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STATE OF ARIZONA

NOV 1 7 1994

DEPARTMENT OF INSURANCE

EPARTMENT OF INSURANCE
Docket No. 8607
CONSENT ORDER

CINCINNATI INDEMNITY COMPANY CINCINNATI CASUALTY COMPANY

CINCINNATI INSURANCE COMPANY

In the Matter of

Respondents

A rate examination was made of the Cincinnati Companies: Cincinnati Insurance Company ("CIC"), Cincinnati Indemnity Company ("CID") and Cincinnati Casualty Company ("CCC") as of October 29, 1992 by Rate Examiners for the Arizona Department of Insurance ("ADOI"). These companies are hereinafter referred to as the "Respondents". Based upon the examination results, it is alleged that CIC, CID and CCC have violated all or some of the provisions of the Arizona Revised Statutes, Sections 20-356, 20-357, 20-359, 20-383, 20-385, 20-398, 20-400.01, 20-448, 20-451, 20-1113, 20-1120, 20-1674, 20-1676, 20-1677 and 23-961.

The Respondents wish to resolve this matter without formal adjudicative proceedings and hereby agree to a Consent Order.

The Arizona Director of Insurance (the "Director") enters the following Findings of Fact, and Conclusions of Law, which are neither admitted not denied by Respondents, and the following Order.

FINDINGS OF FACT

1. Respondents are authorized to transact property and casualty insurance, including Workers' Compensation ("WC"), in Arizona pursuant to Certificates of Authority issued by the Director.

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- 2. The Rate Examiners ("Examiners") were authorized by the Director to conduct an examination of the Respondents. The on-site examination was concluded October 29, 1992 and a Report of Examination ("1992 Report") was written. All policies examined had effective dates after October 1, 1987.
- 3. The National Council of Compensation Insurance ("the NCCI"), a duly licensed rating organization in Arizona, makes rate filings on behalf of its members with the ADOI. WC insurers are required by statute to belong to a WC rating organization and to adhere to its rates unless the insurer has filed deviations from these rates. Respondents are members of the NCCI. Any reference to Respondents' "filings" or "filed rates and rules" means rates and rules filed with the ADOI by Respondents or by the NCCI on Respondents' behalf.
- 4. The NCCI's Schedule Rating Plan ("Plan") was approved for use in Arizona July 8, 1982 by the Director. Effective October 1, 1988, the Plan was amended to require insurers to include within each WC policy file a completed schedule rating worksheet and loss prevention survey.
- 5. On April 22, 1982, CIC filed a 15% downward rate deviation, which was eventually withdrawn by CIC effective July 1, 1985, when CIC filed to adopt the Plan. CID filed a 20% upward rate deviation July 1, 1991 and, therefore, is not filed to use the Plan. CCC does not have a filed deviation nor has it filed to adopt the Plan.
- 6. Respondents used a different WC experience modifier than the modifier calculated by NCCI on two (2) policies.

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- 7. CID issued one (1) policy where a schedule debit had been applied under the Plan. However because CID had a filed deviation, the policy was ineligible for schedule rating.
- 8. Respondents elected to nonrenew six (6) WC policies but failed to send the insureds thirty (30) days prior notice of nonrenewal of the insureds' policies as required by A.R.S. §23-961(F).
- 9. On four (4) WC policies which Respondents elected to nonrenew, Respondents failed to send the thirty (30) days prior notice of nonrenewal to the Industrial Commission of Arizona as required by A.R.S. §23-961(F).
- 10. There was no WC loss control report in any companion file and no documentation in the policy file linking the debit percentage applied by CID on one (1) policy to any individual risk characteristics of the Plan.
- 11. Respondents are members of the Services Insurance Office ("ISO"), a property and casualty (P&C) rating organization duly licensed by the ADOI to file rates on behalf files rates on behalf of Respondents. of its members. ISO Respondents have filed with the ADOI various deviations from the ISO filings as well as having filed independent filings of their own.
- 12. CIC made adjustments to the full manual premium developed on:
- a. Ninety-six (96) various sections of sixty-seven (67) policies by applying credits or debits under a schedule rating plan or an Individual Risk Premium Modification Plan ("IRPM"). However, CIC failed to include in the files of these policies

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any documentation of the facts supporting the adjustments made by CIC.

