

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES**

**CLAIMS MADE POLICIES FORM FILING COMPLIANCE QUESTIONNAIRE**

**PAGE 1 OF**

<b>COMPANY</b>	<b>Co. File No.</b>
<b>Company Contact:</b>	<b>Phone Number:</b>
<b>E-Mail Address:</b>	

<b>TYPE OF INSURANCE</b>	<b>(If Medical Malpractice, Attach Page 3)</b>
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**Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with Regulation No. 121. Form, page and paragraph references that bring the submission into compliance must be included (enter NA in this column if item is not applicable to the filing). Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.**

<b>I. EXTENDED REPORTING PERIOD REQUIREMENTS</b>		Form/Page/Para Reference
<b>a.</b> Automatic ERP coverage is available	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Length of Automatic ERP complies with [§73.3(d)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>b.</b> Optional ERP coverage is available	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Length of optional ERP complies with [§73.3(f)] <input type="checkbox"/> or [§73.3(g)] <input type="checkbox"/> (Check applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>c.</b> Aggregate Liability Limit for ERP complies with:		
1. ERP of 3 or more years:		
[§73.3(h)(1)] - 100% reinstatement if more than 3 years continuous coverage; <b>and</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
[§73.3(h)(2)] - 50% reinstatement (or amount remaining) if less than 3 years continuous coverage.	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
2. ERP of 1 year:		
[§73.3(h)(3)] - The amount remaining in the policy's aggregate limit	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>d.</b> ERP Coverages are available upon:		
Cancellation/nonrenewal by company – [§73.3(c)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Cancellation/nonrenewal by insured – [§73.3(c)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Cancellation for nonpayment/fraud after first year – [§73.3(k)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Reductions in coverage as defined in [§73.1(n)(2)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>e.</b> Any provisions restricting ERP coverage? [§73.3(c)(4)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>f.</b> Policy provides for notification of availability and importance of optional ERP within proper time limit [§73.3(e)(1)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>g.</b> Policy provides proper time for accepting optional ERP [§73.3(e)(3)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>h.</b> Policy complies with [§73.3(m)] and [§73.3(n)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
<b>i.</b> If the premium for the ERP is based on rates in effect upon termination of coverage, the ERP is for at least 5 years and aggregate is reinstated. [§73.3(j)(2)]	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /

**NOTE: All citations are to the applicable sections of Regulation No. 121**

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES**

**CLAIMS MADE POLICIES FORM FILING CHECKLIST**

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**COMPANY**

**TYPE OF INSURANCE**

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**II. NOTICE AND DISCLOSURE REQUIREMENTS**

- |   |                              |                             | Form/Page/Para<br>Reference |
|---|------------------------------|-----------------------------|-----------------------------|
| <b>a. Pursuant to §73.7(a), the Declarations and Application (or addenda thereto) contain a conspicuous notice stating:</b>   |                              |                             |                             |
| 1. That the policy is written on a claims-made basis;   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| 2. That there is no coverage for incidents prior to the retroactive date, (if any);   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| 3. That, except for the ERP, there is no coverage for claims reported after termination of coverage;  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| 4. The length of the ERP's, and that, unless the optional ERP is unlimited, coverage gaps may occur; and  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| 5. That rates are lower in the earlier years than for an occurrence policy, but insured should expect substantial increases.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| <b>b. Indicate whether the cost for the optional ERP is based on rates in effect:</b>   |                              |                             |                             |
| <input type="checkbox"/> at the beginning of the policy period; or  |                              |                             |                             |
| <input type="checkbox"/> upon termination of coverage   |                              |                             |                             |
| and answer 1 or 2 below as applicable:  |                              |                             |                             |
| 1. If cost for ERP is based on rates at the beginning of the policy period the cost, or the factor used to determine the cost, is displayed on the declarations [§73.7(b)(1)] | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| 2. If the cost of the ERP is based on rates in effect upon termination of coverage, the policy contains the disclosures required by:  |                              |                             |                             |
| [§73.7(c)(1)]   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| [§73.7(c)(2)]   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| [§73.7(c)(3)]   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |
| [§73.7(c)(4)]   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / /                         |

**III. OTHER PROVISIONS**

- |  |                              |                             |     |
|--|------------------------------|-----------------------------|-----|
| a. Are there any provisions permitting change in the retroactive date? [§73.3(b)]  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| b. Is the policy written on a claims-made and reported basis (claim must be made against the insured and reported to the company during the same policy period, or within a limited amount of time into the next policy period)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| c. Cost for the optional ERP is shown as range rather than a specific factor or amount   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |

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**CLAIMS MADE POLICIES FORM FILING CHECKLIST**

**PAGE 3 OF 3**

**COMPANY**

**TYPE OF INSURANCE**

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**IV. MEDICAL MALPRACTICE FOR OTHER THAN PHYSICIANS [§73.4]**

Form/Page/Para  
Reference

- |  |                              |                             |     |
|--|------------------------------|-----------------------------|-----|
| a. Optional ERP is unlimited.                                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| b. Optional ERP is available at no additional charge upon:     |                              |                             |     |
| 1. Death;  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| 2. Permanent Disability  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| 3. Retirement at age 65 with 5 consecutive years of coverage   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| c. ERP coverage for hospital interest at no additional charge. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |

**V. MEDICAL MALPRACTICE FOR PHYSICIANS [§73.5]**

- |   |                              |                             |     |
|---|------------------------------|-----------------------------|-----|
| a. Optional ERP is unlimited  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| b. Aggregate for Optional ERP is reinstated annually  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| c. Optional ERP can be purchased in 3 annual installments   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| d. Optional ERP is available at no additional charge upon:  |                              |                             |     |
| 1. Death  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| 2. Total Disability   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| 3. Retirement at age 65 with 5 consecutive years of coverage or at age 55 with 10 consecutive years of coverage with any licensed company | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| e. ERP coverage for hospital interest at no additional charge   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |
| f. There is coverage for former employees, etc.   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | / / |

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