

A. Assigned Risk Producer Responsibilities

In order to successfully perform their MAIP obligations and submit private passenger motor vehicle insurance business for assignment to an Assigned Risk Company (ARC), producers are responsible for meeting the following requirements. For more specific information relative to ARP certification requirements and other producer responsibilities, reference Rule 31 – Assigned Risk Producer Requirements of CAR’s Rules of Operation.

1. Assigned Risk Producer Certification Requirements

In order to obtain access to the online MAIP Policy Application for the purpose of placing business through the MAIP, a producer must meet the following requirements and become certified as an Assigned Risk Producer (ARP). Any producer that fails to complete these requirements will not be certified as an ARP and will be prohibited from placing business through the MAIP.

- a. The producer must have electronic access to the MAIP and the Registry of Motor Vehicles (RMV).
- b. Within the preceding 12-month period, the producer must have worked for a minimum of 6 months with a producer licensed by the Division of Insurance, or with a Massachusetts motor vehicle insurer, during which time the applicant's efforts were primarily devoted to the Massachusetts motor vehicle insurance market.
- c. In satisfying the above criteria, the producer must conclusively show that he:
 - (1) is applying in good faith,
 - (2) will operate from an established location properly equipped to meet producer certification requirements,
 - (3) will maintain regular business hours,
 - (4) has not been convicted of a crime related to his occupation as an insurance producer,
 - (5) has not had his license to engage as an insurance producer revoked or suspended,

- (6) has not been involved in a material and substantial breach of a contract between an ARC and a producer,
- (7) is not in default in the remittance of any motor vehicle premiums due,
- (8) agrees to notify CAR of an agreement to sell the agency and/or merge with another agency 15 days in advance of the proposed closing of any such sale or merger,
- (9) agrees to comply with the provisions of CAR's Plan and Rules of Operation, the Assigned Risk Producer Procedures Manual, MAIP certification requirements, and the applicable regulations of the Division of Insurance, and
- (10) has not had his certification revoked in accordance with Rule 31 – Assigned Risk Producer Requirements of CAR's Rules of Operation, the revocation not having been reversed by CAR's Governing Committee, the Division of Insurance or a court of competent jurisdiction.

2. Agency Action Requirements – Fraud Recognition and Claims Reporting Training

Producers and their employees that wish to have access to the online MAIP Policy Application or who are involved in point of sale activities relative to private passenger residual market business are required to receive training on claims reporting and fraud recognition. This requirement applies to all licensed and unlicensed employees and all employees of an out-of-state agency who process Massachusetts private passenger policies or claims. Captive agents and employees of direct writing companies are also subject to this requirement. For new ARPs, training must be completed within six months of certification and new agency employees are required to receive training within six months of hire. Any fraud training program that receives three CEU credits from the Massachusetts Division of Insurance will satisfy this requirement. Additional information regarding approved online fraud training courses may be found on the MAIP Producer page of CAR's website, under Training.

3. Documentation Requirements

In order to place business through MAIP, producers are required to provide CAR with the following documentation:

a. Application for Assigned Risk Producer Certification

All agencies must provide CAR with specific agency information including agency name, business address of primary office location, address information of all additional office locations, primary agency email contact address, employee information as well as all other information requested on the Application for Assigned Risk Producer Certification Form (refer to Exhibit II-A-1).

This form can be found on the MAIP Producer page of CAR's website, under Forms. The forms may be completed online but must be printed using a local printer, signed and then forwarded to CAR via email, fax or U.S. Postal Service.

b. Agency Information Update Form

CAR should be notified of changes to any agency information subsequent to becoming certified as an ARP using the Agency Information Update Form (refer to Exhibit II-A-2). This may include any change to producer status including agency name, address or email address changes, new, closed or moved office locations, agency sales, mergers or acquisitions or employee changes impacting access to the MAIP Policy Application.

This form can be found on the MAIP Producer page of CAR's website, under Forms. The forms may be completed online but must be printed using a local printer, signed and then forwarded to CAR via email, fax or U.S. Postal Service.

c. Copy of Current Agency License

A copy of an agency's current property and casualty license is required to be on file with CAR and must be consistent with agency name. Upon renewal, a copy of the license must be provided to CAR's Residual Market Services Department via the upload link located on the MAIP Producer page of CAR's website, under Producer Profile.

Failure to provide CAR with a copy of an amended license and/or license renewal within 30 days of the effective date of the amendment and/or renewal will result in the suspension of access to the MAIP Policy Application. CAR will reinstate access to the MAIP Policy Application upon receipt of a copy of a valid and current license in good standing.

As specified in Section B.5. of this Chapter, failure to renew or maintain an active producer's license may also result in the possible decertification of the ARP.

d. Agency Corporate Documents

If licensed as a corporation, a copy of the agency's corporate documents reflecting the officers and directors of the corporation (i.e. Annual Statement or Articles of Organization) and the ownership of all agency stock is required.

Note that all notifications and correspondence sent from CAR to a producer will be conducted via email. Notifications through the U.S. Postal Service will not be provided. Accordingly, CAR requires a current email address on file for every producer.

4. MAIP Policy Application Security Requirements

The MAIP Policy Application is a secure system requiring a valid User ID and password to gain access. Each agency must designate one person to serve as the agency's Security Administrator. Through the Security Administration link, which is located on the MAIP Producer page of CAR's website, the designated Security Administrator is able to view the administrator's own account information and change password and security questions.

Additionally, via the Manage Users function which is available on the Security Administration Menu, the agency's Security Administrator is able to add new users and update information for existing users. The Security Administrator will be responsible for requesting User IDs for new employees that require access to the MAIP Policy Application, deleting users no longer at the agency, and updating the activity status, email address and office location information for existing users. The Security Administrator is also responsible for addressing security

violations and serves as a point of contact for the dissemination of security-related information.

The individual designated as an agency's Security Administrator is required to complete a MAIP Agency Security Administrator Form – Assigned Risk Producer Communications Access Agreement, located on the MAIP Producer page of CAR's website, under Forms (refer to Exhibit II-A-3).

The MAIP Agency Security Administrator Form may also be used to change an agency's designated Security Administrator or add an additional Security Administrator that may be required due to multiple agency locations. The form may be completed online but must be printed using a local printer, signed and then forwarded to CAR via email, fax or U.S. Postal Service.

Other important things to note:

- a. The sharing of User IDs is strictly prohibited and therefore, each individual using the system to place business through the MAIP will need a separate User ID.
- b. If the Security Administrator has created a new User ID for an individual whose name has changed, CAR's Operations Services department should be contacted so that the individual's records can be updated accordingly to reflect that fraud training and tutorial requirements have already been completed.
- c. The Security Administrator should contact CAR's Operations Services department if a new employee previously had access to the MAIP Policy Application through employment with another insurance agency.
- d. A Security Administrator cannot change a user's password. If an individual's password is forgotten, that individual should click on the Forgot Password? link located just below the log-on box and follow the instructions that are provided. Also, note that passwords expire every 60 days, but if desired, a user may change it sooner. Also note that user name, password and security question answers are all case sensitive.
- e. If an agency has multiple locations and an individual will be working out of more than one office, each location will need to

be added to that individual's security profile. The agency's Security Administrator may add the locations by accessing the Detail Users page from the Manage Users function menu, clicking on the user's name and then adding the location.

