Review Requirements Checklist

Mortgage Guaranty

Contact Person: Leaan Allison (217) 785-7600

Line(s) of Insurance/Business:

• Mortgage Guaranty; filing code(s) 6.0000

• MG-Fixed Rate Mortgages; filing code 6.0001

• MG-Trust/Pools; filing code 6.0002

• MG- Variable; filing code 6.0003

Links:

- Illinois Compiled Statutes Online
- Administrative Regulations Online
- Product Coding Matrix

All filings are public record in accordance with 215 ILCS 5/404 except where another provision of the Insurance Code says otherwise. The only code section that allows for a filing to be a trade secret or confidential is 215 ILCS 157/40 Use of Credit Information in Personal Insurance Act.

The Department's checklists include summaries that do not provide detailed information about all laws, regulations and bulletins. Therefore, the insurers should review the actual laws, regulations and bulletins to ensure forms are fully compliant before filing with the Department.

A form filing fee is required pursuant to 215 ILCS 5/408 (1)(jj).

LINE OF AUTHORITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Must have proper Class and	215 ILCS 5/4	To write Mortgage Guaranty insurance in Illinois,
Clause authority to conduct this		companies must be authorized to write:
line of business in Illinois.	<u>List of</u>	
	Classes/Clauses	1. Class 2, Clause (h) only.
Monoline requirement.	50 IL Adm.	An insurer may not transact business in Illinois if it
	Code 202.30	anywhere transacts, directly or indirectly, any class
		of insurance other than mortgage guaranty insurance
		and/or mortgage pool insurance.
SERFF FILING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS

The SERFF filing must contain 50 IL Adm.	All companies must file, using the System for
specified information. Code 753	Electronic Rate and Form Filing (SERFF):
"Me too" filings are not allowed.	 Copies of all policy forms on these kinds of business and, for mutual companies, a separate proxy signature line for the insured to sign, if applicable; Copies of generally used endorsement forms on these kinds of business; Copies of all application forms used on these kinds of business, including a separate proxy signature line for the insured to sign if applicable; A copy of the declaration page, in non-individualized, template form, absent personal policyholder information; and A copy of the policy jacket, if used by the company. All filings must be accompanied by a forms submission letter that includes: The name of the advisory organization or company making the filing: Title, form number, and edition identification for the forms; Information as to what Class and Clause coverage is written under: Identification of all applicable endorsements and applications as to the policy forms for which the endorsements and applications are used; Notification as to whether the filing is new or supersedes a present filing. Identification of all changes in all superseding filings, as well as identification of all superseded forms, is required; and Effective date of use.

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		Companies under the same ownership or general
		management are required to make separate
		individual company filings.
		Company Group ("Me too") filings are unacceptable.
PRIOR APPROVAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Mortgage guaranty forms are	<u>50 IL Adm.</u>	All mortgage guaranty insurance forms must be filed
prior approval.	Code 202.60	and approved by the Director prior to their use in
		Illinois.
Final printed forms must be	50 IL Adm.	Typed or printer's proof copies may be submitted for
filed.	Code 753	review but must be re-filed in printed form.
		Statements, provisions, or endorsements may not be
		typed or superimposed on a policy or endorsement.
Requirements for company		Company must include all Federal Employer
FEIN numbers.		Identification Numbers (FEINs) for companies
		making the filing.
All forms submitted under the		All forms under an assigned SERFF tracking number
same SERFF tracking_number		must have a common coverage relationship. (e.g., all
must have common coverage		forms in an auto filing must pertain only to auto,
relationship.		etc.)
NO FILE OR FILING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
EXEMPTIONS		REQUIREMENTS
Mortgage Guaranty forms	215 ILCS 5/	Insurance policies issued to those qualifying as
issued to "industrial insureds"	<u>I43(3)</u>	industrial insureds are not subject to the policy form
are not required to be filed.		filing requirements of 215 ILCS 5/143(3).
	215 ILCS	
However, such forms must	5/121-2.08	215 ILCS 5/121-2.08 applies to all authorized
comply with all laws,		companies. Definitions within 5/445 are relied upon
regulations, bulletins, etc. unless		to avoid duplication of those definitions. This
specifically exempted by the		1
		<u> </u>
law, regulation, bulletin, etc.		reliance is not intended to limit exemptions to surplus lines carriers.
	215 ILCS	reliance is not intended to limit exemptions to
law, regulation, bulletin, etc.		reliance is not intended to limit exemptions to surplus lines carriers.
law, regulation, bulletin, etc. Manuscript endorsements are	215 ILCS	reliance is not intended to limit exemptions to surplus lines carriers. Insurers are not required to file riders or endorsements prepared to meet special, unusual,
law, regulation, bulletin, etc. Manuscript endorsements are	215 ILCS	reliance is not intended to limit exemptions to surplus lines carriers. Insurers are not required to file riders or
law, regulation, bulletin, etc. Manuscript endorsements are	215 ILCS	reliance is not intended to limit exemptions to surplus lines carriers. Insurers are not required to file riders or endorsements prepared to meet special, unusual, peculiar, or extraordinary conditions applying to an individual risk.
law, regulation, bulletin, etc. Manuscript endorsements are	215 ILCS	reliance is not intended to limit exemptions to surplus lines carriers. Insurers are not required to file riders or endorsements prepared to meet special, unusual, peculiar, or extraordinary conditions applying to an

