17:33B-1 et al

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LAWS OF:

1990

CHAPTER: 8

NJSA:

17:33B-1 et al.

("Fair Automobile Insurance Reform Act")

BILL NO:

A1

(Substituted for S2295-1R)

SPONSOR(S): Doria and others

DATE INTRODUCED: February 5, 1990

COMMITTEE:

ASSEMBLY:

Appropriations

SENATE:

AMENDED DURING PASSAGE:

Yes

(1R approved)

DATE OF PASSAGE:

ASSEMBLY:

March 5, 1990

SENATE:

March 8, 1990

DATE OF APPROVAL:

March 12, 1990

FOLLOWING ARE ATTACHED IF AVAILABLE:

SPONSORS' STATEMENT:

Yes

COMMITTEE STATEMENT:

ASSEMBLY:

Yes

Includes a Minority Statement (p.9)

SENATE:

No

FISCAL NOTE:

Yes

MESSAGE ON SIGNING:

No

FOLLOWING WERE PRINTED:

REPORTS:

Yes

HEARINGS:

No

February 1990 hearings not transcribed

Governor's insurance reform plan outlined in:

974.901

New Jersey. Office of the Governor.

G52

[Messages...James Florio] Remarks of Governor Jim Florio; Joint Session of the

Legislature; Re: Car Insurance...January 22, 1990. (copy enclosed)

For report on existing law see:

974.90

New Jersey. Automobile Insurance Reform Study Commission.

A939 1990

Report...January 8, 1990. Trenton, 1990:

[continued]

974.90 19939 New Jergey Dept. of Invence. New Jergey's mandatory motor vehicle liability injurance system: report February, 1992. Trans. 1992.

Newspaper clippings enclosed:

"Hearings open on car insurance plan," 2-8-90, The Press (Atlantic City).

"Florio insurance plan blasted at public hearing," 2-14-90, Courier-Post [Camden].

"Florio insurance plan gains," 2-27-90, The Record [Bergen County].

"Auto insurance bill given some polish," 2-27-90, Asbury Park Press.

"Auto insurance reform bill likely to pass despite foes," 2-27-90, The Press [Atlantic City].

"Insurance reform takes big step in legislature," 2-27-90. Star-Ledger [Newark].

"Florio signs Insurance bill," 3-13-90, Home News [New Brunswick].

"Florio's auto insurance plan in effect," 3-13-90, Asbury Park Press.

"N.J. gets new law on insurance," 3-13-90, Philadelphia Inquirer.

P.L.1990. CHAPTER 8 approved March 12, 1990 1990 Assembly No. 1 (First Reprint)

AN ACT to reform the motor vehicle insurance system in this State, providing for the financial integrity of that system through the raising of certain revenues and the creation of certain funding mechanisms ¹, providing a dedicated source of revenues to partially fund the operations of the Department of Insurance ¹ and revising parts of statutory law.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.17:33B-1

1. (New section) This act shall be known and may be cited as the "Fair Automobile Insurance Reform Act of 1990."

C.17:33B-2

- 2. (New section) The Legislature finds and declares that:
- a. For almost two decades the system of motor vehicle insurance in this State has been the subject of examination, reform, review and revision in all three branches of government.
- b. The common public purpose throughout this period has been to provide to the motorists of this State a comprehensive program of indemnification from the injuries and damages that may arise out of the ownership or operation of motor vehicles that is equitable, efficient and economical.
- c. As various legislative or executive initiatives were taken in pursuit of this public purpose, the insurance industry itself, and the businesses and professions that provide goods and services to those involved in motor vehicle accidents, were at the same time altering the way in which they conducted their businesses to respond to a changing business and regulatory climate to ensure that they continued to benefit.
- d. It has become increasingly obvious to the Legislature and the public that, as a result, one of the principal goals of this common purpose has not been attained: economy. Not only has the cost of the insurance product itself escalated, but the subsidies that most drivers contribute to support the financially-troubled New Jersey Automobile Full Insurance

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
Assembly AAP committee amendments adopted March 1, 1990.

