CR82-54

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STATE OF WISCONSIN

ss.

OFFICE OF THE COMMISSIONER OF INSURANCE)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Susan Mitchell, Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order adopting a rule relating to filing of property and casualty insurance forms was issued by this office May 17, 1982.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name in the City of Madison, State of Wisconsin, this 17th day of May, 1982.

Susan Mitchell

Commissioner of Insurance

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STATE OF WISCONSIN RECEIVED AND FILED

MAY 17 1982

VEL PHILLIPS SECRETARY OF STATE

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MAY 18 1982

Revisor of Statutes Bureau

ORDER OF THE COMMISSIONER OF INSURANCE

AMENDING A RULE

Creating Ins 6.05 (4) (c) and (d) relating to filing of property and casualty insurance forms.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

This proposal amends Ins 6.05 to require that property and casualty insurance form filings include a certificate of compliance and a final printed copy of the form. The certificate is the insurer's confirmation that the form filing is in compliance with Wisconsin Statutes and Administrative Code. The requirement that the filing be accompanied by a final printed copy of the form will eliminate unnecessary filing of draft copies. This rule interprets and implements S. 631.20, Stats.

Pursuant to the authority vested in the Commissioner of Insurance by section 601.41 (3), Stats., the Commissioner of Insurance hereby amends a rule interpreting and implementing s. 631.20, Stats., as follows:

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SECRETARY OF STATE

SECTION 1. Ins 6.05 (4) (c) and (d) are created to read:

- (c) Additional Filings. The filings required under pars. (a) and (b) shall be accompanied by: 1. A certificate of compliance in a form substantially similar to that set forth in par. (d).
- 2. A final printed copy of the form or typed facsimile exactly as it will be offered for issuance or delivery in the State of Wisconsin after approval by the commissioner, except for hypothetical data and other appropriate variable material.

(d) Certification of Compliance.

CERTIFICATION OF COMPLIANCE

	Ι,				, an office	er	
		name)					
o f		, hereby	certify	that I	have author	ority to	bind
and	(company name) obligate the company	by filing	of this	form.	I further	certify	that,
to	the best of my inform	ation, know	wledge an	nd belie	ef:		

- 1. The accompanying form as identified by the attached listing complies with all applicable provisions of the Wisconsin Statutes and with all applicable rules of the Commissioner of Insurance; and
- 2.a. The form does not contain any inconsistent, ambiguous, or misleading clauses;
- b. The form does not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form;
- c. If the attached form is substantially similar to a standard basic policy form or standard endorsement or supercedes a form currently on file for this company with the Commissioner of Insurance, any variations from such standard or superceded form are clearly marked or otherwise indicated on the form or in an addendum attached thereto; and

d. The attached form is in final printed format or typed
facsimile and is exactly as will be offered for issuance or delivery in
the State of Wisconsin after approval by the Commissioner of Insurance,
except for hypothetical data and other appropriate variable material.
(signature)
(title)
(date)
Individual responsible for this filing:
Name: Title:
Address:
Phone Number: Date:
EFFECTIVE DATE. As provided in s. 227.028 (1), (intro.), this
rule shall take effect on the first day of the month following its
publication.
Dated at Madison, Wisconsin, this 17th day of May, 1982.
Susan Mitchell Commissioner of Insurance