financial Responsibility limits of 25/50/20.
PRIOR APPROVAL	<b>W.S. 26-15-110</b>	Prior approval required.
PUNITIVE DAMAGES	<b>Docket No. 92-09</b>	Exclusions for punitive damages under automobile liability policies do not violate the Wyoming Financial Responsibility Law, W.S. 31-9-405 or any other relevant principle of public policy.
REBATES	<b>W.S. 26-13-112</b>	No property, casualty or surety insurer or any employee or representative thereof, and no broker or agent shall pay, allow or give, or offer to pay, allow or give, in any manner, as an inducement to insurance, or after insurance has been effected, any valuable consideration or inducement of any kind not specified or provided for in the policy, except to the extent provided for in an applicable filing with the commissioner as provided by law. No insurer shall make or permit any unfair discrimination between insureds or property having like insuring or risk characteristics, in the premium or rates charged for insurance, in the dividends or other benefits payable on the insurance or in any other of the terms and conditions of the insurance.
SUBROGATION	<b>W.S. 26-13-113</b>	If an insurer pays a loss claim to its insured and the insurer decides to subrogate to the insured's loss claim, the deductible amount shall be included in the subrogated loss claim and the insurance carrier shall pay the deductible amount to its insured, without any deduction for expenses of collection, out of any recovery on the subrogated claim, before any part of the recovery is applied to any other use. If the amount of the deductible exceeds the recovery, the insurer shall pay only the amount of the recovery to the insured.
Suit	<b>W.S. 26-15-134</b>	Suit upon causes of action arising within this state against an insurer over an insurance contract shall be brought in the county where the cause of action arose or in the county where the policyholder instituting the action resides.

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UNINSURED MOTORISTS	<b>Regulation-Chapter 23</b>	
Other Insurance Clause	<b>Section 4</b>	In all instances where the insured holds more than one policy of uninsured motorists insurance or is entitled to recover under more than one policy of uninsured motorists insurance, for which separate premiums have been paid, the extent of this coverage will be the combined coverages under all policies, and actual damages sustained by the insured will be recoverable to the full extent of the combined limits of all such policies. Such recovery, however, will not exceed the minimum requirements for coverage under Section 31-9-102 - W.S. 1977, as to all other policies except the primary policy. The primary policy shall be construed to mean that policy which provides the coverage for the insured automobile involved in the accident.
a. Reduction of Uninsured Motorists Coverage by Sums Paid Under Automobile Medical Coverage, Bodily Injury Coverage, and Workmen's Compensation	<b>Section 5</b>	In no instance shall the benefits payable under uninsured motorists coverage be reduced on account of payments made under any other section of the policy, including, but not limited to, sums paid under automobile medical coverage and bodily injury liability coverage, where actual damages exceed the policy limits of the uninsured motorists coverage. Only when total proven or undisputed damages incurred by the insured do not exceed the policy limits of the uninsured motorists coverage may payments made under other provisions of the policy be used to reduce uninsured motorist benefits. In no instance shall the benefits payable under uninsured motorists coverage be reduced by amounts paid under Workmen's Compensation legislation.
b. Hit and Run	<b>Section 6</b>	(a) In no instance shall uninsured motorist endorsements which provide coverage against bodily injury inflicted by a hit-and-run motorist restrict such coverage to injuries which result from actual physical contact with the hit-and-run vehicle. (b) Any language which requires the insured to report a hit-and-run accident to a police officer or the Department of Motor Vehicles within 24 hours after the occurrence of the accident shall be amended to read "within 24 hours after the occurrence of the accident or as soon thereafter as is practicable under the circumstances." (c) Any language which requires the insured to file with the insurer a statement or oath within 30 days after the accident shall have been reported shall be amended to read "and at the request of the insurer shall have filed a statement of oath within 30 days after request for the same is made."
c. Defining an uninsured automobile	<b>Section 7</b>	(a) All uninsured motorist coverages must delete from policy forms circulated within the State of Wyoming any language which excludes from the definition of an uninsured automobile any motor vehicle owned by a state or local governmental agency and any federal vehicle where its use is unauthorized. (b) Any uninsured motorists coverage circulated within the State of Wyoming which excludes from the definition of an uninsured automobile any land motor vehicle or trailer while located for use as a residence or premises shall be amended to read "This exclusion shall not apply to mobile recreational vehicles while being used for normal and ordinary purposes."
d. Consent to Sue	<b>Section 8</b>	In no instance shall any uninsured motorists coverage circulated within the State of Wyoming contain any policy language which forbids the insured to prosecute an action against an uninsured motorist without the written consent of the insurer. The insurer, however, shall be entitled to a copy of the complaint and summons forthwith in the event the insured decides to initiate a lawsuit.



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RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS	W.S. 26-14-107	Personal Auto/Motorcycle/Recreational Vehicle are considered competitive lines of insurance – Rates/Rules only have to be available upon the Commissioner’s request. General rating standards maybe found under W.S. 26-14-105
CREDIT SCORING AND REPORTS	W.S. 26-2-134	<p>The commissioner is authorized to adopt rules as necessary to govern the practices of all persons licensed under this code with respect to the use of credit scoring in the underwriting of personal lines, motor vehicles and homeowner policies. The rules shall provide:</p> <ul style="list-style-type: none"> <li>(i) That a person’s credit history or scoring shall not be the sole basis to cancel, deny or non-renew an insurance policy. An insurer may use credit history only in combination with other valid underwriting factors independent of credit history or score;</li> <li>(ii) That an insurer shall provide notice to the person when credit scoring is being used to underwrite a policy and when use of credit scoring is adverse to the person;</li> <li>(iii) That the consumer is adequately protected against unfair discrimination in the use of credit scoring to underwrite policies.</li> </ul>
DISCOUNTS	W.S. 26-14-105(c)	Any policy for a private passenger automobile liability policy or collision policy or both shall provide a discount of not less than 10% for: any insured at least 55 years of age or any insured who successfully completes an approved accident prevention course at least every two (2) years and presents a certificate of completion.