

Review Requirements Checklist

Commercial Auto

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Line(s) of Insurance/Business:

- Commercial Auto: filing code(s) 20.0000
- Business Auto: filing code 20.0001
- Garage: filing code 20.0002
- Other: filing code 20.0003

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 Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write Commercial auto no-fault (PIP) and other commercial liability insurance in Illinois, companies must be licensed to write: 1. Class 2, Clause (b).

		To write Commercial auto physical damage insurance in Illinois, companies must be authorized to write: 1. Class 2, Clause (b) or 2. Class 3, Clause (e). To write combination commercial auto liability and physical damage coverage in Illinois, companies must be licensed to write: 1. Class 2, clause (b), or 2. Class 2, Clause (b) and Class 3, Clause (e).
SERFF FILING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
The submission letter must contain specified information. "Me too" filings are not allowed.	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 for 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	Forms must be received by the Department 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.		Company must include all Federal Employer Identification Numbers (FEINs) for companies making the filing.
All forms submitted under the same SERFF tracking number must have common coverage relationship.		All forms under an assigned SERFF tracking number must have a common coverage relationship. (e.g., all forms in an auto filing must pertain only to auto, etc.)
NO FILE OR FILING EXEMPTIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

Commercial auto forms issued to "industrial insureds" 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).
However, such forms must comply with all laws, regulations, bulletins, etc. unless specifically exempted by the law, regulation, bulletin, etc.	215 ILCS 5/121-2.08	215 ILCS 5/121-2.08 applies to all authorized companies. Definitions within 5/445 are relied upon to avoid duplication of those definitions. This reliance is not intended to limit exemptions to surplus lines carriers.
Manuscript endorsements are not required to be filed.	215 ILCS 5/143(3)	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
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. Insurer may authorize attorneys, consulting firms, etc. to submit form filings to the Department, as	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. 3) authorization clause or language. 4) effective date of authorization.

long as the filing includes proper 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.
ARBITRATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Policy must contain arbitration provision for UM and UMPD in accordance with the law requirements. Applies only to policies issued for vehicles designed for highway use.	215 ILCS 5/143a	Policies must contain specific arbitration language with regard to Uninsured Motorist Bodily Injury liability coverage (UM) and Uninsured Motorist Property Damage coverage (UMPD). See specific law for details to ensure that forms comply with all requirements before filing with the Department. Any decision made by the arbitrators shall be binding for the amount of damages not exceeding \$75,000 for bodily injury to or death of any one person, \$150,000 for bodily injury to or death of 2 or more persons in any one motor vehicle accident, or the corresponding policy limits for bodily injury or death, whichever is less.

		Applies only to policies issued for vehicles designed for highway use.
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.
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.
Insurers may not refuse to insure based on identity of prior carrier. Applies only to policies issued for vehicles designed for highway use.	215 ILCS 5/155.27	No insurer may refuse to insure the applicant solely based upon the identity of the applicant's prior carrier. Applies only to policies issued for vehicles designed for highway use.
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 also be sent to the insured's producer, if known, and agent of record.
Requirements for advance notice of renewal with changes in deductibles, changes in coverage	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

that materially alters the policy, or increase of 30% or more.	Illinois Supreme Court Rule 236	materially alters the policy, the insurer must mail 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. 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 <u>but provides notice at least 31 days prior to the renewal or anniversary date</u>, 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. <u>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</u>
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		<u>date of expiration of the current policy period.</u> 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 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. 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 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.
Cancellation notice must advise insured of right to request a hearing.	215 ILCS 5/143.23 215 ILCS 5/143.16a	If an insurer cancels a commercial 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 appeal and the procedure to follow for such appeal.