		risk must still be filed. In addition, because Section 143(3) exempts only endorsements applying to an
		individual risk, if a company uses the same
		endorsement on more than one risk, such form no
		longer qualifies for the filing exemption and must be
		filed.
SIDE BY SIDE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
COMPARISON		REQUIREMENTS
Form changes must be	50 IL Adm.	Changes from currently filed forms must be
highlighted.	Code 753	highlighted.
THIRD PARTY FILERS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
AUTHORITY		REQUIREMENTS
Insurer may authorize an	50 IL Adm.	Insurer may authorize an advisory organization, of
advisory organization to make a	Code 753	which it is a member or subscriber, to file forms on
form filing on its behalf.		its behalf, as long as the insurer has on file with the
		Department a forms authorization letter which
Insurer may change or delay the		includes:
effective date of an advisory		1) the name of the authorized advisory organization.
organization form filing by		2) the kinds of business for which filings will be
properly notifying the		made.
Department.		3) authorization clause or language.
Insurer may authorize attorneys,		4) effective date of authorization.
consulting firms, etc. to submit		Insurer may change or delay the effective date of an
form filings to the Department,		advisory organization form filing by notifying the
as long as the filing includes		Department. The notice shall include the insurer
proper authorization.		name, FEIN number, line of insurance, advisory
		organization name and filing number, and effective
		date desired.
		Insurer may authorize attorneys, consulting firms,
		etc. to submit form filings to the Department as long
		as the filing includes a notice, signed by an
		authorized company officer, giving authority for the
		entity to act on the insurer's behalf on any issues
		related to the filing.
AMBIGUOUS &	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
MISLEADING		REQUIREMENTS

The Director may disapprove a	215 ILCS	Director may disapprove any form that contains
form filing if it contains	5/143(2)	inconsistent, ambiguous, or misleading clauses.
inconsistent, ambiguous, or	- - 	, 5 ,
misleading clauses.		
APPLICATIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Applications must be filed.	50 IL Adm.	Applications must be filed, including
	Code 753	online/electronic applications.
BANKRUPTCY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
PROVISIONS		REQUIREMENTS
Policies that contain liability	215 ILCS 5/388	All policies containing liability coverage must
coverage must include a		include a provision stating that insolvency or
bankruptcy provision.		bankruptcy of the insured shall not release the
		company from its duties to pay under the policy.
CANCELLATION & NON-	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
RENEWAL		REQUIREMENTS
May not refuse to issue a policy	215 ILCS	No company shall refuse to issue a policy on the sole
on sole basis of previous refusal,	<u>5/143.10</u>	basis that the insured or applicant for such policy
cancellation or nonrenewal by		was previously refused issuance or renewal of a
any insurer.		policy by an insurer, or such insured's policy was
		cancelled on a prior date by any insurer.
Loss information requested for	215 ILCS	No prospective insurer shall request the insured to
underwriting.	<u>5/143.10a</u>	provide more detailed loss information than required
		by it to underwrite the same line or class of
		insurance.
Loss information required to be	215 ILCS	Insurer shall provide the following loss information
provided.	<u>5/143.10a</u>	to the first named insured within 30 days of the
		insured's request, and at the same time as any notice
		of cancellation or nonrenewal, except where the
		policy has been cancelled for nonpayment of
		premium, material misrepresentations or fraud on the
		part of the insured:
		a) on closed claims, date and description of
		occurrence, and total amounts of payments;

