CHAPTER 1246

FIRE AND CASUALTY INSURANCE

H. F. 221

AN ACT relating to fire and casualty insurance companies.

Be It Enacted by the General Assembly of the State of Iowa:

SECTION 1. Section five hundred fifteen point thirty-five (515.35). subsection four (4), Code 1966, is hereby amended as follows:

3 1. By striking from lines four (4), five (5), and six (6) the words "worth at least double the amount loaned thereon and secured there-4 by." and inserting in lieu thereof the words ", provided that at the 5 6 date of acquisition the total indebtedness secured by such lien shall not 7 exceed seventy-five percent of the value of the property upon which 8 it is a lien.'

2. By striking from line thirteen (13) the word "one-half" and 9 inserting in lieu thereof the words "seventy-five percent". 10

Approved February 12, 1970.

CHAPTER 1247

INSOLVENT INSURERS

S. F. 1102

AN ACT to avoid financial loss due to the insolvency of an insurer.

Be It Enacted by the General Assembly of the State of Iowa:

SECTION 1. Scope. This Act shall apply to all kinds of direct insurance, except life, title, surety, disability, credit, mortgage guaranty, 3 and ocean marine insurance.

SEC. 2. Definitions. As used in this Act unless the context other-1 2 wise requires:

1. "Association" means the Iowa insurance guaranty association created pursuant to section three (3) of this Act.

4 2. "Commissioner" means the commissioner of insurance of this 5 6 state.

3. "Covered claim" means an unpaid claim, including one for unearned premiums, which arises out of and is within the coverage of an insurance policy to which this Act applies issued by an insurer, if such insurer becomes an insolvent insurer after the effective date of this Act and one of the following conditions exists:

a. The claimant or insured is a resident of this state at the time of the insured event.

b. The property from which the claim arises is permanently located in this state.

Such term does not include any amount due any reinsurer, insurer, insurance pool, or underwriting association, as subrogation recoveries or otherwise.

18 4. "Insolvent insurer" means an insurer authorized to transact in-19 surance in this state, either at the time the policy was issued or when 20 the insured event occurred, which is determined to be insolvent by a 21

22 court of competent jurisdiction.

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- 5. "Member insurer" means any person, except a county mutual, 24 fraternal, or nonprofit service plan, who:
- 25 a. Writes any kind of insurance to which this Act applies, includ-26 ing the exchange of reciprocal or interinsurance contracts.

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- b. Is licensed to transact insurance in this state.6. "Net direct written premiums" means direct gross premiums 28 29 written in this state on insurance policies to which this Act applies, 30 less return premiums and dividends paid or credited to policyholders 31 on such direct business. Such term does not include premiums on 32 contracts between insurers or reinsurers.
- 33 7. "Person" means any individual, corporation, partnership, association, or voluntary organization. 34
 - Creation of the association. There is created a nonprofit unincorporated legal entity to be known as the Iowa insurance guaranty association. All member insurers as defined in section two (2), subsection five (5) of this Act shall be and remain members of the association as a condition of their authority to transact insurance in this state. The association shall perform its functions under a plan of operation established and approved pursuant to section six (6) of this Act and shall exercise its powers through a board of directors established under section four (4) of this Act.
 - SEC. 4. Board of directors. The board of directors of the association shall consist of not less than five nor more than nine persons serving terms as established in the plan of operation. The members of the board shall be selected by member insurers subject to the approval of the commissioner. Vacancies on the board shall be filled for the remaining period of the term in the same manner as initial appointments. If no members are selected within sixty days after the effective date of this Act, the commissioner may appoint the initial members of the board of directors.

In approving selections to the board the commissioner shall consider among other things whether all member insurers are fairly rep-

Members of the board may be reimbursed from the assets of the association for expenses incurred by them as members of the board of directors.

SEC. 5. Duties and powers of the association.

1. The association shall:

a. Be obligated to the extent of the covered claims existing prior to the determination of insolvency and arising within thirty days after the determination of insolvency, or before the policy expiration date if less than thirty days after the determination, or before the insured replaces the policy or on request effects cancellation if he does so within thirty days of the determination. Such obligation shall include only that amount of each covered claim which is in excess of one hundred dollars and less than three hundred thousand dollars, except that the association shall pay the full amount of any covered claim arising out of a workmen's compensation policy. In no event shall the association be obligated to a policyholder or claimant in an amount in excess of the face amount of the policy from which the claim arises.

