

**CHAPTER 129. SUPPLEMENTAL AND INCOMPLETE  
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**Authority**

The provisions of this Chapter 129 issued under section 1501 of The Administrative Code of 1929 (71 P. S. § 1411); and section 13 of The Casualty and Surety Rate Regulatory Act (40 P. S. § 1193), unless otherwise noted.

**Source**

The provisions of this Chapter 129 adopted January 22, 1971, effective January 13, 1971, 1 Pa.B. 853 and February 12, 1971, effective February 8, 1971, 1 Pa.B. 942, unless otherwise noted.

**SUPPLEMENTARY INFORMATION****§ 129.1. Information to be filed.**

(a) The rate filings for all lines of personal insurance, such as homeowner, automobile, dwelling, fire and to the extent relative, Blue Cross and Blue Shield rate filings, shall, if the filing affects 5% or more of the market for that particular line of insurance in this Commonwealth, include the following information:

(1) Whether deductible coverage is to be offered, whether higher deductibles are feasible, and what steps will be taken to facilitate the selling of deductibles by agents and brokers.

(2) Steps being taken to modernize and update coverage. For example, whether medical payments protection in an auto policy will be offered in amounts exceeding \$5,000, or only up to \$5,000, the usual amount now available. Also, what consideration has been given to otherwise updating the scope of protection.

(3) Steps being taken to provide prompt and equitable claims settlements. For example, to what extent advance payments are utilized in automobile liability coverage, what limitations apply to the making of the payments, and what percentage of claims are settled in this manner. Also, company policy on time period to acknowledge or answer inquiries relating to claims.

(4) Whether nature of loss prevention programs are being utilized and planned, including information and statistics on successful as well as unsuccessful

cessful programs. For example, revisions necessary to make safe driver insurance plans equitable and useful. Also, what steps are being taken to educate the public regarding the causes of accidents and to promote public action to seek solutions.

(5) The extent to which the particular rating structure of the company appropriately exerts leverage to discourage unsafe conditions and products and unreasonably fragile products, such as damage-prone automobiles. Also, other ways in which the leverage of rates might be utilized to promote safety.

(6) All steps being taken by the insurer in addition to compliance with act of June 5, 1968 (P. L. 140, No. 78) (40 P. S. §§ 1008.1—1008.11) regarding automobile insurance, to prevent arbitrary cancellations, nonrenewals and refusals to write in all personal lines of insurance.

(7) The intended and actual impact of prior rate increases in eliminating restrictive and discriminatory underwriting practices, and the likely impact of the requested increases on existing practices as evidenced by company manuals and other available evidence.

(8) The extent to which the company has initiated agency terminations, plans for the rehabilitation of agents and the expansion of its agency forces.

(9) Other appropriate steps being considered or proposed to lower costs and increase the quality of service.

(b) Subsequent to the initial filing for a particular line of insurance, which filing shall include the information required by subsection (a)(1) and (2), additional filings for the same line made within 1 year of the initial filing need not include the information unless changes in coverage have occurred.

### INCOMPLETE RATE FILINGS

#### § 129.11. Additional information.

If, within the first 30 days following the receipt of a rate filing, the Department finds that without additional information it is unable to determine whether the filing meets the requirements of the applicable rate regulatory act, the insurer will be requested to submit the additional information within 30 days from the date of the request. Upon receipt of the information, the rate filing will be reviewed by the Department within the number of days which remain in the initial 30-day waiting period. In addition thereto, the Department may, by written notice, extend the initial 30-day waiting period for an additional period which will not exceed 30 days, in accordance with the provisions of the Fire, Marine and Inland Marine Rate Regulatory Act (40 P. S. §§ 1221—1238) and the Casualty and Surety Rate Regulatory Act (40 P. S. §§ 1181—1199).

**Notes of Decisions**

A Department letter in which it is stated that the Department has questions, comments, or requests which must be addressed in order to continue its review cannot be considered a request for additional information so as to trigger a deemed withdrawal. The Department's subsequent failure to timely disapprove a rate filing resulted in its deemed approval. *Nationwide Mutual Insurance Co. v. Insurance Department*, 583 A.2d 507 (Pa. Cmwlth. 1990).

**§ 129.12. Failure to provide information.**

If the company fails to provide the Department with the requested information within 30 days from the date of the request or fails to offer a satisfactory written explanation as to why the information was not made available, the captioned filing will be deemed to have been withdrawn and the company will be so notified.

**Notes of Decisions***Deemed Approval*

A Department letter in which it is stated that the Department has questions, comments, or requests which must be addressed in order to continue its review cannot be considered a request for additional information so as to trigger a deemed withdrawal. The Department's subsequent failure to timely disapprove a rate filing resulted in its deemed approval. *Nationwide Mutual Insurance Co. v. Insurance Department*, 583 A.2d 507 (Pa. Cmwlth. 1990).

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