- f. In order to assure that the tax identification information needed for the commission process is automatically provided to the company to which a MAIP application is assigned, the Security Administrator must make sure that agency tax information is entered into the MAIP system. This can be done via the Enter Tax ID function which is available on the Security Administration Menu. Tax identification information is maintained on an encrypted file and is only made available to ARCs via the transfer of assigned applications.

Note that some companies may also request agencies to complete additional forms.

5. Activation of MAIP Policy Application Access – Tutorial Requirements

Every individual securing a MAIP User ID and password must complete a MAIP Policy Application tutorial prior to being permitted to place business through the MAIP. The tutorial will educate individuals on how to enter, edit and submit policy applications for assignment to an ARC. Completion of the tutorial will satisfy the certification provision of Rule 31 – Assigned Risk Producer Requirements requiring electronic access to the MAIP.

Once the tutorial has been completed, entry of the MAIP User ID will activate the MAIP Policy Application and the individual will then be able to enter policy application data.

6. MAIP Stamp Requirements

Upon completion of the ARP certification requirements specified in Section A.1. of this Chapter, each certified ARP office location will be provided with two MAIP wet stamps. MAIP E-Stamps are also available for vehicle registration certifications within the MAIP Policy Application, which includes instructions for use.

The MAIP stamp, once affixed to RMV forms, will provide proof of insurance to the RMV. The stamp will contain a MAIP agency

number specific to the office location as assigned by CAR and will contain lines for the name and company number of the ARC to which the policy is assigned and the ARP's signature. The RMV will be provided with a listing of all active and certified agency numbers. The MAIP stamps may be used on appropriate registration forms once an assignment to a company has been made. The ARP is required to assure that the accurate assigned company's name and three-digit company number appears legibly.

a. Authorization

Use of MAIP stamps is authorized by CAR specific to a particular agency and agency office location. The authorization is valid as long as the producer information on file at CAR remains unchanged, the agency license remains current and the producer maintains all certification requirements. Copying the MAIP wet stamp and/or unauthorized use of a MAIP stamp is prohibited and such action will result in the decertification of the producer and the producer's inability to place business through the MAIP.

Note that a MAIP stamp may not be used as a courtesy to certify registration forms. A courtesy stamp may only be performed by a producer that represents the company insuring the applicant's vehicle, using that company's stamp.

b. Duplication, Replacement or Request for Additional Stamps

Any replacement or request for additional MAIP wet stamps must be approved by CAR. A MAIP Wet Stamp Request form may be found on the MAIP Producer page of CAR's website, under Forms (refer to Exhibit II-A-4).

c. Return of MAIP Stamps

An agency sale, merger, acquisition, termination, decertification or individual office location closing must be immediately reported to CAR. In any such case, all MAIP wet stamps must be promptly returned to CAR.

d. Power of Attorney

An Authorization to Certify Motor Vehicle Insurance Coverage form (refer to Exhibit II-A-5) may be used to grant (or revoke)

licensed and non-licensed agency employees the authority to certify, through the use of the ARP's MAIP stamps, the existence of motor vehicle insurance coverage for risks assigned to an ARC. This form must be completed and signed by a licensed and certified agency principal. Such authority is extended only to those policies issued through the MAIP and produced in the course of the individual's employment agreement with the insurance agency. The Authorization to Certify Motor Vehicle Insurance Coverage form may be found on the MAIP Producer page of CAR's website, under Forms, using the Power of Attorney Authorization link.

7. Ongoing Assigned Risk Producer Requirements

An ARP is also responsible for fulfilling many ongoing requirements, several of which are listed below. Failure to do so will be grounds for revocation of certification. Refer to Rule 31.B. – Assigned Risk Producer Requirements of CAR's Rules of Operation for a complete list of all ARP requirements.

- a. Based upon the MAIP eligibility requirements outlined in Rule 26 – Policyholder Rights and Responsibilities of CAR's Rules of Operation, assure that all applications submitted for MAIP placement meet the established MAIP eligibility criteria.
- b. Assure that MAIP application information, and any additional or supplemental information is submitted on the proper forms and that each application is submitted accurately and in its entirety by taking the following steps:
 - (1) List all licensed operators in the household, including those not used for classifications purposes.
 - (2) Verify through the RMV Registration Inquiry System, the driver's license for each listed operator who holds a Massachusetts driver's license. The ARP must submit a photocopy of the license of any operator holding an out-of-state or a foreign driver's license with the new business application.
 - (3) Supply documentation to support the deferral for rating purposes of any household member.

- (4) Quote the proper premium based on information provided by the risk for the coverage desired. If an ARP elects to obtain a voluntary rate quote from the ARC to which the risk is assigned, a 30% down payment based upon the lesser of the assigned ARC's voluntary rate or the MAIP rate must be collected. Inform the risk that upon receipt of the new business application and any supplemental information necessary to calculate the voluntary premium for comparison to the MAIP premium, the final premium will be determined and billed by the ARC.

If the voluntary rate quote option is not selected, a 25% down payment based upon the MAIP rate must be collected. The ARP must inform the risk that the final premium billed by the ARC may be less than the MAIP premium quoted, but it will not be more.

- (5) Confirm each Massachusetts licensed operator's driving record with the RMV's current merit rating information. If the operator holds an out-of-state or foreign driver's license, the operator may obtain an official driving record or a record from a previous insurer and submit it to the ARC. If the driving record is not in English, a translation certified as true and correct by a translator must be obtained by the operator and attached to the driving record submitted to the ARC.
- (6) Verify that the risk has not been and is not now in default in the payment of any motor vehicle insurance premiums in the past 24 months, including verification via the RMV's Uninsured Motorists System (UMS).
- c. Submit electronic applications for private passenger motor vehicle insurance coverage via the online MAIP Policy Application to obtain MAIP coverage. Verify that rating and licensing information provided by the applicant is accurate.
- d. Submit the original application, signed by the applicant and the ARP, the required deposit premium, photocopy of out-of-state or foreign driver's license, if applicable, a copy of the voluntary premium quote or voluntary premium quote identification number as provided by the ARC, if applicable, and any other required additional or supplemental information, forms or certificates to the assigned ARC within two business days of an application being

assigned a certification number. Additionally, report to the ARC all coverages bound, including modifications in coverage or additional coverage and all registrations and/or titles certified within two business days.

However, if after assignment to an ARC, the applicant fails to sign the application and remit the required deposit premium, refer to Chapter IV, Section B. of this Manual for procedures relative to voiding an assigned application.

- e. Notify CAR and the ARC of suspected fraud in the application for insurance or in the underwriting or rating process or in the payment of premium obligations or surrounding a loss.
- f. Cooperate with the ARC and CAR personnel during all audits and investigations of MAIP assigned business.

