

COMMISSIONER OF INSURANCE

63

Ins 3

(4) **STANDARD POLICY.** The requirements of s. Ins 6.76 shall apply to any multiple peril insurance contract which includes insurance against loss or damage by fire.

**History:** Cr. Register, July, 1958, No. 31, eff. 8-1-58; am. (3) (a), Register, November, 1960, No. 59, eff. 12-1-60; emerg. am. (1), (2), (3) (a) and (4), eff. 6-22-76; am. (1), (2), (3) (a) and (4), Register, September, 1976, No. 249, eff. 10-1-76; am. (1) (a) and (b), (2) and (4), Register, March, 1979, No. 279, eff. 4-1-79.

**Ins 3.12 Filing procedures for disability insurance forms. (1) PURPOSE.** This rule establishes a procedure under which disability insurance policy forms must be filed before issuance or delivery in this state. This rule interprets, including but not limited to, the following Wisconsin Statutes: 601.01 (3), 601.41 and 631.20.

(2) **SCOPE.** This rule shall apply to all disability insurance forms subject to s. 631.01 (1), Stats., except as exempted under s. 631.01 (2), (4) and (5), Stats.

(3) **FILING PROCEDURE.** All such forms, including applications which are made a part of the contract, certificates, riders, endorsements and amendments, must be filed as follows:

(a) One copy of all such forms (2 copies should be submitted if the insurer desires one copy stamped as approved and returned) shall be submitted with, in the case of a policy form, a copy of the application applying thereto, if such application is to be made a part of the contract. If such application form is already on file and has been previously approved, the form number and date of approval may be submitted rather than the form.

(b) If the nature of the information to be inserted in any blank space of any such form cannot be determined from the wording of the form, such blank space shall be filled in with hypothetical data to the extent needed to indicate the purpose and use of the form. As an alternative, such purpose and use may be explained in the filing letter submitted with the form.

(c) The filing letter shall be in duplicate and shall contain the following information:

1. The identifying form number and title, if any, of the form,
2. A general description of the form,
3. In case of an application, certificate, rider, endorsement or an amendment form, the form numbers, identifying symbols or types of policies with which such forms will be used, and
4. The form number and date of office approval of any form superseded by the filing.

(d) A certificate of compliance in a form substantially similar to that set forth in Exhibit A of this rule shall be submitted.

EXHIBIT A

(Each policy form filing under Ins 3.12 shall be accompanied by the following "Certification of Compliance" in substantially this form.)

CERTIFICATION OF COMPLIANCE

I, \_\_\_\_\_, an officer of \_\_\_\_\_ (name) \_\_\_\_\_, hereby certify that I have authority \_\_\_\_\_ (company name)

to bind and obligate the company by filing of this (these) form(s). I further certify that, to the best of my information, knowledge and belief,

(a) The accompanying form(s) as identified by the listing attached hereto does (do) comply with all applicable provisions of the Wisconsin Statutes and with all applicable rules of the Commissioner of Insurance; and

(b) (1) The form(s) does (do) not contain any inconsistent, ambiguous, or misleading clauses;

(2) The form(s) does (do) not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);

(3) The only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the respective pages \_\_\_\_\_ of the attached form(s) or in addendum attached thereto; and

(4) The attached form(s) is (are) in final printed format and is (are) 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 \_\_\_\_\_

History: Cr. Register, January, 1980, No. 289, eff. 2-1-80.

Ins 3.13 Individual accident and sickness insurance. (1) PURPOSE. This section implements and interprets applicable statutes for the purpose of establishing procedures and requirements to expedite the review and approval of individual accident and sickness policies permitted by s. Ins 6.75 (1) (c) or (2) (c), and franchise type accident and sickness policies permitted by s. 600.03 (22), Stats. and s. Ins 6.75 (1) (c) and (2) (c). The requirements in subs. (2), (3), (4), (5), and (6) are to be followed in substance, and wording other than that described may be used provided it is not less favorable to the insured or beneficiary.