		b) on open claims, date and description of
		occurrence, total amount of payments and total
		reserves, if any; and
		reserves, if unly, und
		c) for any occurrence not included in (a) or (b), the
		date and description of occurrence and total reserves,
		if any.
		Insurer shall provide additional loss information,
		including specific loss reserves, to the first named
		insured as soon as possible, but in no event later than
		20 days of receipt of named insured's mailed or
		delivered written request for such information at the
		request of a prospective insurer.
		request of a prospective insurer.
		Insurer shall automatically extend coverage under
		the existing policy, at the same terms and conditions
		by the same number of days it takes the insurer to
		provide the insured with this additional information.
Policy must contain cancellation	215 ILCS	Policy must include a cancellation provision setting
provision.	5/143.11	out the manner in which the policy may be cancelled.
		1 5 5
CONDITIONAL RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
CONDITIONAL RENEWAL	REFERENCE	
Assignment or transfer of	REFERENCE 215 ILCS	DESCRIPTION OF REVIEW STANDARDS
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Assignment or transfer of	215 ILCS	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between
Assignment or transfer of policies among or between	215 ILCS	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company
Assignment or transfer of policies among or between insurers within an insurance	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or
Assignment or transfer of policies among or between insurers within an insurance holding company system or	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition,	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements.
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements. If the increase in the renewal premium is 30% or
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements. If the increase in the renewal premium is 30% or more, contains a change in deductibles or change in
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements. If the increase in the renewal premium is 30% or more, contains a change in deductibles or change in coverage that materially alters the policy, the
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements. If the increase in the renewal premium is 30% or more, contains a change in deductibles or change in coverage that materially alters the policy, the company must adhere to provisions in Section 143.17a as described below.
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements. If the increase in the renewal premium is 30% or more, contains a change in deductibles or change in coverage that materially alters the policy, the company must adhere to provisions in Section 143.17a as described below. A company making an assignment or transfer of a
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification	215 ILCS 5/143.11b	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements. If the increase in the renewal premium is 30% or more, contains a change in deductibles or change in coverage that materially alters the policy, the company must adhere to provisions in Section 143.17a as described below.

		assignment or transfer at least 60 days prior to the
		renewal date. An exact and unaltered copy of the
		notice shall also be sent to the insured's producer, if
		known, and agent of record.
Requirements for advance		If an insurer offers to renew directly to the named
notice of renewal with changes	<u>5/143.17a</u>	insured with a renewal increase of 30% or more, or
in deductibles, changes in		with a change in deductible or coverage that
coverage that materially alters	Illinois Supreme	materially alters the policy, the insurer must mail or
the policy, or increase of 30% or	Court Rule 236	deliver to the named insured, written notice of such
more.		premium increase or change at least 60 days prior to
		the renewal or anniversary date.
		The increase in premium shall be the renewal
		premium based on the known exposure as of the date
		of the quotation compared to the premium as of the
		last day of coverage for the current year's policy,
		annualized. The premium may be subsequently
		amended to reflect any change in exposure or
		reinsurance costs not considered in the quotation.
		The renewal notice must provide the specific dollar
		amount of the premium. Renewal notices issued with
		the wording "your premium increase will be 30% or
		more" do not comply with the Code.
		Notification must also be mailed to the insured's
		broker, if known, or the agent of record and to the
		mortgage or lien holder listed on the policy.
		If the insurer fails to provide 60 days notice in
		advance of the renewal or anniversary date but
		provides notice at least 31 days prior to the renewal
		or anniversary date, the company must extend the
		current policy under the same terms, conditions and
		premium to allow 60 days notice, and provide the
		actual renewal premium quotation and any change in
		coverage or deductible on the policy. If the insurer
		fails to provide 31 days advance notice as described
		above, the insurer must renew the expiring policy
		under the same terms and conditions for an
		additional year or until the effective date of any

		similar agrama and are the insured with the
		similar coverage procured by the insured, whichever
		is earlier. The insurer may increase the renewal
		premium, however such increase must be less than
		30% of the expiring term's premium, and notice of
		such increase must be delivered to the named insured
		on or before the date of expiration of the current
		policy period.
		Proof of mailing or proof of receipt may be proven
		by a sworn affidavit by the insurer as to the usual and
		customary business practices of mailing notices
		pursuant to Section143.17a or may be proven
		consistent with Illinois Supreme Court Rule 236.
NOTICE OF	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
CONCELLATION		REQUIREMENTS
Cancellation notice mailing	215 ILCS	Insurer must mail cancellation notice to the named
requirements and requirements	<u>5/143.14</u>	insured at the last mailing address known by insurer.
for canceling premium financed		Insurer must maintain proof of mailing on a form
insurance contracts.		acceptable to U.S. Post Office or other commercial
		mail delivery service. Notification must also be
		mailed to the insured's broker, if known, or the agent
		of record and to the mortgage or lien holder listed on
		the policy.
		Section 143.14 also contains requirements for
		canceling premium financed insurance contracts and
		procedures for returning unearned premium. See law
		for specific details of requirements.
Number of days notice required		Insurer must mail cancellation notice to the named
	5/143.16	insured at least: 10 days prior to effective date of
policies and notice	<u>5/115.10</u>	cancellation for nonpayment of premium; 30 days
requirements.		prior to effective date of cancellation during the first
		60 days of coverage; 60 days prior to effective date
		of cancellation after coverage has been effective for
		61 days or more.
		or days of more.
		All notices shall include a specific explanation of the
		reason(s) for cancellation.
Cancellation notice must advise		If an insurer cancels a commercial policy mid-term
insured of right to request a		per Section 143.16a, for any reason except non-
hearing.		payment of premium, the cancellation notice must
		paymont of promisin, the callednation notice must