NOTICE OF NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Number of days notice required for nonrenewing a commercial policy and other notice requirements.	215 ILCS 5/143.17a	Nonrenewal notice must be mailed to the named insured at least 60 days in advance of the nonrenewal date. 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 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 commercial policy that has been in effect for 60 days or more.	215 ILCS 5/143.16a 50 IL Adm. Code 940	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. Rule 940 outlines requirements for certification of loss of reinsurance.
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.
Insurers may nonrenew for almost any reason(s) except those specifically prohibited in other Illinois insurance laws or regulations. However, insurers must give a specific explanation of the reason(s) for nonrenewal.	215 ILCS 5/143.17a	Insurers may nonrenew for almost any reason(s) except those specifically prohibited in other Illinois insurance laws or regulations. However, insurers must give a specific explanation of the reason(s) for nonrenewal.
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 CB 2025-01	No policy may be delivered unless the policy holder or certificate holder is provided written notice regarding where to file a complaint. This notice is expected to be filed with all new products as well as any time there is a change made to the notice. Rule 931 provides more specific guidance that: The requirement of providing “written notice” shall be satisfied by: A) Any printed notice delivered with a policy or certificate; B) Any adhering label attached to a policy or certificate; C) Any computerized notice issued concurrently with a computer issued policy of certificate; D) Any other form of individual written notice substantially similar to the above. In the required notice: A) Companies shall use the contact information for the Department of Insurance explicitly stating “You may file a consumer complaint online at the Illinois Department of Insurance’s website or by mail. The Department maintains a Consumer Division in Chicago at 115 S. Lasalle St., 13th Floor, Chicago, IL 60603 and in Springfield at 4800 Wabash Ave, Springfield, IL 62711. B) 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. C) 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:” The following types of insurance are exempted from this Part: A) Ocean Marine B) Fidelity and Surety C) Commercial Inland Marine risks which, by general custom, are not written according to manual rates or rating plans.
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.
DEFINITIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
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 "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).	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. 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 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.
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.
Unfair methods of competition or unfair or deceptive acts or practices defined.	215 ILCS 5/424(5)	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or charges any rate for insurance against losses arising from the use or ownership of a motor vehicle which requires a higher premium of any person by reason of his physical handicap, race, color, religion, or national origin.
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	The Religious Freedom Protection and Civil Union Act 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

	Civil Union Fact Sheet	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 contain a provision 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.
Coverage for permissive drivers Applies to private passenger type autos	215 ILCS 5/143.13a (Effective 1/1/08)	Permissive drivers must have the same limits of bodily injury liability, property damage liability, uninsured and underinsured motorists liability and medical payments as a named insured.

Communicable disease exclusions must be specific.	215 ILCS 5/143(2)	Form may not exclude broad categories of communicable disease. Form 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 offenses 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.
Coverage for temporary substitute vehicles is required.	215 ILCS 5/143(2)	Forms must provide, at a minimum, excess liability and physical damage coverage for temporary substitute vehicles if the form would have covered the out of service vehicle. 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.
Requirements for exclusions for racing.	215 ILCS 5/143(2)	Forms may not exclude coverage if vehicle was involved in racing, except if racing event was prearranged or organized. Any forms that contain

Applies only to forms issued for vehicles designed for highway use.		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 forms issued for vehicles designed for highway use.
Requirements for radius restrictions.	215 ILCS 5/143(2)	Forms that include a radius restriction may not exclude liability coverage entirely when a vehicle is outside of the radius, but must provide at least the minimum financial responsibility limit as shown on the Certificate of Insurance. 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.	Case No. 1-02-0436 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.
Diminution In Value (Property Damage - 3rd Party Liability)	215 ILCS 5/143(2)	Diminution in Value language is prohibited in third party liability coverage. The proper measure of damages is according to general tort law. In Illinois the body of law controlling the measure of damages in tort cases is set forth in the Illinois Pattern Jury Instructions. In general, the measure of damages in cases of property damage is the reasonable value of necessary repairs and/or the difference between the property's fair market value immediately before and after the event causing the

		damage. If after the repairs are performed to the real property there is still a decrease in the fair market value of the property then the plaintiff is also entitled to the diminution in market value of the property. 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.
Exception for excluding class of persons.	50 IL Adm. Code 921	Policy may not exclude a class of persons solely as a consideration of the rate class applied thereto, nor shall such a provision be included in any automobile insurance policy unless the insured, because of unusual hazards or exposures, would not otherwise meet the company's normal underwriting standards for acceptance.
Exclusions for certain kinds of vehicle equipment are prohibited.	50 IL Adm. Code 924	Policy may not exclude standard or optional equipment available from the manufacturer of the auto named in the policy for that make, model, and model year unless the company issues an endorsement signed by the named insured. Any such endorsement must contain the following information: a) The named insured's signature. b) The date the endorsement was signed by the named insured. c) The policy number. d) Identification of the specific item or items to be excluded from the named insured's policy as a result of the endorsement. e) Specific identification of the automobile to which the endorsement applies. This prohibition does not apply to: a) loss of or damage to any device or instrument designed for the recording, reproduction,

