

Review Requirements Checklist

Aircraft (Personal and Commercial)

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Line(s) of Insurance/Business:

- Aircraft; filing code 22.0000

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 Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write aircraft (both manned aircraft and unmanned aircraft systems) insurance in Illinois, companies must be licensed to write: Class 2, Clauses (b)
SERFF FILINGS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
The SERFF filing must Contain specific information	50 IL Adm. Code 753	All companies must file, using the System for Electronic Rate and Form Filing (SERFF): 1) 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; 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.

All filings must be accompanied by a forms submission letter that includes:

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.

		Companies under the same ownership or general management are required to make separate individual company filings. 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	The Department must receive forms no later than their effective date of use.
Final printed forms must be filed.	50 IL Adm. Code 753	Typed or printer's proof copies may be submitted for 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 FEIN numbers.	50 IL Adm. Code 753	Company must include all Federal Employer Identification Numbers (FEINs) for companies making the filing.
Forms under one filing number must have common coverage relationship.	50 IL Adm. Code 753	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)	Insurance policies issued to those qualifying as industrial insureds are not subject to the policy form filing requirements of 215 ILCS 5/143(3).

		Effective January 1, 2015, the standard for the industrial insured exemption has changed due to the passage of Public Act 98-0978 ("Act"). The Act now conforms to the definition of industrial insured as it is defined in section 5/445(1) regarding the surplus lines commercial insured exemption. The Department intends to follow this new standard when determining applicability of the industrial insured exemption to the policy form filing requirements. Please refer to Company Bulletin 2015-09 for specific information and guidance.
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
Insurer may authorize an advisory organization to make a form filing on its behalf. Insurer may change or delay the effective date of an advisory organization form filing by properly notifying the Department.	50 IL Adm. Code 753	Insurer may authorize an advisory organization, of which it is a member or subscriber, to file forms on its behalf, as long as the insurer has on file with the Department a forms authorization letter, which includes: 1) the name of the authorized advisory organization. 2) the kinds of business for which filings will be made.

Insurer may authorize attorneys, consulting firms, etc. to submit form filings to the Department, as long as the filing includes proper authorization.		3) authorization clause or language. 4) effective date of authorization. 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. 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 & MISLEADING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
The Director may disapprove a form filing if it contains inconsistent, ambiguous, or misleading clauses.	215 ILCS 5/143(2)	Director may disapprove any form that contains inconsistent, ambiguous, or misleading clauses.
APPLICATIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Applications must be filed.	50 IL Adm. Code 753	Applications must be filed, including online/electronic applications.
APPRAISAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

ARBITRATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for arbitration provisions.	215 ILCS 5/143(2) 710 ILCS 5/1	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
BANKRUPTCY PROVISIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Policies that contain liability coverage must include a	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.

bankruptcy provision.		
BLANK ENDORSEMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
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.
Exclusions	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Named Pilot Exclusion	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.

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.
Loss information requested for underwriting.	215 ILCS 5/143.10a	No prospective insurer shall request the insured to provide more detailed loss information than required by it to underwrite the same line or class of insurance.
Loss information required to be provided.	215 ILCS 5/143.10a	Insurer shall provide the following loss information 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 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. 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 provision.	215 ILCS 5/143.11	Policy must include a cancellation provision setting out the manner in which the policy may be cancelled.
May not refuse to issue certain	215 ILCS 5/143.24c	Insurers may not refuse to issue a policy solely on the basis that one or more claims have been made against any policy during the preceding 60

policies solely due to hate crimes.	Title 26 U.S.C. Sections 170(b)(1)(A)(i), (ii), and (vi).	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. 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.
Rating or 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 or underwriting decision.
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. 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 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.
Requirements for advance notice of renewal with changes in	215 ILCS 5/143.17a	If an insurer offers to renew directly to the named insured with a renewal increase of 30% or more, or with a change in deductible or coverage that materially alters the policy, the insurer must mail

deductibles, changes in coverage that materially alters the policy, or increase of 30% or more.

or deliver to the named insured, written notice of such 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.

An exact and unaltered copy of the notice shall be sent to the insured's broker, if known, or the agent of record.

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 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 Section 143.17a or may be proven consistent with Illinois Supreme Court Rule 236.
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	Insurer must mail cancellation notice to the named insured and to the mortgage or lien holder, and send copy of such notice to the insured's broker, if known, or the 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 commercial policies and notice requirements.	215 ILCS 5/143.16	Insurer must mail cancellation notice to the named insured at least: 10 days prior to effective date of cancellation for nonpayment of premium; 30 days 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. All notices shall include a specific explanation of the reason(s) for cancellation.
Number of days notice required for cancellation of	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

personal policies and notice requirements.		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 of fire and marine policies with 10 days' advance notice.	215 ILCS 5/143.20a 215 ILCS 5/4	Property policies issued for the kinds of business enumerated in Class 3 of Section 4 may be cancelled with 10 days' written notice to the named insureds if the insured property is found to consist of one or more of the following: a) Buildings to which, following a fire loss, permanent repairs have not commenced within 60 days after satisfactory adjustment of loss, unless such delay is a direct result of a labor dispute or weather conditions; b) Buildings which have been unoccupied 60 consecutive days, except buildings which have a seasonal occupancy and buildings which are undergoing construction, repair or reconstruction and are properly secured against unauthorized entry; c) Buildings on which, because of their physical condition, there is an outstanding order to vacate,

		an outstanding demolition order, or which have been declared unsafe in accordance with applicable law; d) Buildings on which heat, water, sewer service or public lighting have not been connected for 30 consecutive days or more. All such notices of cancellation must be sent by certified mail and regular mail to the address of record of the named insured
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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.