8. Service Fee Requirements

a. Prohibition from Accepting a Fee

An ARP and the ARP's employees are prohibited from accepting a fee or any other monetary or tangible property in connection with any of the following:

- (1) placing or negotiating insurance policies,
- (2) continuing or renewing insurance policies,
- (3) selling or offering to sell anything of value not specified in the policy of insurance, and/or
- (4) referring the insured or parties to an accident to any glass, repair or rental facility, or to any legal or medical provider.

b. Prohibition from Charging an Additional Fee

Charging an additional fee for any of the following services is prohibited:

- (1) certifying a registration on behalf of an ARC,

- (2) placing the applicant's motor vehicle insurance business with an ARC,
- (3) providing assistance to the insured in the completion of the forms required to procure or to continue motor vehicle insurance, and/or
- (4) selling of a "service contract" which provides for service or advice relating to the issuance, continuance or renewal or an insured's motor vehicle insurance policy.

c. Allowable Fees

Producers may charge the applicant courier fees and other non-insurance related fees in any of the following situations:

- (1) the applicant is provided with a complete description of the non-insurance related services for which the fee is being charged,
- (2) the applicant is advised that there is no obligation to purchase the non-insurance related service,
- (3) the applicant agrees to pay the fee, and/or
- (4) the fee for the services provided is reasonable.

If the ARP enters into a contract to provide non-insurance related services to an applicant, in compliance with the above noted requirements, the ARP shall give an executed copy of the contract to the applicant and must retain an executed copy of the contract in the producer's file that must be made available to the ARC, Division of Insurance and CAR upon request.

9. Requirements Upon an Assigned Risk Company's Notification of Expiration of Policy Assignment

An ARC is required provide an ARP with the list of policies that it elects to non-renew at the end of the three-year assignment period, at least 120 days in advance of the policy expiration date. The ARC will provide this notification on or about the first business day of each month.

The ARP should attempt to obtain replacement coverage for the risk in the voluntary market, but if unable to do so, the ARP may resubmit the risk for placement through the MAIP. As long as the ARP submits the risk at least 60 days prior to the policy's expiration date and the new application 1) accurately identifies the policy effective date of the expiring policy as the new policy's policy effective date and 2) identifies that the driver's license number of the named insured is the same as that on the prior MAIP policy, the MAIP Policy Application will be able to verify that the insured has been assigned for three consecutive years to the same ARC. Special processing and assignment considerations will apply as follows:

- a. Upon assignment of the policy, a message in the Remarks section of the application will identify that the applicant is an expiring three-year former MAIP assignment.
- b. The application will be assigned to a different ARC than to which it was originally assigned. Upon policy assignment, the ARP must submit a Notice of Transfer of Insurer to the former ARC identifying the newly designated ARC.
- c. The MAIP Policy Application will calculate a MAIP premium amount, but the required down payment will be reflected as zero dollars. Under these circumstances, the ARP will not be required to collect a down payment from the risk at the time of the assignment.

However, if the ARP submits the risk for placement through the MAIP less than 60 days prior to the policy's expiration date, the MAIP Policy Application will calculate a new business down payment amount of 25% and the ARP must collect this amount from the risk and forward it to the newly assigned company along with the application and any required supplemental or additional information.

- d. The pre-inspection requirement will be waived provided that the vehicle(s) to be insured is the same as the vehicle(s) insured under the previous policy.

10. Requirements Relative to the Reporting of Assigned Risk Company Complaints

- a. ARC Violation Reporting

Use the Non-Compliance link located on the MAIP Producer page of CAR's website to submit ARC violations of the established ARC Performance Standards. Refer to Exhibit II-A-6 for a description of the ARC Performance Standards.

Create a complaint report online using the ARC Complaints link. Refer to Exhibits II-A-7 and II-A-8. The report will be forwarded to both the ARC and to CAR. The ARC will be provided with 5 business days to respond to CAR regarding the complaint. The ARC's response will also be forwarded to the ARP.

Once the ARC's response is received, CAR will review the complaint and any supporting documentation to determine the validity of the reported violation and the course of remedial action that may be necessary.

If CAR determines the complaint to be valid, or such complaint remains outstanding, CAR shall notify the ARC of the failure to comply with the approved performance standard(s) and request that the ARC institute corrective measures. The ARC will be required to notify CAR of corrective action in writing within 5 business days and may be required to address remedial action in a meeting with CAR and/or a committee of CAR.

b. Penalty Provisions

CAR will perform an analysis of each ARC's compliance with both Category I and Category II Performance Standards on a monthly basis. Exhibit II-A-6 provides a description of the Category I and Category II Performance Standards.

1. Category I

A flat penalty of \$10,000 will be assessed for any validated infraction, or combined infractions.

2. Category II

If the number of validated infractions exceeds 2% of the ARC's in-force MAIP assigned policies based on the current twelve-month rolling total of assignments, and there exists a minimum of 10 validated infractions, a \$5,000 penalty will be assessed.

Penalties will continue to accrue for validated infractions of both Category I and Category II Performance Standards newly identified in each month subsequent to the initial assessment, except that the validated infractions relating to the Commissions performance standard will be assessed a Category I penalty for infractions occurring during the 12-month period subsequent to the initial assessment.

c. Non-Compliance

Subsequent and repeated non-compliance with the performance standards by an ARC will result in notification of such non-compliance to the Commissioner of Insurance.

A licensed producer aggrieved by any unfair, unreasonable, or improper practice of CAR or another Member with respect to the operation of the MAIP, may request a formal hearing and ruling by the Governing Committee on the alleged practice pursuant to Rule 40 – Hearings, Review of CAR’s Rules of Operation. A Request for Review/Relief Form is located on the MAIP Producer page of CAR’s website (refer to Exhibit II-A-9), under Forms.

B. Producer Violation Reporting, Review, Certification Suspension or Decertification

CAR will assess each ARP's performance on a regular basis based upon validated producer violations reported to CAR by an ARC.

1. ARP Violation Reporting

ARCs report producer performance violations online to CAR using the Non-Compliance link located on the MAIP Company page of CAR's website. The violation report will be forwarded to both the ARP and to CAR. The ARP has 20 calendar days to respond to CAR regarding the validity of the alleged violation.

ARP responses to a reported performance violation should be provided using the Non-Compliance link located on the MAIP Producer page of CAR's website. To respond to or view a violation submitted by an ARC, click on the ARP Violations link. The response is completed online and a copy of the response is forwarded to the ARC (refer to Exhibits II-B-1 and II-B-2). CAR will validate the ARP's response and determine if further action is required.

Violations include failure to comply with the producer requirements specified in Rule 31 – Assigned Risk Producer Requirements of CAR's Rules of Operation as well as those requirements set forth in this Manual and include, but are not limited to, the following:

- a. the original application, additional or supplemental information and/or required down payment submitted to the ARC more than two business days from the date of assignment,
- b. insufficient down payment submitted (in accordance with Rule 28 – Application Process of CAR's Rules of Operation) including the failure to collect 80% of the calculated MAIP premium or 100% of the assigned ARC's voluntary premium, if known, if the insured's policy had been cancelled for non-payment within the preceding 24 months,
- c. application not eligible for MAIP coverage,
- d. information on the application for insurance coverage is misrepresented,

- e. application missing documentation in accordance with Rule 31 – Assigned Risk Producer Requirements of CAR’s Rules of Operation, including lack of insured or producer signatures(s) and Supplemental Application, if required,
- f. failure to verify that the eligible risk has not been and was not, at the time of application, in default in the payment of any motor vehicle premium within the past 24 months,
- g. principal operator does not hold a valid driver’s license or insufficient license information provided (i.e. no translation for foreign license, copy of license not forwarded, etc),
- h. failure to report all coverages bound and all registrations/titles certified to the ARC within two business days after binding coverage or certifying a registration,
- i. failure to remit payment within two business days to the ARC and/or check or money order not made directly payable to the ARC, and
- j. failure to return uncontested unearned commission.

