

Review Requirements Checklist

Personal Umbrella Excess

Contact Person: [Denice Baldin](#) (217) 524-6497

Line(s) of Insurance/Business:

- Other Liability; filing code(s) 17.0000
- Umbrella & Excess (Personal); filing code 17.0021

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 the 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 Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write Other Liability insurance in Illinois, companies must be licensed to write: 1. Class 2, Clause (c)
SERFF FILING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
The SERFF filing must contain specified information	50 IL Adm. Code 753	All companies must file using the System for Electronic Rate and Form Filing (SERFF):

		<ol style="list-style-type: none"> 1. Copies of all policy forms for mutual companies, a separate proxy signature line for the insured to sign, if applicable; 2. Copies of generally used endorsement forms on these kinds of business; 3. Copies of all application forms used on these kinds of business, including a separate proxy signature line for the insured to sign if applicable; 4. A copy of the declaration page, in non-individualized, template form, absent personal policyholder information; and 5. A copy of the policy jacket, if used by the company. <p>All filings must be accompanied by a forms submission letter that includes:</p> <ol style="list-style-type: none"> 1. The name of the advisory organization or company making the filing; 2. Title, form number, and edition identification of the forms; 3. Information as to what Class and Clause coverage is written under: 4. Identification of all applicable endorsements and applications as to the policy forms for which the endorsements and applications are used; 5. 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 6. Effective date of use. <p>Companies under the same ownership or general management are required to make separate individual company filings.</p>
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		Company Group ("Me too") filings are unacceptable.
FILING SUBMISSION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
When forms must be filed.	50 IL Adm. Code 753	Forms must be received by the Department no later than their effective date of use.
Requirements for company FEIN.	Company Bulletin 88-53	Company must include all Federal Employer Identification Numbers (FEINs) for companies making the filing. Companies must assign a filing number which may be alpha, numeric, or both, but may not exceed 15 characters.
Forms under one filing number must have common coverage relationship.	Company Bulletin 88-53	All forms under an assigned filing number must have some common coverage relationship (e.g. all forms in an auto filing must pertain only to auto, etc.). Please refer to Company Bulletin 88-53 for specific information and guidance.
NO FILE OR FILING EXEMPTIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Manuscript endorsements are not required to be filed.	215 ILCS 5/143(3) CB 2015-09	Insurers are not required to file riders or endorsements prepared to meet special, unusual, peculiar, or extraordinary conditions applying to an individual risk. Because Section 143(3) exempts only riders or endorsements, policy forms applying to an individual 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 COMPARISON	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Form changes must be highlighted.	50 IL Adm. Code 753	Changes from currently filed forms must be highlighted.

THIRD PARTY FILERS AUTHORITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Insurer may authorize an advisory organization to make a form filing on its behalf.</p> <p>Insurer may change or delay the effective date of an advisory organization form filing by properly notifying the Department.</p> <p>Insurer may authorize attorneys, consulting firms, etc. to submit form filings to the Department, as long as the filing includes proper authorization.</p>	<p>50 IL Adm. Code 753</p>	<p>Insurer may authorize an advisory organization, of which it is a member of subscriber, to file forms on its behalf, as long as the insurer has on file with the Department a forms authorization letter which includes:</p> <ol style="list-style-type: none"> 1) the name of the authorized advisory organization. 2) the kinds of business for which filings will be made. 3) authorization clause or language. 4) effective date of authorization. <p>Insurer may change or delay the effective date of an advisory organization form filing by notifying the Department. The notice shall include the insurer name, FEIN number, line of insurance, advisory organization name and filing number, and effective date desired.</p> <p>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.</p>
AMBIGUOUS & MISLEADING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>The Director may disapprove a form filing if it contains inconsistent, ambiguous, or misleading clauses.</p>	<p>215 ILCS 5/143(2)</p>	<p>Director may disapprove any form that contains inconsistent, ambiguous, or misleading clauses.</p>
APPLICATIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Applications must be filed.</p>	<p>50 IL Adm. Code 753</p>	<p>Applications must be filed, including all online/electronic applications.</p>
BANKRUPTCY PROVISIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