	215 ILCS	advise the named insured of the right to appeal and
	<u>5/143.16a</u>	the procedure to follow for such appeal.
NOTICE OF NON-	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
RENEWAL		REQUIREMENTS
Number of days notice required	215 ILCS	Nonrenewal notice must be mailed to the named
for nonrenewing a commercial	<u>5/143.17a</u>	insured at least 60 days in advance of the nonrenewal
policy and other notice		date.
requirements.		
		Insurer must maintain proof of mailing of such
		notice on a recognized U.S. Post Office form or a
		form acceptable to the U.S. Post Office or other
		commercial mail delivery service.
		If the insurer fails to mail notice of nonrenewal to the
		named insured at least 60 days in advance of the
		nonrenewal date, the insurer must extend the policy
		for an additional year or until the effective date of
		any similar insurance procured by the insured,
		whichever is less, on the same terms and conditions
		as the policy sought to be terminated, unless the
		insurer has manifested its intention to renew at a
		different premium that represents an increase not
		exceeding 30%.
		Notification must also be mailed to the insured's
		broker, if known, or the agent of record and to the
		mortgage or lien holder listed on the policy.
		Nonrenewal notice must provide a specific
		explanation of the reason(s) for nonrenewal.
PERMISSIBLE REASONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
FOR CANCELLATION		REQUIREMENTS
May not cancel because agent's		Insurers may not cancel any policy on the ground
contract with insurer was	<u>5/141.01</u>	that the company's contract with the agent through
terminated.		whom the policy was obtained has been terminated.
May not cancel a policy on sole		Insurers may not cancel a policy on the sole basis
basis of previous refusal,	<u>5/143.10</u>	that the insured or applicant for such policy was
cancellation or nonrenewal by		previously refused issuance or renewal of a policy by
any insurer.		an insurer, or such insured's policy was cancelled on
	<u> </u>	a prior date by any insurer.

hearing.		premium, the cancellation notice must advise the
	5/143.23	143.16a, for any reason except non-payment of
Cancellation notice must advise	215 ILCS	If an insurer cancels a policy mid-term per Section
INFORMATION	J	REQUIREMENTS
CONSUMER	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
reason(s) for nonrenewal.		
specific explanation of the		
However, insurers must give a		as reason(s) for nomenerous
regulations.		of the reason(s) for nonrenewal.
other Illinois insurance laws or		However, insurers must give a specific explanation
those specifically prohibited in		insurance laws or regulations.
	<u>5/143.17a</u>	except those specifically prohibited in other Illinois
	215 ILCS 5/1/3/170	Insurers may nonrenew for almost any reason(s)
7	217 H CC	cancelled on a prior date by any insurer.
nonrenewal by any insurer.		policy by an insurer, or such insured's policy was
refusal, cancellation or		was previously refused issuance or renewal of a
1	<u>5/143.10</u>	basis that the insured or applicant for such policy
•	215 ILCS	Insurers may not refuse to renew a policy on the sole
		terminated.
insurer was terminated.		through whom the policy was obtained has been
1	<u>5/141.01</u>	ground that the company's contract with the agent
May not refuse to renew	215 ILCS	Insurers may not refuse to renew any policy on the
FOR NON-RENEWAL		REQUIREMENTS
PERMISSIBLE REASONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		loss of reinsurance.
		Rule 940 outlines requirements for certification of
		in Totalion of Immole insulance laws.
		in violation of Illinois insurance laws.
		that continuation of the policy could place the insurer
		the underlying risk; or (f) the Director determines
		the loss of reinsurance for all or a substantial part of
		the risk originally accepted has measurably increased; (e) the insurer certifies to the Director of
		violated any terms and conditions of the policy; (d)
	Code 940	through a material misrepresentation; (c) any insured
in effect for 60 days or more.		payment of premium; (b) the policy was obtained
commercial policy that has been		may only cancel for the following 6 reasons: (a) non-
	E /1 40 1 C	1 10 4 011 1 6