2. Compliance Review

Once an ARP responds to a reported violation or the 20-calendar day response period has elapsed, CAR will review the documentation provided by the ARC and/or ARP and will determine the validity of the reported violation.

On a monthly basis, CAR shall assess each ARP’s performance to determine whether the number of validated violations exceeds 10% of the number of applications submitted in any one month and at least three violations within that month.

CAR will also identify those ARPs that have had validated violations reported in each month of a consecutive three-month period, but the volume of those violations does not exceed the monthly compliance threshold.

3. Warning – Remedial Action Required

If the ARP's performance in the latest calendar month exceeds the established tolerances as noted in Section B.2. of this Chapter, CAR will notify the ARP of the failure to comply with the Rules of Operation and request the producer to immediately institute corrective measures.

The producer will be warned that subsequent failure to comply with the standard for each month within the following 90-day period will result in an immediate suspension of the agency certification for a period of not less than one month.

If the ARP's performance over a consecutive three-month period indicates that validated violations exist in each month, and the volume of those violations exceeds 3% of the number of applications submitted for the three month period, CAR shall notify the ARP of its review findings and require the ARP to address remedial action in a meeting with CAR staff.

4. Suspension

If the ARP remains in compliance for the entire 90-day probation period, the review process will begin again. However, if the ARP exceeds the standard for three or more non-consecutive months in any 12-month period, the result will be an immediate suspension of the agency certification for a period of not less than one month.

Non-compliance during the 90-day probation period will result in the immediate suspension of the agency certification for a period of not less than one month or not more than six months.

5. Immediate Suspension and/or Decertification

CAR will immediately suspend certification in cases deemed to be valid, for a period of not less than one month or not more than six months for any violations involving falsification of information for coverage, misrepresentation of rating information, participation in the false reporting of claims, mishandling of premium funds or failure to return uncontested unearned commission within the specified timeframe. In all cases, the severity of the violations will be taken into consideration. CAR may revoke the certification of the producer if the violations are deemed numerous and/or egregious. Notification of

decertification will be provided to all ARCs, the RMV and the Division of Insurance.

The entry of a finding by a court of competent jurisdiction that the ARP has engaged in fraudulent activity in connection with motor vehicle insurance will result in immediate decertification.

Failure to renew or maintain an active producer's license will result in the immediate suspension of access to the MAIP Policy Application and may result in the decertification of the ARP. Note that CAR will reinstate access to the MAIP Policy Application upon receipt of a copy of a valid and current producer's license in good standing.

6. Review and Appeal Process

CAR will notify the ARP of any decision to suspend or revoke certification. Any such notification will be in accordance with the procedures for ERP termination found in Chapter III.C. – Servicing Carrier Responsibilities of CAR's Manual of Administrative Procedures.

The ARP will have 30 calendar days to contest the suspension or decertification by requesting a review, in accordance with Rule 40 – Review and Appeal of CAR's Rules of Operation. A request for a review of the suspension or decertification will automatically stay the suspension or decertification until such time as the review and appeal rights pursuant to Rule 40 have been exhausted. However, any reviewing committee may lift the stay if such stay is not in the best interests of the motoring public.

- a. To request a review of the suspension or decertification, the ARP must submit a Request for Review/Relief form completed in its entirety to CAR within 30 calendar days from the date of suspension or decertification.
- b. The ARP must include any supporting documentation relating to the alleged violations of CAR Rules with the Request for Review/Relief.
- c. A meeting of the Market Review Committee will be scheduled within 15 business days of CAR's receipt of the request unless waived by the ARP. The ARP may, but is not required to be represented by counsel.

- d. Any additional material to be considered by the Market Review Committee must be submitted to CAR no later than 12:00 p.m., 5 business days prior to the meeting date. Material submitted within this timeframe will be distributed as soon as is practical.
- e. The ARP must petition the Market Review Committee directly for consideration of any material submitted after 12:00 p.m. of the 5th business day prior to the meeting.
- f. CAR will notify the ARP of the decision by the Market Review Committee within 15 business days of the Committee's decision. If the Market Review Committee upholds the suspension or decertification, the ARP has 30 calendar days from the date of the notification, to request further review of the matter by the Governing Committee Review Panel.
- g. The review by the Governing Committee Review Panel will be scheduled within 15 days of receipt of the request unless waived by the ARP.
- h. The Governing Committee Review Panel will consider the decision of the Market Review Committee but is not bound by its decision. Any additional material to be considered by the Panel must be submitted to CAR following the same guidelines for distribution as required for the Market Review Committee.
- i. The decision of the Governing Committee Review Panel is considered a formal ruling of the Governing Committee and may be appealed to the Commissioner pursuant to Rule 40 by filing a notice of appeal with CAR and the Commissioner within 30 days of the ruling. The ruling of the Panel will remain in full effect unless otherwise directed by the Commissioner.

C. Termination/Revocation of Certification Responsibilities

1. Revocation of Assigned Risk Producer Certification

Any licensed property and casualty producer, who within the preceding 24 month period has had an ARP certification revoked, shall be ineligible to place business through the MAIP. Grounds for revoking the certification of an ARP may be found in Section B.5. of this Chapter and in Rule 30 – Assigned Risk Company

Responsibilities and Rule 31 – Assigned Risk Producer Responsibilities of CAR’s Rules of Operation.

Those ARPs whose certification is revoked must return all MAIP forms, manuals and stamp(s) to CAR as well as any materials that were supplied by an ARC.

2. Voluntary Termination of an Assigned Risk Producer

An ARP that chooses to terminate his ability to submit business to the MAIP is required to provide 30 days advance written notice to CAR.

The terminated ARP must return all MAIP forms, manuals and certification stamp(s) to CAR as well as any materials supplied by an ARC.

APPLICATION FOR ASSIGNED RISK PRODUCER CERTIFICATION**Massachusetts Automobile Insurance Plan (MAIP)****COMMONWEALTH AUTOMOBILE REINSURERS**

101 Arch Street, Suite 400

BOSTON, MASSACHUSETTS 02110

617-338-4000

617-338-5422 (FAX)

INSTRUCTIONS

- A. Complete **ALL** information on the application. The application must be completed in **type or printed** in ink. Incomplete/illegible applications will not be accepted.
- B. **Initial and date** each page as noted.
- C. Use, Sign and Date a separate sheet of paper for explanations, if necessary.
- D. **Attach** a copy of the applicant's Massachusetts **producer's license(s)**. If operating as a corporation, LLC or under a trade (dba) name, that name must appear on the producer's license.
- E. If applying in the name of a corporation, **enclose** a copy of the corporate **Articles of Organization** as approved by the Secretary of State, names and titles of all **corporate officers and directors**, and details of all **corporate stock ownership**.
- F. **Return the application package to the Residual Market Services Department**, at the noted address on the top of the application.

NOTE:

- 1 **Provide proof of completion of a Claims Reporting and Fraud Recognition course** as required pursuant to Rule 31 of CAR's Rules of Operation **within six (6) months of the date of certification** as an Assigned Risk Producer.
- 2 Misrepresentation of facts or failure to divulge all pertinent information may disqualify you for certification as an Assigned Risk Producer.
- 3 Current business addresses must be on file with CAR. Subsequent **changes of agency name or address**, any addition of a business office location and or sale of an agency must be **reported to CAR immediately**.