Policies that contain liability coverage must include a bankruptcy provision.	215 ILCS 5/388	All policies containing liability coverage must include a provision stating that insolvency or bankruptcy of the insured shall not release the company from its duties to pay under the policy.
CANCELLATION & NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not refuse to issue a policy on sole basis of previous refusal, cancellation or nonrenewal by any insurer.	215 ILCS 5/143.10	No company shall refuse to issue a policy on the sole basis that the insured or applicant for such policy was previously refused issuance or renewal of a policy by an insurer, or such insured's policy was cancelled on a prior date by any insurer.
Policy must contain cancellation provision.	215 ILCS 5/143.11	Policy must include a cancellation provision setting out the manner in which the policy may be cancelled.
CONDITIONAL RENEWAL	REFERENCE	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.	215 ILCS 5/143.11b	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. A company making an assignment or transfer of a policy among or between insurers as stated above, must deliver to the named insured notice of such assignment or transfer at least 60 days prior to the renewal date. An exact and unaltered copy of the notice shall be sent to the insured's producer, if known, and agent of record.
60 days advance notice of renewal with changes in deductibles or coverages applicable to an entire line of business.	215 ILCS 5/143.17	If, at renewal, the insurer is imposing changes in deductibles or coverage for any policy forms applicable to an entire line of business, then written notice of the changes must be mailed 60 days prior to the renewal or anniversary date.

		Notification shall also be sent to the insured's broker, if known, or the agent of record, if known, and to the last known mortgagee or lien holder.
NOTICE OF CANCELLATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Cancellation notice mailing requirements and requirements for canceling premium financed insurance contracts.	215 ILCS 5/143.14	Insurers must mail cancellation notice to the named insured and to the mortgagee or lien holder, and send copy of such notice to the insured's broker, if known, or agent of record, at the last mailing address known by insurer. Insurer must maintain proof of mailing on a form acceptable to U.S. Post Office or other commercial mail delivery service. 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 for cancellation of policies and notice requirements.	215 ILCS 5/143.15	Insurers must mail cancellation notice to the named insured and mortgagee or lien holder, if known, at the last known mailing address, at least: 10 days prior to the effective date of cancellation for non-payment of premium; and 30 days prior to the effective date of cancellation for any other reason. All notices shall include a specific explanation of the reason(s) for cancellation.
Cancellation notice must advise insured of right to request a hearing.	215 ILCS 5/143.23 215 ILCS 5/143.13(c) 215 ILCS 5/143.16a	If an insurer cancels a personal lines policy as defined in Section 143.13(c) mid-term per Section 143.16a, for any reason except non-payment of premium, the cancellation notice must advise the named insured of the right to appeal and the procedure to follow for such appeal.
NOTICE OF NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for nonrenewal of a policy.	215 ILCS 5/143.17	Insurers must mail nonrenewal notice to the named insured at least 30 days in advance of the effective date. Insurer shall maintain proof of mailing on a recognized U.S. Post office form or other

		<p>commercial mail delivery service. The notice of nonrenewal and proof of mailing shall be effected on the same date.</p> <p>Notification shall also be sent to the insured's broker, if known, or the agent of record, if known, and to the last known mortgagee or lien holder.</p> <p>All notices shall provide a specific explanation of the reason(s) for nonrenewal.</p>
PERMISSIBLE REASONS FOR CANCELLATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not cancel because agent's contract with insurer was terminated.	215 ILCS 5/141.01	Insurers may not cancel any policy on the ground that the company's contract with the agent through whom the policy was obtained has been terminated.
May not cancel a policy on sole basis of previous refusal, cancellation or nonrenewal by any insurer.	215 ILCS 5/143.10	Insurers may not cancel a policy on the sole basis that the insured or applicant for such policy was previously refused issuance or renewal of a policy by an insurer, or such insured's policy was cancelled on a prior date by any insurer.
Reasons for canceling a policy that has been in effect for 60 days or more.	215 ILCS 5/143.16a 50 IL Adm. Code 940	<p>After a policy has been in effect for 60 days, insurer may only cancel for the following 6 reasons: (a) non-payment of premium; (b) the policy was obtained through a material misrepresentation; (c) any insured violated any terms and conditions of the policy; (d) the risk originally accepted has measurably increased; (e) the insurer certifies to the Director of the loss of reinsurance for all or a substantial part of the underlying risk; or (f) the Director determines that continuation of the policy could place the insurer in violation of Illinois insurance laws.</p> <p>Rule 940 outlines requirements for certification of loss of reinsurance.</p>
May not cancel certain policies solely due to hate crimes.	215 ILCS 5/143.24c	Insurers may not cancel a policy solely on the basis that one or more claims have been made against any policy during the preceding 60 months, for a loss that is the result of a hate crime, if the insured