		receiving, or transmittal of sound, radio waves, microwaves or television signals unless such device or instrument is permanently installed in the dash or console opening specified by the manufacturer of the motor vehicle for the installation of such equipment. b) loss or damage to any tape, wire, record disc or other medium for use with any device or instrument designed for the recording, reproduction, or recording and reproduction of sound.
Liability coverage for stated drivers only is prohibited.	625 ILCS 5/7-317(b) 2	The Financial Responsibility Act requires that all vehicle owners' policies insure every named insured and any other person using the vehicle with the express or implied permission of the named insured. Stated or named driver forms are prohibited.
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 2002-07 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 vehicle insurance defined. Group vehicle policies may provide coverage for physical damage, liability or both.	215 ILCS 5/388a	Group vehicle insurance is vehicle insurance covering not less than 10 employees, members or employees of members, written under a master policy issued to any governmental corporation, unit, agency or Department thereof, or to any corporation, co-partnership, individual employer, or to any association upon application of an

A group physical damage policy and certificate incidental thereto does not meet IL mandatory insurance requirements and must contain a warning to that effect.		executive officer or trustee of such association having a constitution or by-laws and formed in good faith for purposes other than that of obtaining insurance, where officers, members, employees, employees of members or classes or Department thereof, may be insured for their individual benefit. In addition, a group vehicle policy may be written to insure any group which may be insured under a group life insurance policy. The term "employees" shall include the officers, managers and employees of subsidiary or affiliated corporations, and the individual proprietors, partners and employees of affiliated individuals and firms, when the business of such subsidiary or affiliated corporations, firms or individuals, is controlled by a common employer through stock ownership, contract or otherwise. Group vehicle insurance policies may provide physical damage coverage, liability coverage, or a combination of physical damage and liability. A group physical damage policy and a certificate incidental to that policy, issued in accordance with this Section, does not meet the mandatory insurance requirements under the IL Vehicle Code and must contain a warning to the consumer that the policy does not comply with those requirements.
Group vehicle insurance authorized. Insurers with Class 2(b) and/or Class 3(e) authority may write group vehicle.	215 ILCS 5/388b 215 ILCS 5/4 215 ILCS 5/143(2)	Any insurer authorized to write Class 2(b) and/or Class 3(e) of Section 4 of the Code may issue group vehicle policies. Such policies must be filed per Section 143 and shall include provisions required by Sections 388c-388f.

Such policies must be filed in accordance with Section 143. Such policies must comply with Section 7-317 of the IL Vehicle Code.	625 ILCS 7-317	A group vehicle insurance policy that provides liability coverage must comply with the requirements of Section 7-317 of the IL Vehicle Code.
"Entire contract" specified.	215 ILCS 5/388c	Group vehicle insurance policies shall provide that the policy, the application of the employer, or executive officer or trustee of any association, and the individual applications, if any, of the employees, members, or employees of members insured shall constitute the entire contract between the parties, and that all statements made by the employer, or the executive officer or trustee, or by the individual employees, members, or employees of members shall, in the absence of fraud, be deemed representations and not warranties, and that no such statement shall be used in defense to a claim under the policy, unless it is contained in a written application.
Certificates required.	215 ILCS 5/388d	Each group vehicle insurance policy shall provide that the insurer will issue to the employer, or to the executive officer or trustee of the association, for delivery to the employee, member, or employee of a member, who is insured under such policy, an individual certificate setting forth a statement as to the insurance protection to which he is entitled and to whom payable and, at the request of any participating member or employee that has liability insurance coverage, will issue a certificate of his vehicle insurance to the Secretary of State as proof of the insured's financial responsibility in compliance with the IL Vehicle Code.
New members of group.	215 ILCS 5/388e	Each group vehicle policy shall provide that, to the group or class thereof originally insured, shall be added from time to time all new employees of the employer, members of the association, or employees of members eligible to and applying for insurance in such group or class, but participation