**APPLICATION FOR ASSIGNED RISK PRODUCER CERTIFICATION
Massachusetts Automobile Insurance Plan (MAIP)**

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400
BOSTON, MASSACHUSETTS 02110
617-338-4000 617-338-5422 (FAX)

APPLICATION CHECKLIST

Please use the checklist below in completing your application package. Inclusion of the items identified below with your application package will prevent delays in processing and expedite issuance of certification as an Assigned Risk Producer (ARP). **RETURN THE INITIALED CHECKLIST ALONG WITH YOUR APPLICATION TO CAR's RESIDUAL MARKET SERVICES DEPARTMENT.**

INITIAL/DATE

- _____ 1. **Business telephone installed and manned.** (CAR will verify installation has been completed in the name of the agency with the telephone company. An agency answering machine is acceptable for manning the agency for short periods of time. The machine must identify the agency and calls must be returned promptly.)
- _____ 2. **Agency sign installed** in the licensed name of the agency and visible to the public. (Provide picture of agency inclusive of signage)
- _____ 3. **Completed entire application.**
- _____ 4. **Initialed and dated each application page.**
- _____ 5. **Enclosed copies of Producer's License & Resident Business Entity Producer License.**
- _____ 6. **Enclosed a copy of corporate Articles of Organization** (if a corporation).
- _____ 7. **Enclosed a list of all corporate officers and directors** (if a corporation).
- _____ 8. **Enclosed a record of all stock ownership** (if a corporation).
- _____ 9. **Enclosed a letter** from an agency or company **from which the experience requirement was met** detailing the applicant's involvement in Massachusetts private passenger automobile insurance.
- _____ 10. **Remember to provide verification of completion of an approved Claims Reporting and Fraud Recognition Course within six (6) months of the date of CAR's certification of the agency as an Assigned Risk Producer (ARP) for all agency employees involved in private passenger insurance matters.**
- _____ 11. **Electronic access to the MAIP and Registry of Motor Vehicles .**
- _____ 12. **Complete Producer Security Access Form.**

Initial/Date: _____

**APPLICATION FOR ASSIGNED RISK PRODUCER CERTIFICATION
Massachusetts Automobile Insurance Plan (MAIP)**

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400
BOSTON, MASSACHUSETTS 02110
617-338-4000 617-338-5422 (FAX)

Provide all information and materials requested on the instruction page. Incomplete application packages will result in processing delays and possible declination.
Complete and return to the **RESIDUAL MARKET SERVICES DEPARTMENT** at the above address.

I. AGENCY INFORMATION

A. AGENCY NAME:

Provide copy of License. Agency name must be the same as it appears on the producer's license.
For corporations and LLCs provide Articles of Organization as filed with the Secretary of State's office, and which include names and titles of all officers and directors as well as details of stock ownership.

B. Business Address of the Primary Office Location:

1. Street:

City/Town: State: Zip:

Business Telephone(s): Fax:

E-mail address (Required):

Errors and Omissions Carrier: Amount:

Agency Hours:

ADDITIONAL AGENCY OFFICE LOCATIONS (Same agency name)

2. Street: City/Town: Zip:
Licensed producer name(s) at this location:

3. Street: City/Town: Zip:
Licensed producer name(s) at this location:

4. Street: City/Town: Zip:
Licensed producer name(s) at this location:

5. Street: City/Town: Zip:
Licensed producer name(s) at this location:

6. Street: City/Town: Zip:
Licensed producer name(s) at this location:

(If more than 6, additional office location information may be provided on a separate sheet of paper)

Initial/Date: _____

I. AGENCY INFORMATION (continued)**C.** List all employees, with titles, who plan on obtaining access to the MAIP Policy Application:

<u>Individual</u>	<u>Title</u>	<u>Licensed? (yes/no)</u>	<u>Office Location</u>

(Additional employee information may be provided on a separate sheet of paper)

Note: Any employee requesting access to the MAIP Policy Application is required to complete an approved Claims Reporting and Fraud Recognition course within 6 months of hire and/or certification of the agency.

D. Does the applicant have electronic access to the Massachusetts Registry of Motor Vehicles for purposes of verification of driving records and any potential outstanding premiums owed by an applicant for insurance to an Assigned Risk Company?Check one: YES: ☐ NO: ☐

Comments:

E. Indicate whether the applicant has any relationship with any current agency which is owned, operated or managed by the same individual(s) as the applicant or shares space with another broker or agency with a Massachusetts private passenger automobile market. If none, indicate **NONE**.Other AgencyAssociation/Details

--	--

F. Indicate any other agency or group with which the applicant may have an agreement or an ability for placement of private passenger automobile insurance in Massachusetts. If none, indicate **NONE**.Other Agency/GroupRelationship Details

--	--

G. Indicate if the applicant is engaged in or associated with any type of business endeavor other than an automobile insurance agency (i.e., other insurance, real estate, tax service, vehicle sales, vehicle repairs, leasing, rental). Indicate if the applicant is employed or receives income in a capacity other than as an automobile insurance agency. If none, indicate **NONE**.Name of Business/EmployerType of BusinessPosition

--	--	--

Address:

--

II. MARKET EXPERIENCE

- H. Experience Requirement:** List agencies or companies with which, during the past twelve months, an association existed for placement or writing of private passenger automobile coverage(s). Indicate type of association (employee, brokerage agreement, referral only, servicing of policies, etc.), dates of association, and volume of business with which the applicant was directly involved. Provide documentation from the agency or company confirming experience. If none, indicate **NONE**.

<u>Agency/Company</u>	<u>Association</u>	<u>From/To</u>	<u># of Private Passenger Policies</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- I.** Indicate whether the applicant has had an Assigned Risk Producer certification revoked by Commonwealth Automobile Reinsurers (CAR). If none, indicate **NONE**.

Details

- J.** Indicate whether there has been a breach of a contract between the applicant or by an employee with an Assigned Risk Company. If none, indicate **NONE**.

Company

Details

- K.** Indicate whether there is any premium owed or in dispute with any insurance company. Indicate whether there has ever been a default on any automobile premiums due to any company. If none, indicate **NONE**.

Company

Details

- L.** Indicate if any license held by the applicant or by an employee has been suspended or revoked by the Division of Insurance or if any such license has been surrendered in the course of, or as a result of, an investigation by the Division of Insurance or Attorney General's Office. If none, indicate **NONE**.

Details

- M.** Indicate if the applicant or an employee has been convicted of a crime related to his/her occupation as a producer. If none, indicate **NONE**.

Details

III. AUTHORIZATION AND SIGNATURE

AUTHORIZATION

I hereby declare that the information on this application is complete and true to the best of my knowledge.

I have read and understand CAR's Rules of Operation and all MAIP procedures and requirements on CAR's website. I hereby agree to comply with the provisions of CAR's Plan and Rules of Operation, the Assigned Risk Producer Procedures Manual, MAIP certification requirements, and the applicable regulations of the Division of Insurance. I also agree to comply with any future changes to the Rules or any directive of CAR's Governing Committee or the companies to which policies may be assigned.

I understand that the MAIP stamp provided to the agency for purposes of certifying coverage with the Massachusetts Registry of Motor Vehicles is the property of CAR and is not to be reproduced. Replacement of a MAIP stamp and/or requests for additional stamps will be authorized only through CAR. I agree that use of the MAIP stamp will be only by a licensed and MAIP authorized representative of the agency.