- b. Be deemed the insurer to the extent of its obligations on the covered claims and to such extent shall have all rights, duties, and obligations of the insolvent insurer as if the insurer had not become insolvent.
- c. Assess member insurers amounts necessary to pay the obligations of the association under paragraph a of this subsection subsequent to an insolvency, the expenses of handling covered claims subsequent to an insolvency, the cost of examinations under section ten (10) of this Act, and other expenses authorized by this Act. The assessment of each member insurer shall be in the proportion that the net direct written premiums of the member insurer for the preceding calendar year bear to the net direct written premiums of all member insurers for the preceding calendar year. Each member insurer shall be notified of the assessment not later than thirty days before it is No member insurer may be assessed in any year an amount greater than two percent of that member insurer's net direct written premiums for the preceding calendar year. If the maximum assessment, together with the other assets of the association, does not provide in any one year an amount sufficient to make all necessary payments, the funds available shall be prorated and the unpaid portion shall be paid as soon as funds become available. The association may exempt or defer, in whole or in part, the assessment of any member insurer if the assessment would cause the member insurer's financial statement to reflect amounts of capital or surplus less than the minimum amounts required for a certificate of authority by any jurisdiction in which the member insurer is authorized to transact insurance. Each member insurer may set off against any assessment, authorized payments made on covered claims and expenses incurred in the payment of such claims by the member insurer.
- d. Investigate claims brought against the fund and adjust, compromise, settle, and pay covered claims to the extent of the association's obligation and deny all other claims.
- e. Notify such persons as the commissioner directs under section seven (7), subsection two (2), paragraph a of this Act.
- f. Process claims through its employees or through one or more member insurers or other persons designated as servicing facilities. Designation of a servicing facility is subject to the approval of the commissioner, but such designation may be declined by a member insurer.
- g. Reimburse each servicing facility for obligations of the association paid by the facility and for expenses incurred by the facility while handling claims on behalf of the association, and pay the other expenses of the association authorized by this Act.
 - 2. The association may:
- a. Appear in, defend, and appeal any action on a claim brought against the association.
- b. Employ or retain persons necessary to handle claims and perform other duties of the association.
- c. Borrow funds necessary to effect the purposes of this Act in accord with the plan of operation.
 - d. Sue or be sued.

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- 66 e. Negotiate and become a party to contracts necessary to carry 67 out the purpose of this Act.
 - f. Perform such other acts necessary or proper to effectuate the purposes of this Act.
 - g. If, at the end of any calendar year, the board of directors finds that the assets of the association exceed its liabilities as estimated by the board of directors for the coming year, refund to the member insurers in proportion to the contribution of each that amount by which the assets of the association exceed the liabilities.

SEC. 6. Plan of operation.

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1. The association shall submit a plan of operation to the commissioner, together with any amendments necessary or suitable to assure the fair, reasonable, and equitable administration of the association. The plan of operation and any amendments shall become effective

upon approval in writing by the commissioner.

If the association fails to submit a suitable plan of operation within ninety days following the effective date of this Act or if at any time thereafter the association fails to submit suitable amendments to the plan, the commissioner shall, after notice and opportunity for hearing, adopt and promulgate reasonable rules necessary or advisable to effectuate the provisions of this Act. Such rules shall continue in force until modified by the commissioner or superseded by a plan submitted by the association and approved by the commissioner.

2. All member insurers shall comply with the plan of operation.

3. The plan of operation shall:

- a. Establish the procedures for performance of all the duties and powers of the association under section five (5) of this Act.
 - b. Establish procedures for managing assets of the association.
- c. Establish the amount and method of reimbursing members of the board of directors under section four (4) of this Act.
- d. Establish procedures by which claims may be filed with the association and establish acceptable forms of proof of covered claims. Notice of claims to the receiver or liquidator of the insolvent insurer shall be deemed notice to the association or its agent and a list of such claims shall be periodically submitted to the association or similar organization in another state by the receiver or liquidator.
- e. Establish regular places and times for meetings of the board of directors.
- f. Establish procedures for keeping records of all financial transactions of the association, its agents, and the board of directors.
- g. Provide that any member insurer aggrieved by any final action or decision of the association may appeal to the commissioner within thirty days after the action or decision.
- h. Establish procedures for submission to the commissioner of selections for the board of directors.
- i. Contain additional provisions necessary or proper for the execution of the duties and powers of the association.
- 4. The plan of operation may provide that any or all duties and powers of the association, except those under section five (5), subsection one (1), paragraph c and section five (5), subsection two (2), paragraph c of this Act, are delegated to a person which performs or

43 will perform functions similar to those of this association in two or 44 more states. Such person shall be reimbursed as a servicing facility 45 and shall be paid for performance of any other functions of the asso-46 A delegation under this subsection shall take effect only with the approval of both the board of directors and the commis-47 48 sioner, and may be made only to a person which extends protection not substantially less favorable and effective than that provided by this 49 50

SEC. 7. Duties and powers of the commissioner.

1. The commissioner shall:

a. Notify the association of the existence of an insolvent insurer not later than three days after he receives notice of the determina-5 tion of the insolvency.

b. Upon request of the board of directors, provide the association with a statement of the net direct written premiums of each member

insurer.

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2. The commissioner may:

a. Require that the association notify the insureds of the insolvent insurer and any other interested parties of the determination of insolvency and of their rights under this Act. Such notification shall be by mail at their last known address, but if sufficient information for notification by mail is not available, notice by publication in a newspaper of general circulation is sufficient.

b. Suspend or revoke, after notice and opportunity for hearing, the certificate of authority to transact insurance in this state of any member insurer which fails to pay an assessment when due or fails to comply with the plan of operation. As an alternative, the commissioner may levy a fine on any member insurer which fails to pay an assessment when due. Such fine shall not exceed five percent of the unpaid assessment per month, except that no fine shall be less than one hundred dollars per month.

c. Revoke the designation of any servicing facility if he finds claims are being processed unsatisfactorily.