- b. Two hundred and thirty (230) various policy sections of one hundred sixty-nine (169) policies by applying credits or debits under a schedule rating plan or an IRPM. However, CIC failed to include in the files of these policies adequate documentation of the facts supporting the adjustments.
- c. Twenty-five (25) policies by applying credits or debits under a schedule rating plan or an IRPM not meeting the eligibility requirements of the filed rating plans.
- d. Fifty-four (54) policies by applying maximum IRPM or credits or debits under a schedule rating plan which exceeded CIC's filed rating plans.
- 13. CIC issued eighty two (82) policies on which experience credits/debits different than the credits/debits earned according to filed rating plans were applied resulting in fifty-five (55) policyholders paying more and twenty-seven (27) policyholders paying less than they should have. Other policyholders paid what they should have paid because Respondent applied its rating plans in manner consistent with Respondent's filings.
- 14. CIC issued eighteen (18) policies to which Respondent applied experience rating ("ER") although the policies were not eligible for ER under the Respondent's filed rating plans.
- 15. CIC issued one (1) policy in which CIC applied an unmerited experience debit to both the property and general liability portions of the policy.

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16. CIC has filed in Arizona a twenty-five (25) percent downward deviation from its filed commercial automobile rates. CIC applied an ER debit to one (1) policy for the purpose of offsetting the twenty-five (25) percent deviation by the amount of the debit.

Also CIC applied an ER debit to one (1) policy for the purpose of offsetting the twenty-five (25) percent deviation by the amount of the debit.

- 17. CIC issued eight (8) policies where CIC failed to rate the policies in a manner consistent with CIC's rate filings.
- 18. CIC issued nine (9) policies in which the premiums charged the insureds were not in accordance with CIC's filings.
- 19. CIC issued two (2) policies in which CIC did not apply any of its filed package modifications.
- 20. CIC issued thirteen (13) policies in which CIC did not apply the filed deviations.
- 21. CIC issued three (3) policies using unfiled deviations.
- 22. CIC issued fifty-eight (58) Commercial Package filings and/or policies. CIC policy state an Arizona Cancellation Endorsement must be attached to the policy.
- 23. CIC issued two (2) policies where noneligible coverage was provided to the insureds.
- 24. CIC failed to send any cancellation or non-renewal notices to the insureds on fifteen (15) commercial package policies. However, had the situation presented itself, CIC would have voluntarily stayed on the risk until other coverage was obtained as required by Arizona law.

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- 25. CIC failed to send written notice of premium increase or policy change at least sixty (60) days prior to policy expiration on five (5) commercial package policies. However, had the situation presented itself, CIC would have voluntarily stayed on the risk until other coverage was obtained as required by Arizona law.
- 26. CIC bound coverage over ninety (90) days without the written permission of the Director to extend the binders. Two (2) policies were issued by CIC approximately one hundred and twenty-five (125) days and ninety-six (96) days from the dates the policy binders were issued.
- 27. CIC issued three (3) policies to which CIC failed to apply the specific territory which should have been applied with its filed rating territories.
- 28. CIC issued seventy-one (71) policies where the Respondent did not use the correct Package Modification Factor ("PMF").
- 29. CIC issued seven (7) policies with Increased Limit Factors (ILF) different from those ILF which should have been used.
- 30. CIC failed to apply filed deductible factors to three (3) commercial package policies.
- 31. Group I and II property Class Rates were incorrectly used by CIC to develop the contents premium of one (1) policy and the building premium of one (1) policy.
- 32. CIC failed to apply the territorial multiplier to the property rates of one (1) policy.