	Title 26 U.S.C. Sections 170(b)(1)(A)(i), (ii), and (vi).	<p>provides evidence to the insurer that the act causing the loss is identified as a hate crime on a police report.</p> <p>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.</p>
PERMISSIBLE REASONS FOR NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not refuse to renew because agent's contract with insurer was terminated.	215 ILCS 5/141.01	Insurers may not refuse to renew any policy on the ground that the company's contract with the agent through whom the policy was obtained has been terminated.
May not refuse to renew a policy on sole basis of previous refusal, cancellation or nonrenewal by any insurer.	215 ILCS 5/143.10	Insurers may not refuse to renew a policy on the sole basis that the insured or applicant for such policy was previously refused issuance or renewal of a policy by an insurer, or such insured's policy was cancelled on a prior date by any insurer.
CONSUMER INFORMATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Cancellation notice must advise insured of right to request a hearing.	215 ILCS 5/143.23	If an insurer cancels a policy mid-term per Section 143.16a, for any reason except non-payment of premium, the cancellation notice must advise the 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 complaint Department and Department of Insurance Public Service Department.	215 ILCS 5/143c 50 IL Adm. Code 931	No policy may be delivered unless the policyholder or certificate holder is provided written notice of the address of the complaint Department of the insurance company, and the address of the Public

		<p>Service Department of the Department of Insurance or its successor.</p> <p>Rule 931 provides more specific guidance that:</p> <p>a) such notice shall accompany any newly issued policy or binder;</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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."</p>
CONTENT OF POLICIES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Reasons for which the Director may disapprove a form filing.	215 ILCS 5/143(2)	The Director may disapprove any form that (i) 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 and readability.	50 IL Adm. Code 753	There must be printed at the head of the policy the 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. All forms must be identified by a descriptive title, form number and edition identification. All forms must be printed in not less than eight-point type.
DEFENSE WITHIN LIMITS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Defense costs may not be included in limits of liability.	215 ILCS 5/143(2)	Defense costs must be paid as supplement to the 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 assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
LIMITS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Policy limits must apply on an occurrence basis.	215 ILCS 5/143(2)	A form may not restrict coverage to an aggregate policy limit. 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.
DEFINITIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Definition of "all other policies of personal lines."	215 ILCS 5/143.13(c)	Definition of "all other policies of personal lines" -- means any other policy of insurance issued to a natural person for personal or family protection.
Definition of "renewal" or "to renew."	215 ILCS 5/143.13(d)	Definition of "renewal" or "to renew."
Definition of "nonpayment of premium."	215 ILCS 5/143.13(e)	Definition of "nonpayment of premium."
Definition of "policy delivered or issued for delivery in this State."	215 ILCS 5/143.13(f)	Definition of "A policy delivered or issued for delivery in this State."
Definition of "cancellation" or "cancelled."	215 ILCS 5/143.13(g)	Definition of "cancellation" or "cancelled."
DISCRIMINATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not cancel certain policies, or refuse to issue or renew certain policies solely due to hate crimes.	215 ILCS 5/143.24c Title 26 U.S.C. Sections 170(b)(1)(A)(i), (ii), and (vi).	<p>Insurers may not cancel a policy, or refuse to issue or renew a policy solely on the basis that one or more claims have been made against any policy during the preceding 60 months, for a loss that is the result of a hate crime, if the insured provides evidence to the insurer that the act causing the loss is identified as a hate crime on a police report.</p> <p>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.</p>
Redlining -- When geographic location of risk may be grounds for refusing to insure.	215 ILCS 5/155.22	Insurer may not refuse to provide insurance solely on 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.
Rating, claims handling, and underwriting decisions based solely on domestic violence.	215 ILCS 5/155.22b	No insurer that issues a property and casualty policy may use the fact that an applicant or insured incurred 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 -- exception for innocent co-insured.	215 ILCS 5/155.22b	If a policy excludes property damage coverage for intentional acts, the insurers may not deny payment 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.
Unfair methods of competition or unfair or deceptive acts or practices defined.	215 ILCS 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.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	215 ILCS 5/429	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.
Civil Union Partnerships-effective June 1, 2011	750 ILCS 75/1 Civil Union Fact Sheet	The Religious Freedom Protection and Civil Union Act (Public Act 96-1513) will allow both same-sex and different-sex couples to enter into a civil union with all of the obligations, protections, and legal rights that Illinois provides to married heterosexual couples. 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 underwriting decisions based solely on domestic violence.	215 ILCS 5/155.22b	No insurer that issues a property and casualty policy may use the fact that an applicant or insured incurred 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 -- exception for innocent co-insured.	215 ILCS 5/155.22b	If a policy excludes property damage coverage for intentional acts, the insurers may not deny payment 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 & LIMITATIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Exceptions to exclusions for bodily injury for family members of the insured.	215 ILCS 5/143.01	If a form includes an exclusion of coverage for bodily injury for members of the family of the insured, the form must state that such exclusion shall not be applicable when a third party acquires a right of contribution against a member of the injured person's family, or when any person not in the household of the insured was driving the vehicle of the insured involved in the accident which is the subject of the claim or lawsuit.
Blank endorsements are acceptable for filing, with exceptions.	215 ILCS 5/143(2)	Blank endorsements may be filed, but may not be used to decrease coverage, increase rates or deductibles, or negatively alter any terms or conditions of coverage, unless such change is at the sole request of the insured. 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.
Certain restrictive endorsements must be signed and dated by insured.	215 ILCS 5/143(2)	Animal bite exclusions, roof exclusions, shed exclusions, and trampoline exclusions will be acceptable for filing only if they contain a