		in the group plan shall not be required as a condition of employment, nor shall any member not participating in the plan be coerced or discriminated against.
Conversion rights.	215 ILCS 5/388f	Each group vehicle insurance policy shall provide that any member of the group shall have the right to convert his group policy to an individual standard policy of insurance in the same company as offered by the insurer to the non-group insureds upon termination of his connection with the group extending him the same limits of coverage.
Cancellation restricted.	215 ILCS 5/388g	Insurer may not cancel the insurance of an individual member of a group covered by a group vehicle insurance policy, except for the non-payment of premium by such member, or unless the insurance for the entire group is cancelled. In such cases, notice of cancellation as provided in like-non-group policies shall be given to each member and, when appropriate, to the Secretary of State.
LIMITS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Minimum limits for Bodily Injury Liability and Property Damage Liability	625 ILCS 5/7-203	Minimum Bodily Injury liability limits are \$25,000 per person and \$50,000 per accident. Minimum Property Damage liability limits are \$20,000 per accident.
ACTION AGAINST COMPANY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for forms that contain provisions that limit time for bringing suit against the company for Underinsured Motorists Bodily Injury (UIM) coverage.	215 ILCS 5/143(2)	If the form contains a provision that limits time for bringing suit against the company under the Underinsured Motorists Bodily Injury (UIM) coverage, the language must state that time for bringing suit shall begin after a judgment is rendered rather than after the accident, so as not to conflict with the exhaustion clause. 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.
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.
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.
MINIMUM STANDARDS FOR CONTENT (POLICIES AND STANDARD FORMS)	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Coverage for temporary substitute vehicles is required.	215 ILCS 5/143(2)	Forms must provide, at a minimum, excess liability and physical damage coverage for temporary substitute vehicles if the form would have covered the out of service vehicle. 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.
Self-insured retention endorsements.	625 ILCS 5/7-502	Policies with self-insured retentions for liability coverage may only be issued to those persons with more than 25 motor vehicles registered in their name and who have obtained a certificate of self-insurance issued by the Director.
Liability deductible endorsements.	625 ILCS 5/7-317	All liability deductible endorsements shall provide first dollar payment by stating that the company will pay the deductible to settle any claim. The company may then seek reimbursement for the deductible amount from the insured. Failure to reimburse a deductible may not be construed as nonpayment of premium for cancellation of the policy.
Garage customer liability.	625 ILCS 5/5-101 625 ILCS 5/5-102	If a new or used vehicle dealer or an employee of such dealer provides a vehicle to a customer as a permissive user while the user's auto is being repaired or evaluated, and such user has auto liability coverage providing limits of at least \$100,000/300,000 bodily injury (BI) and \$50,000 property damage (PD), the permissive user's coverage shall be primary and the dealer's liability coverage shall be secondary. However, if the permissive user does not have liability coverage, or has liability limits less than \$100,000/300,000 BI and \$50,000 PD, then the dealer's liability coverage shall be primary and the permissive user's liability coverage shall be secondary. If a customer is test-driving a dealer's vehicle, then the dealer's policy shall be primary.
Liability coverage for stated drivers only is prohibited.	625 ILCS 5/7-317(b) 2	The Financial Responsibility Act requires that all vehicle owners' policies insure every named insured and any other person using the vehicle with the express or implied permission of the

		named insured. Stated or named driver forms are prohibited.
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. However, coverage for non-owned autos may state that coverage is excess. 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 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
Payments or acceptance of rebates prohibited. Rebates -- penalties	215 ILCS 5/151 215 ILCS 5/152	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.

		However, insurers may pay a bonus to policyholders or abate their premiums, in whole or in part, out of surplus accumulated from nonparticipating insurance. 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." 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. Any company or person violating any provision of Section 151 shall be guilty of a Class B misdemeanor.
UNINSURED/UNDERINSURED MOTORISTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for Minimum Uninsured Motorist Bodily Injury (UM). Applies only to policies issued for vehicles designed for highway use.	215 ILCS 5/143a	Forms that include coverage for bodily injury liability must also include coverage for Uninsured Motorist Bodily Injury (UM) in amounts equal to the Illinois financial responsibility limits (currently \$25,000 per person and \$50,000 per accident). Also includes other requirements. See specific law for details to ensure that all forms comply with requirements. Applies only to policies issued for vehicles designed for highway use.
Requirements for Increased Limits of Uninsured Motorist Bodily Injury (UM) Coverage and	215 ILCS 5/143a-2	Forms that include bodily injury limits greater than the minimum financial responsibility limits (currently \$25,000 per person and \$50,000 per accident) must include Uninsured Motorists