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- 33. CIC issued one (1) policy, but did not use the correct payroll exposure base to determine the insured's premium.
- 34. CIC issued thirty-seven (37) policies not using the filed rates applicable to various sections of its packages.
- 35. CIC issued forty (40) policies using unfiled "A" or "a" rates on the GL sections of the policies. Respondent did not file its Guide "A" Rate Manual until October 1, 1989.
- 36. CIC issued ten (10) policies using "A" rates that were different from those published either by ISO or the Guide "A" Rate Manual on General Liability Sections of Policies.
- 37. CIC issued twenty-two (22)policies in which Respondent applied Expense credits or debits to commercial package policies without adjusting the agents' commission. This meant that a credit or debit was used in the rating of the policy in the amount the agent agreed to contribute from his commission. However, the agent's commission was not reduced accordingly; which was required by CIC's filings or filings made on its behalf.
- 38. CIC issued fifteen (15) policies where the Respondent applied prior revision rates (previous rates as opposed to rates in effect at the time the policy was issued) to various sections of its commercial package policies.
- 39. CIC failed to use the correct filed rating plans on five (5) policies. The "Special Premium Credit" of 10% should have been applied to the five (5) policies, but was not applied.
- 40. CIC failed to rate for all coverages on two (2) policies which resulted in the insureds' paying less than the

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insureds should have paid had CIC rated the policies in accordance with CIC's filings.

- 41. CIC applied a classification in a manner inconsistent with Respondent's filings on eighteen (18) policies which resulted in insureds' paying different premiums than they should have paid had the Respondent adhered to its filings.
- 42. CIC issued two (2) policies for the same insured and misclassified both policies as respects the general liability.
- 43. CIC failed to file rates for Respondent's Umbrella Program used for rating 1,746 policies written prior to January 15, 1990. CIC filed all rates for the Umbrella Program effective January 15, 1990.
- 44. The Examiners reviewed thirty-three (33)ofapproximately four hundred (400) commercial umbrella policies issued by CIC during the period January 15, 1990 and October 29, 1992. Of thirty-three policies reviewed, the eleven (11)policies evidenced that CIC applied rates which had not been filed with the for ADOI limits of liability exceeding \$1,000,000. Further, on nine (9) of the thirty-three (33) policies reviewed, CIC used unfiled minimum premiums.
- 45. CIC had not at the time of the examination (October 29, 1992) filed with the ADOI CIC's Commercial Umbrella Policy forms.

CONCLUSIONS OF LAW

1. Respondents violated A.R.S. §§ 20-357(A) and 20-359(A) by failing to either adhere to all provisions of the rating systems filed on their behalf by the NCCI with the ADOI or to file their own rating systems. After August 18, 1987, by

developing premiums in a manner not consistent with such filings, Respondents violated A.R.S. § 20-400.01(A).

- 2. By failing to issue WC policies in accordance with filings made by the Respondents or by the NCCI on Respondents behalf, Respondents violated A.R.S. § 20-357(E).
- 3. By applying SR to a WC policy which was ineligible for SR Respondents violated A.R.S. §§ 20-357(E), 20-359(A), 20-400.01(A) and 20-400.01(B).
- 4. By failing to completely document and allocate credits and debits in accordance with Number 6 of the Plan, and by failing to include loss control reports in all policy files, as required by Number 7 of the Plan, Respondents violated A.R.S. §§ 20-357(E), 20-359(A), and 20-400.01(A), (B), and (D).
- 5. Respondents violated A.R.S. § 23-961(F) by failing to send to the insured or the Arizona Industrial Commission the required thirty (30) day notice of nonrenewal.
- 6. By calculating the premiums of certain WC insureds having substantially like insuring, risk and exposure factors, or expense elements, Respondents unfairly discriminated between insureds in violation of A.R.S. §§ 20-356(1) and 20-448(C).
- 7. By charging certain policyholders reduced premiums inconsistent with Respondents' rate filings, Respondents gave rebates to certain policyholders as an inducement to insurance in violation of A.R.S. § 20-451
- 8. CIC violated A.R.S. § 20-385(A) by failing to file all rating systems including "a" and "A" rates for CP, GL and CA risks and deviations therefrom with the ADOI.