I understand that I and my employees are required to receive training on claims reporting and fraud recognition. Such training must be completed within six (6) months of certification to immediately submit motor vehicle insurance policies for placement through the MAIP with an Assigned Risk Company. Further, any new agency employees must complete said training within six (6) months of hire.

I agree to notify the MAIP of an agreement to sell the agency fifteen (15) days in advance of the proposed closing of any such sale and agree to notify the MAIP of a change in the agency status (i.e. name change, change in address, ownership, etc.) immediately upon the change.

I hereby authorize the Massachusetts Division of Insurance to release to the Commonwealth Automobile Reinsurers any information pertinent to the producer's license(s), agency location, agency operation, personnel, associates and other business operations.

I hereby authorize CAR to release any and all agency information contained in or supplemental to the completed application for appointment as an Assigned Risk Producer to an Assigned Risk Company or any duly authorized regulatory body upon request, and as approved by CAR.

Date: _____ Authorized signature and title: _____

Print name of authorized signature: _____

Print

Initial/Date: _____

AGENCY INFORMATION UPDATE FORM

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400
BOSTON, MASSACHUSETTS 02110
617-338-4000 617-880-7298 (FAX)

INSTRUCTIONS

- A. Complete **ALL** information on the form. The form is located online in the MAIP section of CAR's website (www.commauto.com), under Forms. The completed form must be forwarded to CAR.
- B Use, sign and date a separate sheet of paper for explanations, if necessary.
- C If changing or updating the agency's name **forward** a copy of the agency's current Massachusetts **producer's license(s)**. If operating as a corporation, LLC or under a trade (dba) name, that name must appear on the producer's license.
- D If the change involves an incorporation or LLC, **enclose** applicable documents that identify the agency's officers and directors (i.e. current Annual Statement or Articles of Organization) and details of corporate stock ownership.
- E **Please note that proof of completion of a Claims Reporting and Fraud Recognition course must be provided for all new agency employees within six (6) months of hire.** Failure to provide proof will result in denial of access to the MAIP Policy Application.

NOTE:

- 1 Misrepresentation of facts or failure to divulge all pertinent information may disqualify you for certification as an Assigned Risk Producer for a period not less than sixty days, in accordance with CAR's Rules of Operation.
- 2 Current business addresses of all office locations of the agency must be on file at CAR. Subsequent **changes of agency name or office address(es)**, or any addition of a business location must be **reported to CAR IMMEDIATELY.**
- 3 **Changes in agency employees** who have access to the MAIP Policy Application or who are involved in point of sale activities relative to automobile insurance coverages must be reported to CAR **IMMEDIATELY.**

AGENCY INFORMATION UPDATE FORM**COMMONWEALTH AUTOMOBILE REINSURERS**

101 Arch Street, Suite 400

BOSTON, MASSACHUSETTS 02110

617-338-4000 617-880-7298 (FAX)

Provide all information and materials requested on the instruction page (where applicable).
 Failure to do so may cause delays in processing the changes.
 Complete and return to the **RESIDUAL MARKET SERVICES DEPARTMENT** at the above address.

I. AGENCY INFORMATION**AGENCY NAME:**

Provide copy of License. Agency name must be the same as it appears on the producer's license. If the update involves an incorporation or LLC, provide documents that identify all officers and directors of the corporation as well as details of stock ownership.

Business Address of the Primary Office Location:

I. Street:

City/Town: State: Zip:

Business Telephone(s): Fax:

E-mail address (Required):

I. ADDITIONAL OFFICE LOCATIONS (Same agency name)**Business Address(es) of Other Office Location(s):**

II. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
III. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
IV. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
V. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
VI. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>

List the name(s) of licensed producer(s) at these location(s) below:

List **all** employees, with titles, who plan on obtaining access to the MAIP Application:

<u>Individual</u>	<u>Title</u>	<u>Licensed?</u>	<u>Location</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Print

AUTHORIZATION

I hereby declare that the information on this form is complete and true to the best of my knowledge.

I have read and understand CAR's Rules of Operation and all MAIP procedures and requirements on CAR's website. I hereby agree to comply with the provisions of CAR's Plan and Rules of Operation, the Assigned Risk Producer Procedures Manual, MAIP certification requirements, and the applicable regulations of the Division of Insurance. I also agree to comply with any future changes to the Rules or any directive of CAR's Governing Committee or the companies to which policies may be assigned.

I hereby authorize the Massachusetts Division of Insurance to release to the Commonwealth Automobile Reinsurers any information pertinent to the producer's license(s), agency location, agency operation, personnel, associates and other business operations.

I hereby authorize CAR to release any and all agency information contained in or supplemental to the completed application for appointment as an Assigned Risk Producer to an Assigned Risk Company or any duly authorized regulatory body upon request, and as approved by CAR.

Date: _____ Authorized signature and title: _____

AGENCY SECURITY ADMINISTRATOR FORM

ASSIGNED RISK PRODUCER COMMUNICATIONS ACCESS AGREEMENT

The (hereafter "Agency") hereby agrees to
(Agency Name)

the following terms and conditions of gaining and maintaining access to Commonwealth Automobile Reinsurers' (CAR's) secure Massachusetts Automobile Insurance Plan System (MAIP System) on its Website:

1. The Agency will designate an Agency Security Administrator who will perform the following functions:
 - request access for Agency employees
 - reset passwords
 - provide information relative to security audits
 - address security breaches
 - act as a communications liaison between the Agency and CAR relative to all matters of security for access to CAR
2. CAR will assign User IDs for all access to CAR to each individual designated by the Agency Security Administrator.
3. The User ID will be specific to the designated individual and may not be shared. Any change in that individual's status with the agency must be reported to CAR within 5 business days.
4. CAR will disable User IDs that have been inactive for more than 60 consecutive days.
5. User IDs will not be disclosed to any party other than the Agency Security Administrator, the individual User and CAR, unless specifically required by law.
6. The Agency certifies that it will maintain compliance with 201 CMR 17.00, Standards for the Protection of Personal Information of Residents of the Commonwealth.
7. Any questions or problems with regard to security or operational issues arising out of this agreement must be communicated by the Agency Security Administrator to a member of CAR's Data Operations Department.
8. The Agency agrees that CAR, in its sole discretion, shall have the right to cancel the agency's User ID(s) for failure to comply with any of the above provisions, for misuse of any application, or for attempting to access restricted areas.

Agency Security Administrator

<input style="width: 100%; height: 20px;" type="text"/> First Name	<input style="width: 100%; height: 20px;" type="text"/> Last Name	<input style="width: 100%; height: 20px;" type="text"/> Additional Agency Locations (city only required)
<input style="width: 100%; height: 20px;" type="text"/> Email Address		<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/> Telephone No		<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/> Street		<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/> City		<input style="width: 100%; height: 20px;" type="text"/>

(Signature)

(Date)

Please return form to:

Commonwealth Automobile Reinsurers
Data Operations Department
101 Arch Street, Suite 400
Boston, MA 02110

Print



COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400 Boston, Massachusetts 02110

www.commauto.com

617-338-4000

MAIP STAMP REQUEST FORM

(Print Agency's Legal Name)

please check the applicable box

- ☐ Replacement Stamp(s) for existing and current office location
- ☐ New Stamp(s) for new office location
- ☐ Duplication Request - authorization for stamp(s) duplication for existing office location(s).