		named insured of the right to request a hearing to appeal such decision, and the procedure to follow for such appeal.
Written notice of company's	215 ILCS	No policy may be delivered unless the policyholder
complaint Department and	<u>5/143c</u>	or certificate holder is provided written notice of the
Department of Insurance Public		address of the complaint Department of the insurance
Service Department.	50 IL Adm.	company, and the address of the Public Service
	Code 931	Department of the Department of Insurance or its
		successor.
		Rule 931 provides more specific guidance that:
		a) such notice shall accompany any newly issued
		policy or binder;
		b) "written notice" shall be satisfied by: any printed
		notice delivered with a policy or certificate; any
		adhering label attached to a policy or certificate; any
		computerized notice issued concurrently with a
		computer issued policy or certificate; or any other
		form of individual written notice substantially
		similar to the above.
		Notice of Availability of the Department of
		Insurance shall be no less informative than the
		following: Illinois Department of Insurance,
		Consumer Division, 122 S. Michigan Ave., 19th
		Floor, Chicago, Illinois 60603 and Illinois
		Department of Insurance, 320 West Washington
		Street, Springfield, Illinois 62767.
		The address to be used for the company shall be an
		office that can service all types of complaints. If one
		office cannot service all types of complaints, then the
		additional addresses of each appropriate service
		office must be given.
		In addition to providing the required addresses, the
		notification should set forth the minimum amount of
		information included in the following suggested

		wording: "This notice is to advise you that should
		any complaints arise regarding this insurance, you
		may contact the following."
CONTENT OF POLICIES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Reasons for which the Director	215 ILCS	The Director may disapprove any form that (i)
may disapprove a form filing.	5/143(2)	violates any provision of the Illinois Insurance Code,
		(ii) contains inconsistent, ambiguous, or misleading
		clauses, or (iii) contains exceptions and conditions
		that will unreasonably or deceptively affect the risks
		that are purported to be assumed by the policy.
Requirements for form content	50 IL Adm.	There must be printed at the head of the policy the
and readability.	Code 753	name of the insurer or insurers issuing the policy, the
		location of the Home Office thereof; a statement of
		whether the insurer is a stock, mutual, reciprocal,
		Lloyds, alien insurer, or an insurer operating under a
		charter by Special Act of the Legislature of any state.
		There may be added thereto such devices, emblems
		or designs and dates as are appropriate for the insurer
		issuing the policy.
		issuing the policy.
		All forms must be identified by a descriptive title,
		form number and edition identification.
		form number and edition identification.
		All forms must be printed in not less than eight-point
		type.
DEFINITIONS	REFERENCE	1 T
		REQUIREMENTS
Definition of "renewal" or "to	215 ILCS	Definition of "renewal" or "to renew."
renew."	5/143.13(d)	
Definition of "nonpayment of	215 ILCS	Definition of "nonpayment of premium."
premium."	5/143.13(e)	
Definition of "policy delivered	215 ILCS	Definition of "policy delivered or issued for delivery
or issued for delivery in this	5/143.13(f)	in this State."
State."		
Definition of "cancellation" or	215 ILCS	Definition of "cancellation" or "cancelled."
"cancelled."	5/143.13(g)	
Definition of "Authorized real	50 IL Adm.	"Authorized real estate security" means a promissory
estate security."	Code 202.20	note, bond or other evidence of indebtedness which,
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		at the time of origination, does not, when added to
		any prior secured indebtedness relating to the real
		estate exceed ninety-five per cent (95%) of the fair
		market value of said real estate for first liens, and
		ninety (90%) for all other liens, and which is secured
		by mortgage, deed of trust, or other instrument
		constituting a lien or charge, provided such
		indebtedness represents a type of loan authorized to
		be made by a bank, savings and loan association,
		insurance company and, in the case of residential
		loans only, mortgage bankers regulated and
		supervised by a Department of the State of Illinois or
		by an agency of the federal government of the United
		States of America.
Definition of "fair market	50 IL Adm.	"Fair market value" means the lesser of sales price or
value."	Code 202.20	appraised value.
Definition of "mortgage	50 IL Adm.	"Mortgage guaranty insurance" means insurance
guaranty insurance."	Code 202.20	against financial loss by reason of the nonpayment of
		principal, interest and other sums agreed to be paid
		under the terms of:
		A promissory note, bond or other evidence of
		indebtedness secured by a mortgage, deed of trust or
		other instrument constituting a lien or charge on
		improved one to four family residential or
		commercial real estate, including, without limitation,
		condominiums and owner-occupied mobile homes;
		A promissory note, bond or other evidence of
		indebtedness secured by a mortgage, deed of trust,
		pledge or other instrument constituting a lien or
		charge on shares of stock evidencing ownership of a
		residential cooperative housing unit; or
		A written lease for the possession, use or
		occupancy of improved residential or commercial
		real estate.
Definition of "mortgage pool	50 IL Adm.	"Mortgage pool insurance" means mortgage guaranty
insurance."	Code 202.20	insurance written on a group of loans insuring each
		one individually but which limits liability to an
		agreed percentage of all loans in the group.
		more percentage of all found in the Group.