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- 9. CIC violated A.R.S. § 20-400.01(A) by developing premiums for CP, GL and CA risks in a manner not consistent with filings made by CIC pursuant to A.R.S. § 20-385(A).
- 10. By misclassifying risks and determining their rates on the basis of the misclassifications, CIC violated A.R.S. § 20-400.01(B) and (C). By developing premiums based upon these misclassifications, CIC violated A.R.S. § 20-400.01(A).
- 11. By making adjustments to full manual premiums developed for CP, GL and CA risks without adequately documenting facts supporting the adjustments in policy files, CIC violated A.R.S.§20-400.01(B) and (D). By issuing policies rated without adequate documentation, CIC violated A.R.S.§ 20-400.01(A).
- 12. By calculating the premiums of certain CP, GL and CA insureds differently than those of other insureds having substantially like insuring, risk and exposure factors, or expense elements, CIC unfairly discriminated between insureds in violation of A.R.S. §§ 20-383(A) and 20-448(C).
- 13. CIC violated A.R.S. § 20-1113(B)(7) by issuing policies to insureds without attaching the Arizona Cancellation Endorsement.
- 14. CIC violated A.R.S. § 20-1676(B) by failing to deliver a notice of commercial policy non-renewal to an insured at least sixty (60) days before the termination date of the policy.
- 15. By failing to send notices of premium increase, change in deductible or substantial reduction in coverage of commercial policies at least sixty (60) days before the expiration date of the policy, CIC violated A.R.S. § 20-1677(A).

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- 16. CIC violated A.R.S. § 20-1674(A) by failing to deliver a notice of commercial policy cancellation to an insured at least sixty (60) days before the cancellation of the policy.
- 17. CIC violated A.R.S. § 20-1120(B) by binding coverage over ninety (90) days without the written permission of the Director.
 - 18. CIC violated A.R.S. §§ 20-385(A) by:
- a. issuing policies for the Company's Umbrella Program prior to January 15, 1990 using unfiled rates.
- b. issuing policies for the Company's Umbrella Program from January, 1990 to the present using rates and minimum premiums which had not been filed with the ADOI.
- 19. CIC violated A.R.S. §20-398(A) by failing to file its Commercial Umbrella policy forms for approval by the ADOI.
- 20. Grounds exist for the entry of all other provisions of the following Order.

ORDER

Respondents having admitted the jurisdiction of the Director to enter the Order set forth herein, having waived the Notice of Hearing, and having consented to the entry of the Order set forth hereinafter, and there being no just reason for delay:

IT IS HEREBY ORDERED THAT:

Respondents shall adhere to all provisions of the WC Plan; develop and document WC, CP and CA premiums in accordance with ER and SR plans: use filed endorsements: include endorsements required by Respondents' filings and by filings made on Respondents' behalf; timely mail notices of

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cancellation, non-renewal, premium increase or policy change to insureds and to the Industrial Commission of Arizona; not issue binders which are valid for more than 90 days from their effective dates, without written approval of the Director; not use rating procedures which result in certain insureds' paying different premiums than others having substantially like insuring, risk and exposure factors; not offer any reduction of premium as an inducement to insurance; not classify risks other than pursuant to filed rates and rules; not charge rates other than those filed with the ADOI; file rates and rules with the ADOI; document all facts in CP policy files which support adjustments to manual premium and shall file with the ADOI all policy forms.

- 2. Within sixty (60) days of this Order's filed date, Respondents shall submit to the Director written action plans to:
- a. monitor Arizona issued policies to ensure that personnel use only rates, rating plans and rating rules which have been filed with the ADOI by Respondents or on their behalf; that personnel document the facts in such detail that the facts support any credits/debits used to develop the premiums; that policy files are documented to support credits/debits applied, and that filed rates and ER/SR plans are applied consistently according to filed plans between insureds having like insuring, risk, exposure and expense factors.
- b. provide on-going training for all commercial underwriting personnel in all provisions of the statutes cited in this Order, including adherence to ER and SR plans and application of ER and SR to all eligible insureds. This

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training shall include training in the documentation of facts supporting justification of credits/debits t.o full manual premiums in such detail that the facts fully support the credits/debits include justification for any and change in credits/debits, and in the application of loss rating and composite rating in accordance with Respondents' filed ER and SR plans.