3. Any final action or order of the commissioner under this Act shall be subject to judicial review in the district court.

SEC. 8. Effect of paid claims.

1. Any person recovering under this Act shall be deemed to have assigned his rights under the policy to the association to the extent of his recovery from the association. Every insured or claimant seeking the protection of this Act shall cooperate with the association to the same extent as such person would have been required to cooperate with the insolvent insurer. The association shall have no cause of action against the insured of the insolvent insurer for any sums it has paid out.

2. The receiver, liquidator, or statutory successor of an insolvent insurer shall be bound by settlements of covered claims by the association or a similar organization in another state. The court having jurisdiction shall grant such claims priority equal to that to which the claimant would have been entitled in the absence of this Act against the assets of the insolvent insurer. The expenses of the asso16

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ciation or similar organization in handling claims shall be accorded

the same priority as the liquidator's expenses. 17 18

3. The association shall periodically file with the receiver or liquidator of the insolvent insurer statements of the covered claims paid by the association and estimates of anticipated claims on the association, which statements shall preserve the rights of the association against the assets of the insolvent insurer.

Nonduplication of recovery.

1. Any person having a claim against his insurer, under any provision in his insurance policy, which is also a covered claim shall be required to exhaust first his right under the policy. Any amount payable on a covered claim under this Act shall be reduced by the amount of recovery under the claimant's insurance policy.

2. Any person having a claim which may be recovered under more than one insurance guaranty association or its equivalent shall seek recovery first from the association of the place of residence of the insured. However, if such claim is a first party claim for damage to property with a permanent location recovery shall be first sought from the association of the location of the property; and if such claim is a workmen's compensation claim recovery shall be first sought from the association of the residence of the claimant. Any recovery under this Act shall be reduced by the amount of the recovery from any other insurance guaranty association or its equivalent.

SEC. 10. Prevention of insolvencies. To aid in the detection and prevention of insurer insolvencies:

1. The board of directors shall, upon majority vote, notify the commissioner of any information indicating any member insurer may be insolvent or in a financial condition hazardous to the policyholders or the public.

2. The board of directors may, upon majority vote, request that the commissioner order an examination of any member insurer which the board in good faith believes may be in a financial condition hazardous to the policyholders or the public. Within thirty days of the receipt of such request, the commissioner shall begin such examination. The examination may be conducted as a national association of insurance commissioners' examination or may be conducted by such persons as the commissioner designates. The cost of such examination shall be paid by the association and the examination report shall be treated as are other examination reports. In no event shall such examination report be released to the board of directors prior to its release to the public, but this shall not preclude the commissioner from complying with subsection three (3) of this section. The commissioner shall notify the board of directors when the examination is completed. The request for an examination shall be kept on file by the commissioner but it shall not be open to public inspection prior to the release of the examination report to the public.

3. The commissioner shall report to the board of directors when he has reasonable cause to believe that any member insurer examined or being examined at the request of the board of directors may be insolvent or in a financial condition hazardous to the policyholders or

the public.

- 4. The board of directors may, upon majority vote, make reports and recommendations to the commissioner upon any matter germane to the solvency, liquidation, rehabilitation, or conservation of any member insurer. Such reports and recommendations are not public documents.
 - 5. The board of directors may, upon majority vote, make recommendations to the commissioner for the detection and prevention of insurer insolvencies.
- 6. The board of directors shall, at the conclusion of any insurer insolvency in which the association was obligated to pay covered claims, prepare a report on the history and causes of such insolvency, based on the information available to the association, and submit such report to the commissioner.
 - Sec. 11. Examination of the association. The association is subject to examination and regulation by the commissioner. The board of directors shall submit, not later than March thirtieth of each year, a financial report for the preceding calendar year in a form approved by the commissioner.
 - SEC. 12. Tax exemption. The association is exempt from payment of all fees and all taxes levied by this state or any of its subdivisions, except taxes levied on real or personal property.
 - SEC. 13. Recognition of assessments in rates. The rates and premiums charged for insurance policies to which this Act applies shall include amounts sufficient to recoup a sum equal to the amounts paid to the association by the member insurer less any amounts returned to the member insurer by the association, and such rates shall not be deemed excessive as a result of containing such recoupment allowances.
 - SEC. 14. Immunity. There is no liability, and no cause of action of any nature shall arise against any member insurer, the association, its agents or employees, the board of directors, the commissioner, or his representatives, for any reasonable action taken by them in the performance of their duties and powers under this Act.
 - SEC. 15. Stay of proceedings. All proceedings in which the insolvent insurer is a party in any court in this state shall be stayed for sixty days from the date the insolvency is determined to permit proper defense by the association of all pending causes of action.
 - 1 SEC. 16. Title. This Act shall be known and may be cited as the 2 Iowa Insurance Guaranty Association Act.

Approved February 20, 1970.

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