Definition of "reserves."	50 IL Adm. Code 202.20	"Reserves" shall have the following meanings: Reserves for policyholders means surplus as regards policyholders and contingency reserves as reported in the last filed annual financial statement; Reserve for general expenses required by Section 202.50(a) hereunder; Reserve for losses outstanding required by Section 202.50(b) hereunder;
		Reserve for unearned premiums required by Section 202.50(c) hereunder.
DISCRIMINATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
May not cancel certain policies	215 ILCS	Insurers may not cancel a policy, or refuse to issue or
or refuse to issue or renew	<u>5/143.24c</u>	renew a policy solely on the basis that one or more
certain policies solely due to		claims have been made against any policy during the
hate crimes.	Title 26 U.S.C.	preceding 60 months, for a loss that is the result of a
	Sections	hate crime, if the insured provides evidence to the
	21.15 4 2 15	insurer that the act causing the loss is identified as a
	(ii), and (vi).	hate crime on a police report.
Padlining When goographic		Applies to policies issued to an individual, a religious organization described in Section 170(b)(1)(A)(i) of Title 26 of the United States Code, or an educational organization described in Section 170(b)(1)(A)(ii) of Title 26 of the United States Code, or any other nonprofit organization described in Section 170(b)(1)(A)(vi) of Title 26 of the United States Code that is organized and operated for religious, charitable, or educational purposes.
Redlining When geographic location of risk may be		Insurer may not refuse to provide insurance solely on
grounds for refusing to insure.	5/155.22	the basis of the specific geographic location of the
		risk unless such refusal is for a business purpose which is not a mere pretext for unfair discrimination.
Unfair methods of competition	215 ILCS	It is an unfair method of competition or unfair and
or unfair or deceptive acts or	5/424(3)	deceptive act or practice if a company makes or
practices defined.	<u> </u>	permits any unfair discrimination between
Practices definied.		individuals or risks of the same class or of essentially
		the same hazard and expense element because of the
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		race, color, religion, or national origin of such
		insurance risks or applicants.
Procedure as to unfair methods	215 ILCS 5/429	Outlines the procedures the Director follows when he
of competition or unfair or		has reason to believe that a company is engaging in
deceptive acts or practices not		unfair methods of competition or unfair or deceptive
defined.		acts or practices.
Civil Union Partnerships-	750 ILCS 75/1	The Religious Freedom Protection and Civil Union
effective June 1, 2011		Act (Public Act 96-1513) will allow both same-sex
	Civil Union Fact	and different-sex couples to enter into a civil union
	<u>Sheet</u>	with all of the obligations, protections, and legal
		rights that Illinois provides to married heterosexual
		couples.
		Disease meta that whomever a nation forms application
		Please note that whenever a policy form, application,
		or rating rule includes the terms "spouse," "married,"
		or "immediate family member" it is required that
		parties to a civil union be included in these
		definitions.
DOMESTIC ABUSE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Rating, claims handling, and	215 ILCS	No insurer that issues a property and casualty policy
underwriting decisions based	<u>5/155.22b</u>	may use the fact that an applicant or insured incurred
solely on domestic violence.		bodily injury as a result of a battery committed
		against him/her by a spouse or person in the same
		household as a sole reason for a rating, underwriting,
		or claims handling decision.
Intentional acts exclusion	215 ILCS	If a policy excludes property damage coverage for
exception for innocent co-	<u>5/155.22b</u>	intentional acts, the insurers may not deny payment
insured.		to an innocent co-insured who did not cooperate in or
		contribute to the creation of the loss if the loss arose
		out of a pattern of criminal domestic violence and the
		perpetrator of the loss is criminally prosecuted for
		the act causing the loss.
EXCLUSIONS &	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
LIMITATIONS		REQUIREMENTS
Blank endorsements are	215 ILCS	Blank endorsements may be filed, but may not be
acceptable for filing, with	5/143(2)	used to decrease coverage, increase rates or
exceptions.		deductibles, or negatively alter any terms or
		conditions of coverage, unless such change is at the