		provision for the insured to sign and date the endorsement, indicating acknowledgement and acceptance that there is no coverage provided. 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.
Communicable disease exclusions must be specific.	215 ILCS 5/143(2)	Forms may not exclude broad categories of communicable disease. Forms may exclude only specific diseases, such as AIDS, or specific classes of diseases, such as sexually transmitted diseases. 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.
Exclusions for unlicensed drivers are prohibited.	215 ILCS 5/143(2)	Forms may not exclude unlicensed drivers, whether underage or under license suspension or revocation. 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.
Exclusions of coverage due to DUI or other traffic offense are prohibited.	215 ILCS 5/143(2)	Forms may not exclude coverage because the operator is convicted of a DUI or other traffic offense. 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.
Intoxicant or narcotic exclusions are prohibited unless specific language is included.	215 ILCS 5/143(2)	Intoxicant or narcotic exclusions are prohibited unless they include the following: 1) a standard set forth with regard to what is considered an intoxicant or narcotic; 2) a standard set forth as to

		what levels of consumption defines intoxication; 3) a standard of proof set forth; and 4) language that distinguishes the intent or motivation. 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.
Named driver exclusions. Applies only to policies issued for vehicles designed for highway use.	Illinois court cases 215 ILCS 5/143(2)	Illinois courts have upheld named-driver exclusions if the form was signed by the named insured. 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. Applies only to policies issued for vehicles designed for highway use.
Electromagnetic exclusions are prohibited.	215 ILCS 5/143(2)	Electromagnetic exclusions are prohibited. 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.
Host liquor liability exclusions are prohibited.	215 ILCS 5/143(2)	Insurers may not exclude coverage for Host Liquor 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 assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Pollution exclusion requirements.	215 ILCS 5/143(2)	Pollution exclusions may not apply to BI/PD caused by heat, smoke or fumes from a hostile fire, and excluded items may not include ordinary products found in the household, which are used for the cleaning and maintenance of the premises.

		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.
MOLD	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Filing procedures and requirements for exclusions and limitations related to mold.	Company Bulletin 2002-07	Please refer to Company Bulletin 2002-7 for specific information and guidance.
TERRORISM	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Terrorism Risk Insurance Program Reauthorization Act of 2015 and Filing Procedures and Requirements for Terrorism-Related Forms, Rules and Rates.	Company Bulletin 2015-03	Please refer to Company Bulletin 2015-03 for specific information and guidance.
GROUP POLICIES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Group personal umbrella policies are not specifically allowed by statute.	215 ILCS 5/388a-388g 215 ILCS 5/393a-393g 215 ILCS 5/400.1 IL Adm. Code 2302 215 ILCS 5/900-906	<p>Per Regulation 906, there are no enabling statutes in IL which authorize the writing of group fire, casualty, inland marine, or surety insurance. The effect is to require that all fire, casualty, inland marine, or surety insureds of the same class shall be treated alike. This regulation is not applicable where the Illinois Insurance Code specifically authorizes the grouping of risks.</p> <p>Therefore, only professional liability for certain groups, and group legal liability are specifically allowed by statute to be written on a group basis in Illinois. See requirements below and refer to laws for specific information and guidance.</p>
ACTION AGAINST COMPANY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