Duplication, replacement or any reproduction of the stamp can NOT proceed prior to a written authorization receipt from CAR. The agency will be responsible for manufacturing and/or replacement of an approved stamp request. Unauthorized manufacturing and use of stamps will result in the decertification of the agency with notification to the Division of Insurance.

=====

please complete section below for all requests

Location of Office(s):

Street <input type="text"/>	Street <input type="text"/>
City <input type="text"/>	City <input type="text"/>
State <input type="text"/> Zipcode <input type="text"/>	State <input type="text"/> Zipcode <input type="text"/>

Number of additional Stamps Requested:

Reason for request and comments:

Use and/or duplication of MAIP stamps without the express authority of CAR is strictly prohibited. Unauthorized use or duplication will result in the decertification of the Assigned Risk Producer with notification to the Division of Insurance and Registry of Motor Vehicles.

Name - Print full name of producer as licensed

Email

Title

 Signature

(Completed and signed forms may be faxed to the Residual Market Services Department at 617-880-7298).



NATALIE A. HUBLEY
PRESIDENT

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400 Boston, Massachusetts 02110
www.commauto.com 617-338-4000

AUTHORIZATION TO CERTIFY MOTOR VEHICLE INSURANCE COVERAGE

The ,
(Agency's Legal Name)

being duly authorized under Chapter 175 of the General Laws of the Commonwealth of Massachusetts as an insurance producer licensed to sell, solicit and negotiate insurance, and further certified as an Assigned Risk Producer (ARP) for the Massachusetts Automobile Insurance Plan (MAIP) pursuant to the Commonwealth Automobile Reinsurers (CAR) Rules of Operation, hereby

(please check the applicable box)

☐ grants

☐ revokes

this limited durable power of attorney, authorizing the following individual(s):

Name of Employee (Print)

Employer

Office Location (Town)

Name of Employee (Print)

Employer

Office Location (Town)

to certify, through the use of the MAIP stamp provided to the ARP by CAR, the existence of motor vehicle insurance coverage for risks assigned to an Assigned Risk Company by CAR. Such authority is extended only to those policies issued through the Massachusetts Automobile Insurance Plan and produced in the course of the individual's employment agreement with the insurance agency.

This instrument shall be effective upon receipt by CAR. A grant of authority continues until revoked by the agent with notice to CAR.

Name - Print full name of agent as licensed

Title

Email

Signature

(Completed and signed forms may be faxed to the Residual Market Service Department at 617-880-7298).

Print

ASSIGNED RISK COMPANY PERFORMANCE STANDARDS

Category I

A. Claims Performance

Claim adjustment practices and procedures shall be in accordance with the established Performance Standards and shall correspond with those followed for voluntarily written business.

B. Certificates of Insurance

The Assigned Risk Company (ARC) shall, at the request of the named insured or producer of record, issue certificates of insurance, which shall include SR-22 filings. Such certificates or filings must be provided within four business days after receipt of a request for same.

C. Cancellation – Insufficient Down Payment

The ARC may not cancel a policy for non-payment of premium if such premium deficiency is the result of an insufficient down payment. The ARC shall bill the policyholder for the amount of the deficiency, or otherwise incorporate the amount in future premium installments. If the policyholder fails to pay the minimum amount due, then the ARC may issue a statutory notice of cancellation for non-payment of premium.

D. Cancellation - Misrepresentation

To prevent wrongful cancellation, if during the underwriting process an ARC discovers third-party information that appears inconsistent with the information provided on the application for insurance, the ARC shall 1) initiate an inquiry either directly with the insured or through the producer of record to resolve any factual errors; and 2) obtain the insured's consent before issuing a notice of adjustment to the down payment and/or total premium. If the inquiry is made directly to the applicant the producer of record shall be furnished a copy.

If the resolution of an apparent inconsistency results in a change to information used to calculate premium, the ARC shall charge an appropriate premium based upon the additional or corrected information, and adjust the applicant's next bill accordingly. If however, the applicant is unwilling to consent to the modification, and the ARC has independent evidence that the applicant had the actual intent to deceive or the material misrepresentation increases the ARC's risk of loss, the ARC may cancel the policy as provided by Massachusetts law.

E. Reinstatement

If the reason for a cancellation or non-renewal has been remedied prior to the effective date, then the ARC shall reinstate the policy or issue the renewal.

F. Disputed Premium Recalculation

The ARC shall issue an endorsement recalculating premium within 15 days from the receipt of a determination validating an incorrect premium charge identified as a result of a complaint filed in accordance with ARC Performance Standard K – Premium Disputes.

Category II

G. Policy Issuance

The ARC must issue a policy within 15 calendar days of the receipt of a completed application and any supplemental information needed to verify and appropriately calculate the premium for the coverages requested.

H. Endorsements

Any endorsement to an assigned policy, which includes all information necessary for processing, shall be issued within 15 calendar days of receipt.

I. Return Premiums

Return premium checks must be mailed within 30 calendar days of the effective date of the cancellation or endorsement generating the return.

J. Policy Changes

If policy changes are mailed directly to the insured, copies must be furnished to the Assigned Risk Producer.

K. Premium Disputes

The ARC shall reply within 15 calendar days to letters disputing the premium charged.

L. Commissions

Commission shall be paid no less frequently than monthly and shall be paid within 15 calendar days after the close of the month in which the commission was credited to the producer's account. Each payment will include a commission statement that contains the policy number, named insured, and amount of premium on which the commission has been calculated.

M. Cancellation Notices

A copy of each cancellation notice issued by an ARC shall be furnished to the producer of record.



999 - ANY NSURANCE AGENCY

Submit Complaints

Start an ARC complaint by selecting the associated assignment from the list below. The range of assignments can be filtered by changing the Start and End dates below.

Selection Criteria

Assignment Date

Start

Jul ▼

7 ▼

2019 ▼

End

Jul ▼

16 ▼

2019 ▼

Retrieve Data

Assigned Applications

The list below shows MAIP assignments during the date range specified above. The certification number is the combination of company number, agency number, and MAIP ID. Results are limited to 1000 records. Create a complaint report by double-clicking a row or by selecting a row and then clicking the button below the list.

2 Records

<u>Cert. No</u>	<u>Company Name</u>	<u>Applicant</u>	<u>Policy ID</u>	<u>Pol.Eff Date</u>	<u>Assign Date</u>	<u>Complaint</u>
999-99999-00001	Any Insurance Co	Applicant 1		7/15/2019	7/15/2019	
999-99999-00002	Any Insurance Co	Applicant 2		7/10/2019	7/10/2019	

Report Complaint



999 - ANY INSURANCE AGENCY

Submit Complaint

Complete the following information. A copy of this complaint will be sent to CAR and to the Assigned Risk Company (ARC). Response from the ARC must be issued within 5 days of receipt of complaint. The ARC's response will be forwarded to the email supplied below. Once the ARC has responded, CAR will close the complaint and respond with any action or comments required. Multiple complaints may be submitted, each one identified by the complaint date.

Complaint Date
7/16/2019

Assignment

Assigned Risk Company
999 - Any Insurance Company
Named Insured (MAIP Policy)
Applicant 1

MAIP Application Certification No.
999-99999-00001

Assigned Risk Company Policy No.