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	IL Adm. Code	group professional liability; c) group inland marine;
	2302	d) group legal.
	215 ILCS	
	<u>5/900-906</u>	
ACTION AGAINST	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
COMPANY		REQUIREMENTS
Periods of limitation tolled.	215 ILCS	If the form contains a provision limiting the period of
	<u>5/143.1</u>	time within which the insured may bring suit, the
		provision must state that the running of such period
		is tolled from the date proof of loss is filed until the
ADDITOATION	DEFEDENCE	date the claim is denied in whole or in part. DESCRIPTION OF REVIEW STANDARDS
ARBITRATION	REFERENCE	REQUIREMENTS
Requirements for arbitration	710 ILCS 5/1	Any controversy or claim arising out of or relating to
provisions.		the contract, or the breach thereof, may be settled
	215 ILCS	within a reasonable time limit by arbitration
	<u>5/143(2)</u>	administered by the American Arbitration
		Association in accordance with the Uniform
		Arbitration Act 710 ILCS 5/1.
		The arbitration may be binding on both parties, or
		non-binding upon the insured, but in all instances
		must be entered into on a voluntary basis, as the
		insured must have the option of filing a lawsuit. Any
		forms that contain provisions to the contrary are
		deemed to contain exceptions and conditions that
		unreasonably or deceptively affect the risks that are
		purported to be assumed by the policy, in violation
		of Section 143(2) and will be disapproved
DEEDNIGE GOODG		accordingly.
DEFENSE COSTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Defense costs may not be	215 ILCS	Defense costs must be paid as supplement to the
included in limits of liability.	5/143(2)	limits of liability. Defense costs may not be included
		in the limits of liability. Any forms that contain
		provisions to the contrary are deemed to contain
		exceptions and conditions that unreasonably or
		deceptively affect the risks that are purported to be

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		assumed by the policy, in violation of Section 143(2)
		and will be disapproved accordingly.
PAYMENT OF LOSS TIME	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
PERIOD		REQUIREMENTS
If a form states when a claim	50 IL Adm.	If a form contains a provision stating when a claim
will be paid, the language must	Code 919.50	shall be paid, the provision must comply with this
conform to this Rule.		Rule that states that the insurer shall affirm or deny
		liability on claims within a reasonable time and shall
		offer payment within 30 days of affirmation of
		liability if the amount of the claim is determined and
		not in dispute. For those portions of the claim which
		are not in dispute and the payee is known, the insurer
		shall tender payment within said 30 days.
OTHER INSURANCE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Requirements for "Other	215 ILCS 5/397	"Other Insurance" provisions must state that
Insurance" provisions.		coverage under the policy will share proportionately
	215 ILCS	with other similar coverages the insured may have.
	<u>5/143(2)</u>	Any forms that contain provisions to the contrary
		conflict with the Standard Fire Policy minimum
		language and are deemed to contain exceptions and
		conditions that unreasonably or deceptively affect
		the risks that are purported to be assumed by the
		policy, in violation of Section 143(2) and will be
		disapproved accordingly.
PRIOR APPROVAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Mortgage guaranty forms are	50 IL Adm.	All mortgage guaranty insurance forms must be filed
prior approval.	Code 202.60	and approved by the Director prior to their use in
		Illinois.
PUNITIVE DAMAGES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Punitive damages.	95 IL. App. 34	An insurer may not reimburse an insured for punitive
	3d 1122	damages assessed as a result of the insured's own
		misconduct. If a form excludes coverage for punitive
	215 ILCS	damages, the form must state that it provides a
	5/143(2)	defense for claims involving both compensatory and
		punitive damages. Any forms that contain provisions
		to the contrary are deemed to contain exceptions and
		to the contrary are deemed to contain exceptions and