Additional Underinsured Motorist Bodily Injury (UIM) Coverage. Applies only to policies issued for vehicles designed for highway use.		Bodily Injury (UM) coverage equal to the insured's BI limits, unless specifically rejected by the insured. Applications must include space for insured's rejection of additional UM limits. Forms that include coverage for additional UM liability limits must include Underinsured Motorists Bodily Injury (UIM) coverage equal to the insured's UM bodily injury limits. See specific law for details to ensure that all forms comply with requirements. Applies only to policies issued for vehicles designed for highway use.
Social Security benefits may not be deducted from Underinsured Motorist Bodily Injury (UIM) limit.	Roberts v. Northland	IL Supreme Court decision. Social Security disability benefits may not be deducted from Underinsured Motorist Bodily Injury (UIM) limit.
Requirements for forms that contain provisions that limit time for bringing suit against the company for UIM coverage.	215 ILCS 5/143(2)	If the form contains a provision that limits time for bringing suit against the company under the UIM coverage, the language must state that time for bringing suit shall begin after a judgment is rendered rather than after the accident, so as not to conflict with the exhaustion clause. 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.
VOIDANCE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements to rescind a policy for misrepresentation or false warranty.	215 ILCS 5/154	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.

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	Insurers 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. Termination notices may be emailed to Amber Young .
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	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

TERRITORY FILING REQUIREMENTS		
Taxicab rates and rules must be filed no later than 10 days after the stated effective date. "Me too" filings are not allowed.	50 IL Adm. Code 754	Taxicab rate and rule filings are use and file. Such rate and rule filings must be received by the Department no later than 10 days after their stated effective dates. Company Rate Information shall be completed for each company when a filing is being submitted that includes: A) Overall % Indicated Change. B) Overall % Rate Impact – This is the statewide average percentage change to the accepted rates for the coverages included for each company. C) Written premium change for this program – This is the statewide change in written premium based on the proposed overall percentage rate impact for each company. D) Number of policyholders affected for this program – This is the number of policyholders affected by the overall percentage rate impact for each company. E) Written premium for this program – This is the statewide written premium for each company. F) Maximum % Change. G) Minimum % Change.
For all other lines of commercial automobile insurance listed on page 1 of this checklist, rates and rules are not required to be filed in Illinois.		For all other lines of commercial auto insurance listed on page 1 of this checklist, rates and rules are not required to be filed in Illinois.
INDIVIDUAL RISK RATING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Individual risks.	50 IL Adm. Code 754	Insurers are not required to file rates for individual Illinois risks which cannot be rated in the normal course of business rating because of special or

		unusual characteristics and must be rated on the basis of underwriting judgment. Insurers must maintain documentary information regarding such individual risk rates for review by the Department's Property & Casualty Compliance Unit. Insurers are not required to file rates on individual risks where the development of the rate for the individual risk is dependent on an inspection of improvements on real property and an application of a schedule, the elements of which include loss ratio, hazard analysis, risk analysis and classification of municipal fire defenses. However, the company must maintain documentary information and records in its offices, which will be available for review by the Department's Property & Casualty Compliance Unit.
DISCOUNTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Defensive driving discount requirements.	215 ILCS 5/143.29	Auto liability policies must include rate/premium reductions for insureds over age 55 who successfully complete a defensive driving course. Also includes specific time frames for how long the reduction must remain in effect. Requirement does not apply to fleet policies or commercial unless there is a regularly assigned principal operator. See specific law for details.
OTHER FEES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Insurers may not surcharge or charge a fee for making a Financial filing.	625 ILCS 5/7-317(l)	Insurers may not surcharge or impose fee for having to file a Financial Responsibility Certificate.

Applies only to policies issued for vehicles designed for highway use.		This section contains other requirements for financial responsibility filings -- see law for specific information and guidance. Applies only to policies issued for vehicles designed for highway use.
OTHER	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Bodily injury liability base rates.	215 ILCS 5/155.17	The base rate for bodily injury liability must be the same for all territories within a city with a population of 2,000,000 or more. Currently in Illinois, this applies only to the city of Chicago.
Rating decisions based solely on domestic violence.	215 ILCS 5/155.22b	No insurer may 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 decision.
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.
Unfair methods of competition or unfair or deceptive acts or practices defined.	215 ILCS 5/424(5)	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or charges any rate for insurance against losses arising from the use or ownership of a motor vehicle which requires a higher premium of any person by reason of his physical handicap, race, color, religion, or national origin.
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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