- 3. Respondents shall file with the ADOI within ninety (90) days of the filed date of this Order any rates, rules, deviations and forms used in Arizona which have not been filed with the ADOI, including but not limited to the following: CIC's Commercial Umbrella Policy Forms.
- Respondents shall reimburse the following policyholders for premium overcharges, plus interest at the rate of ten percent (10%) per annum calculated from the date paid by the insured to the date of repayment to the insured as evidenced by the worksheet, entitled "Amended List Of Package Policies By Named Insured", and the Report furnished to the Respondents insureds were overcharged in the net amount of \$233,379.00 . All reimbursements shall be accompanied by a letter acceptable to the Director, indicating why the refund is being sent. A list of reimbursements, giving the name and address of each policyholder reimbursed, policy number, policy term, the amount of overcharge, the amount of interest paid, and the date of payment shall be filed with the ADOI within sixty (60) days of the filed date of this Order.
- 5. The ADOI shall be permitted, through authorized representatives, to verify Respondents have fully complied with

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all requirements of this Order, and the Director may separately order Respondents to comply.

- Respondents shall pay a civil penalty of Sixty Thousand Dollars (\$60,000.00) to the Director for remission to the State Treasurer for deposit in the State General Fund in accordance with A.R.S. §20-220 (B). Said amount shall be provided to the Administrative Law Division of the ADOI on or before November 15, 1994.
- 7. The October 29, 1992 Report of Examination, to include any objections to the Report by Respondents, shall be filed with the ADOI.

DATED at Phoenix, Arizona this 17th day of November

Director of Insurance

CONSENT TO ORDER

- 1. Respondents, Cincinnati Insurance Company, Cincinnati Indemnity Company and Cincinnati Casualty Company have reviewed the foregoing Consent Order.
- 2. Respondents are aware of their right to a hearing at which hearing Respondents may be represented by counsel, present evidence and cross-examine witnesses. Respondents have irrevocably waived their right to such public hearing and to any court appeals relating thereto.
- 3. Respondents admit the jurisdiction of the Director of Insurance, State of Arizona, and consent to the entry of this Consent Order.
- 4. Respondents state that no promise of any kind or nature whatsoever was made to them to induce them to enter into this Consent Order and that they have entered into this Consent Order voluntarily.
- It is acknowledged and agreed by Respondents on the one hand and the Department on the other hand, that the entry of this Consent Order is not an admission of any fault or liability whatsoever by Respondents or any person, firm, corporation or association, but is entered into to settle the disputed contentions hereinabove referenced. However, this Consent Order may be used in any administrative or judicial proceeding(s) filed by the State of Arizona, including the Director of the Arizona Department of Insurance, for any appropriate purposes including the enforcement of this Consent Order and/or to demonstrate the Respondents have been ordered to cease and

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desist from those actions identified in paragraph 1 of the Order portion of this Consent Order.

- Respondents acknowledge that the acceptance of this Order by the Director of Insurance, State of Arizona, is solely for the purpose of settling this matter against them and does not preclude any other agency or officer of this state or subdivision thereof from instituting other civil or criminal proceedings as may be appropriate now or in the future.
- 7. Bob R. Kerns represents that as Senior Vice President he is an officer of Respondents Cincinnati Insurance Company, Cincinnati Indemnity Company and Cincinnati Casualty Company and that, as such, he is authorized by them to enter into this Consent Order on their behalf.

CINCINNATI INSURANCE COMPANY CINCINNATI INDEMNITY COMPANY CINCINNATI CASUALTY COMPANY

November 9, 1994 (DATE)

BY Bole Kerns

1 COPY of the foregoing mailed/delivered 17th this day of November , 1994, to: 2 Gay Ann Williams 3 Deputy Director Gregory Y. Harris 4 Chief Administrative Law Judge Erin Klüg 5 Manager Market Conduct Examinations Division 6 Saul Saulson Supervisor 7 Examinations Section Bernard Hill 8 Supervisor Property and Casualty Section 9 Deloris E. Williamson Assistant Director 10 Rates & Regulations Division Gary Torticill 11 Assistant Director and Chief Financial Examiner Corporate & Financial Affairs Division 12 Cathy O, Neil Assistant Director 13 Consumer Services and Investigations 14 DEPARTMENT OF INSURANCE 2910 North 44th Street, Suite 210 15 Phoenix, AZ 85018 16 Bob R. Kerns The Cincinnati Companies 17 P.O. Box 14596 Cincinnati, Ohio 45250-5496 18 19 20 21 22 23 24

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