Periods of limitation tolled.	215 ILCS 5/143.1	If the form contains a provision limiting the period of 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 date the claim is denied in whole or in part.
ARBITRATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for arbitration provisions.	710 ILCS 5/1 215 ILCS 5/143(2)	Any controversy or claim arising out of or relating to the contract, or the breach thereof, may be settled within a reasonable time limit by arbitration 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 accordingly.
DEFENSE COSTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Defense costs may not be included in limits of liability.	215 ILCS 5/143(2)	Defense costs must be paid as supplement to the 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 assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
PAYMENT OF LOSS TIME PERIOD	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

If a form states when a claim will be paid, the language must conform to this Rule.	50 IL Adm. Code 919.50	If a form contains a provision stating when a claim shall be paid, the provision must comply with this 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 Insurance" provisions.	215 ILCS 5/143(2)	"Other Insurance" provisions must state that coverage under the policy will share proportionately with other similar coverages the insured may have. 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.
PUNITIVE DAMAGES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Punitive damages.	95 IL. App. 34 3d 1122 215 ILCS 5/143(2)	An insurer may not reimburse an insured for punitive damages assessed as a result of the insured's own misconduct. If a form excludes coverage for punitive damages, the form must state that it provides a defense for claims involving both compensatory and punitive damages. 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.
REBATES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

<p>Payments or acceptance of rebates prohibited.</p> <p>Rebates -- penalties</p>	<p>215 ILCS 5/151</p> <p>215 ILCS 5/152</p>	<p>No insurer, agent or broker shall offer, give, etc., any rebate of premium, agent's commission, profits, dividends, or any special advantage in date of policy or age of issue, or any other valuable consideration or inducement, upon issuance or renewal, which is not specified in the policy contract of insurance.</p> <p>However, insurers may pay a bonus to policyholders or abate their premiums, in whole or in part, out of surplus accumulated from nonparticipating insurance.</p> <p>Insurers may also offer a child passenger restraint system, or a discount from the purchase price of a child passenger restraining system to policyholders, when the purpose of such system is the safety of a child and compliance with the "Child Passenger Protection Act."</p> <p>No insured or applicant shall directly or indirectly receive or accept any rebate of premium or agent's or broker's commission, or any favor or advantage, or any valuable consideration or inducement, other than such as is specified in the policy.</p> <p>Any company or person violating any provision of Section 151 shall be guilty of a Class B misdemeanor.</p>
VOIDANCE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Requirements to rescind a policy for misrepresentation or false warranty.</p>	<p>215 ILCS 5/154</p>	<p>A policy may not be rescinded, defeated or avoided unless the misrepresentation is stated in the policy, 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.</p>

		No personal lines policy may be rescinded after the policy has been in effect for one year, or one policy period, whichever is less.
MISCELLANEOUS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Prejudgment interest.	215 ILCS 5/143(2)	Illinois courts do not award prejudgment interest. 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 5/143(2)	If a form references payment of post-judgment 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.
Endorsements that amend another endorsement are prohibited.	215 ILCS 5/143(2)	An endorsement cannot be used to amend another endorsement. Such endorsements are deemed to result in inconsistent, ambiguous, or misleading clauses, in violation of Section 143(2) and will be disapproved accordingly.
Requirements for termination of line of business.	215 ILCS 5/143.11a	A company must notify the Director of the termination of a line of insurance, as well as the reasons for the action, 90 days before termination of any policy is effective.
Offering of uninsured motorists coverage.	215 ILCS 5/143a-2(5)	Insurers providing liability coverage on an excess or umbrella basis are neither required to provide, nor are they prohibited from offering or making available uninsured and underinsured motorists liability coverage.

Negative response roll-ons are prohibited.	215 ILCS 5/429	Form changes that are optional may not be applied "automatically unless the insured rejects." Insureds 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
Personal umbrella and excess rates and rules are not required to be filed in Illinois.	50 IL Adm. Code 754	Personal umbrella and excess rates and rules are not required to be filed in Illinois. A company must maintain documentary data for rate level changes so that it will be available for review by the Department's Property & Casualty Compliance Unit.
OTHER	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Unfair methods of competition or unfair or deceptive acts or practices defined.	215 ILCS 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.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	215 ILCS 5/429	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.

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