	T	conditions that unreasonably or deceptively affect
		the risks that are purported to be assumed by the
		policy, in violation of Section 143(2) and will be
		disapproved accordingly.
REBATES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Prohibitions against rebating.	<u>50 IL Adm.</u>	No mortgage guaranty company shall make any
	Code 202.30	rebate of any portion of the premium charge shown
		by the schedule of premium charge that the insurer is
		required to maintain. No mortgage guaranty
		company shall quote any premium charge to any
		person, which is less than that currently available to
		others for the same type of mortgage guaranty
		insurance policy. The amount by which any premium
		charge is less than that called for by the current
		schedule of premium charge is an unlawful rebate
VOIDANCE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Requirements to rescind a	215 ILCS 5/154	A policy may not be rescinded, defeated or avoided
policy for misrepresentation or		unless the misrepresentation is stated in the policy,
false warranty.		endorsement or rider attached thereto, or in the
		written application therefore, and was made with the
		actual intent to deceive, or materially affected either
		the acceptance of the risk or the hazard assumed by
		the company.
MISCELLANEOUS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Prohibition against deficiency	50 IL Adm.	With respect to owner-occupied single family homes,
judgment.	Code 202.60	a borrower shall not be liable to any mortgage
		guaranty insurance company for any deficiency
		arising upon a foreclosure sale except for
		foreclosures arising from fraud or misrepresentation
		by the borrower.
Minimum capital and surplus	50 IL Adm.	An insurer shall not transact mortgage guaranty
requirements.	Code 202.30	insurance unless it originally has and continues to
		have capital and surplus of at least the amounts
		specified in Section 13 of the Illinois Insurance
		Code.
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Other restrictions on transacting	50 II. Adm	Lists various financial requirements insurers must
mortgage guaranty insurance		follow to write mortgage guaranty business in
,		Illinois.
business and other requirements	50 IL Adm.	illiliois.
for transacting such business.	Code 202.60	
D : 1		111 1 1 1 1 1 1 1
Prejudgment interest.	215 ILCS	Illinois courts do not award prejudgment interest.
	5/143(2)	However, if a form references payment of
		prejudgment interest, then such payment must be a
		supplementary coverage and not paid within the
		policy limits. Any forms that contain provisions to
		the contrary are deemed to contain exceptions and
		conditions that unreasonably or deceptively affect
		the risks that are purported to be assumed by the
		policy, in violation of Section 143(2) and will be
		disapproved accordingly.
Post-judgment interest.	215 ILCS	If a form references payment of post-judgment
	5/143(2)	interest, then such payment must be a supplementary
	- - 	coverage and not paid within the policy limits. Any
		forms that contain provisions to the contrary are
		deemed to contain exceptions and conditions that
		unreasonably or deceptively affect the risks that are
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		purported to be assumed by the policy, in violation
		of Section 143(2) and will be disapproved
		accordingly.
Endorsements that amend	215 ILCS	An endorsement cannot be used to amend another
another endorsement are	<u>5/143(2)</u>	endorsement. Such endorsements are deemed to
prohibited.		result in inconsistent, ambiguous, or misleading
		clauses, in violation of Section 143(2) and will be
		disapproved accordingly.
Requirements for termination of	215 ILCS	Insurers must notify the Director of the termination
line of business.	5/143.11a	of a line of insurance, as well as the reasons for the
		action, 90 days before termination of any policy is
		effective.
Negative response roll-ons are	215 II CS 5/420	Form changes that are optional may not be applied
prohibited.	213 ILCS 3/729	"automatically unless the insured rejects." Insureds
promoned.		
		must be offered the option and must respond
		affirmatively for the change to apply. To apply the
		option automatically unless rejected is to engage in
		an unfair or deceptive act or practice.

RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Insurers shall adopt, print and	50 IL Adm.	Insurers shall adopt, print, and make available a
make available a schedule of	Code 202.30	schedule of premium charges for mortgage guaranty
premium charges.		insurance policies which schedule shall show the
		entire amount of premium charge for each type of
		mortgage guaranty insurance policy issued by the
		company.
Mortgage guaranty insurance	<u>50 IL Adm.</u>	Mortgage guaranty insurance rates and rules are not
rates and rules are not required	Code 754	required to be filed in Illinois.
to be filed in Illinois.		
OTHER	REFERENCE	DESCRIPTION OF REVIEW STANDARDS
		REQUIREMENTS
Unfair methods of competition	215 ILCS	REQUIREMENTS It is an unfair method of competition or unfair and
Unfair methods of competition or unfair or deceptive acts or	215 ILCS 5/424(3)	
_		It is an unfair method of competition or unfair and
or unfair or deceptive acts or		It is an unfair method of competition or unfair and deceptive act or practice if a company makes or
or unfair or deceptive acts or		It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between
or unfair or deceptive acts or		It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially
or unfair or deceptive acts or		It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the
or unfair or deceptive acts or	5/424(3)	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such
or unfair or deceptive acts or practices defined.	5/424(3)	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.
or unfair or deceptive acts or practices defined. Procedure as to unfair methods	5/424(3)	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants. Outlines the procedures the Director follows when he

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