Complaint

Select one or more of the following

- ☐ **Policy Processing Delay** (original policy or subsequent endorsement not issued within 15 calendar days of the receipt of the assigned application or endorsement request, including any supplemental information necessary to process the request)
- ☐ **Policy Processing Delay** (certificate of insurance not issued within 4 business days of request)
- ☐ **Return Premium** (within the 30 calendar days of the effective date of the cancellation or endorsement that results in a refund)
- ☐ **Policy Changes** (copies must be furnished to the ARP if furnished to the policy holder)
- ☐ **Premium Dispute** (failure to respond within 15 days of receipt of the complaint)
- ☐ **Premium Dispute** (failure to recalculate premium)
- ☐ **Claims Performance** (provide details below)
- ☐ **Commissioning** (no less frequently than monthly and within 15 days after the close of the month in which the commission is credited to the producer's account)
- ☐ **Invalid, Improper, or Unreasonable Cancellation** (insufficient down payment, material misrepresentation, provide details below)
- ☐ **Cancellation Notices** (copies must be furnished to the ARP)
- ☐ **Reinstatement** (failure to reinstate if the reason for cancellation or non-renewal has been remedied prior to the effective date)
- ☐ **Other** (note below and provide details of complaint)

Complaint Details

Producer Attachments

File: No file chosen

A completed copy of this complaint will be sent to the Assigned Risk Company for which they may submit a response. The email on file for this ARC is company@company.com.

COMMONWEALTH AUTOMOBILE REINSURERS

REQUEST FOR REVIEW/RELIEF
(PURSUANT TO CAR RULE 20/MAIP RULE 40)

Requestor's Name/Title:

Signature:

Date:

Agency or Company Name:**Address:**

City/Town:

State:

Zip Code:

Tel. #:

Fax #:**email:**

IF REPRESENTED BY COUNSEL OR OTHER PARTY, PLEASE COMPLETE THE FOLLOWING:

(Representation by counsel is not required):

Name of Rep:

Firm:**Address:**

City/Town/State/ZIP:

Tel. #:

Fax #:**email:**

1

Reason For Review: A. Concisely summarize the reason(s) for your request for review, identifying the nature of your grievance or request for relief.
B. Identify the specific relief sought.

2	Details of Aggrievement(s):	Provide specific detail for each reason for the requested review cited above, including references to violations of CAR or MAIP Rules, the agency contract, or established practices of CAR, MAIP or one of its Members. Include historical reference, where appropriate. Attach supporting documentation.
3	Actions(s) Taken to Date to Resolve the Matter:	State when you first became aware of each item/issue being contested and the steps taken to mitigate or resolve the matter prior to this request for a formal review. Attach supporting documentation.

Scheduling of Review

Upon receipt of a completed Request for Review/Relief Form, a hearing date will be established within 15 business days. After a date has been confirmed, CAR will issue a written Notice of Meeting to all affected parties and in compliance with the Open Meeting Law.

Request for Continuance

A request for a continuance of a review of the matter by CAR will be granted upon the agreement of all parties. Absent the agreement of all parties, a request for a continuance must be presented to the assigned Committee for approval.

Submission of Written Information

Any parties wishing to present written materials to be considered by the designated Committee must submit them to CAR's Docket Clerk no later than 12:00 p.m., 5 business days prior to the scheduled meeting date. Timely submitted materials will be docketed by CAR and distributed to the Committee as soon as practicable. Written materials submitted to CAR after 12:00 p.m. on the 5th business day prior to the scheduled meeting date will not be entered on the docket, but the submitting party may petition the Committee directly for consideration of such materials. The Committee has the discretion to determine whether such materials will be considered in its deliberations. In addition, parties who petition the Committee for the submission of materials are expected to be prepared to provide a minimum of 25 copies at the meeting. Parties should provide copies of ALL written materials that they wish considered in the matter to the opposing party in concert with their submission(s) to CAR and/or the Committee.

*All written materials submitted must be in compliance with 201 CMR 17.00: Standards for the Protection of Personal Information of Residents of the Commonwealth, which implements the provisions of M.G.L. c. 93H. That is, any personal information that includes a Massachusetts resident's first and last name or first initial in combination with one or more of the following data elements that relate to such resident; a) Social Security number, b) driver's license or state-issued identification card number or c) financial account number (including an insurance policy number), or credit or debit card number, **must be redacted**. Any document submission determined to not be in compliance with the standards will result in the materials being returned to the sender for correction and may impact its distribution to the reviewing Committee.*

15 Day Waiver: Initial below if waiving the need for review within 15 business days:

I waive the 15 business day review while retaining rights to a review: (Initial): _____

**PLEASE NOTE: THIS FORM MUST BE COMPLETED AND RETURNED TO CAR
PRIOR TO THE INITIATION OF A FORMAL REVIEW PURSUANT TO
CAR RULE 20/MAIP RULE 40**



999 - ANY INSURANCE AGENCY

Respond/View Violations

View or respond to violations submitted by an Assigned Risk Company by selecting the violations from the list below. Violations requiring a response have the Certification Number highlighted below. If you fail to respond to the alleged violations within 20 days of the violation receipt, the violation will be deemed valid. The range of violations can be filtered by changing the Start and End dates under Selection Criteria.

Selection Criteria

Violation Date

Start

Jan ▼

16 ▼

2019 ▼

End

Jul ▼

16 ▼

2019 ▼

Valid

All ▼

Response

All ▼

Retrieve Data

Violations

The list below shows violations during the date range specified above. The certification number is the combination of company number, agency number, and MAIP ID. Results are limited to 1000 records. View a violation by double-clicking a row or by selecting a row and then clicking the button below the list.

2 Records

<u>Cert No</u>	<u>Company Name</u>	<u>Applicant</u>	<u>Viol. Date</u>	<u>Policy ID</u>	<u>Response</u>	<u>Valid</u>
999-99999-0001	Any Insurance Company	Applicant 1	4/30/2019		5/6/2019	
999-99999-0002	Any Insurance Company	Applicant 2	3/11/2019		3/13/2019	

View/Respond



999 - ANY INSURANCE AGENCY

Violation Response

This violation of CAR Rule 31 in the Rules of Operation has been reported to CAR. Your response to the alleged violation is required. Validated violations of the Rule may result in the suspension or termination of the agency certification as an Assigned Risk Producer. Suspension and termination details may be found in the MAIP section of CAR's website.

Response has been submitted

Status Submit Date
4/30/2019

Assignment

Assigned Risk Producer
Any Insurance Agency

Named Insured (MAIP Policy)
Applicant 1

MAIP Application Certification No.
999-99999-0001

Assigned Risk Company Policy No.

Violations

■ Other (note below)
Violation Details

Company Action

Company Attachments

Company Representative submitting violation

Company
999 - Any Insurance Company
Name

Email for all responses regarding this form
company@company.com

Response

Response Date
5/6/2019

The ARP should complete the response in the space provided below and attach any supporting documentation using the attachment function. Acknowledged violations should include action taken by the agency to resolve such issues from occurring in the future. If the ARP fails to respond to the alleged violation(s) within 20 days of the violation receipt, the violation(s) will be deemed valid. The producer may include any documentation to support any refutation of the allegations.

Assigned Risk Producer Response

Producer Attachments

File: No file chosen

Producer/Agent making response

Name
Representative's Name

Assigned Risk Producer Email
producer@producer.com

CAR Review

Review Date
5/14/2019

CAR Action