Underwriting Association have made the system a burden, rather than a benefit, to the citizens of the State.

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- e. The current law developed through legislative initiative, executive administration and judicial interpretation for: (1) the underwriting and rating of motor vehicle insurance; (2) the apportionment of drivers between a voluntary and residual market based on their characterization as "good" or "bad" drivers; (3) the provision of health care services and motor vehicle repair; (4) the payment of claims and protection of the rights and remedies of those injured or damaged; and (5) the regulation and financing of this system, and its many aspects, is cumbersome, complex, and confusing and allows for and encourages inefficiency, waste, mismanagement and the potential for misuse of public and private moneys.
- f. As a result of this experience, the Legislature finds that it is necessary to address the myriad aspects and issues of this complicated and interrelated system, not through piecemeal adjustment of various statutory or regulatory provisions, but through a logical, comprehensive and complete revision of the various laws and regulatory schemes that impact, in whatever fashion, on the system and its participants.
- g. ¹To provide a healthy and competitive automobile insurance system in this State, automobile insurers are entitled to earn an adequate rate of return through the ratemaking process.
- \underline{h} . To that end, the Legislature declares that it is in the public interest to:
- (1) revise the basic options and coverages available under automobile insurance policies, including the option to make one's health insurance the primary source for payment of medical and hospital expenses;
- (2) eliminate, over time, the current residual market mechanism, the New Jersey Automobile Full Insurance Underwriting Association, and certain of the market subsidies currently funding its losses;
- (3) provide, through the appointment of an insolvency trustee, for the orderly evaluation, prioritization and satisfaction of obligations payable on behalf of the association;
- (4) provide, through assessments on property-casualty insurers, a surtax on the premium taxes of automobile insurers, temporary assessments for the privilege of practicing certain professions and occupations, temporary and minimal increases in certain motor vehicle registration fees, as well as continuation of merit rating surcharges, for the funding of the debts and obligations of the association;
- (5) create a new residual market mechanism in which insurers will share directly in the risk of insuring the "bad driver;"
- (6) guarantee that "good drivers" secure motor vehicle insurance coverage in the voluntary market and control the apportionment of drivers in the residual market;

- (7) eliminate anti-competitive aspects of the current rating laws as they apply to automobile insurers and completely eliminate combinations among automobile insurers for rate-making purposes;
- (8) promote the efficient handling of claims and the elimination of fraud and other deceptive practices; and
- (9) promote the participation of the insurance consumer in reducing losses through the installation and use of anti-theft devices, the successful completion of defensive driving courses, and similar activities.
- 3. Section 3 of P.L.1972, c.73 (C.39:6A-3) is amended to read as follows:
- 3. Compulsory automobile insurance coverage; limits. Every owner or registered owner of an automobile registered or principally garaged in this State shall maintain automobile liability insurance coverage, under provisions approved by the Commissioner of Insurance, insuring against loss resulting from liability imposed by law for bodily injury, death and property damage sustained by any person arising out of the ownership, maintenance, operation or use of an automobile wherein such coverage shall be at least in:
- a. an amount or limit of \$15,000.00, exclusive of interest and costs, on account of injury to, or death of, one person, in any one accident; and
- b. an amount or limit, subject to such limit for any one person so injured or killed, of \$30,000.00, exclusive of interest and costs, on account of injury to or death of, more than one person, in any one accident; and
- c. an amount or limit of \$5,000.00, exclusive of interest and costs, for damage to property in any one accident.

No licensed insurance carrier shall refuse to renew the required coverage stipulated by this act of an eligible person as defined in section 25 of P.I., c. (C.)(now pending in the Legislature as this bill) except in accordance with the provisions of section 26 of P.L.1988, c.119 (C.17:29C-7.1) or with the consent of the Commissioner of Insurance.

(cf: P.L.1988, c.119, s.9)

- 4. Section 4 of P.L.1972, c.70 (C.39:6A-4) is amended to read as follows:
 - 4. Personal injury protection coverage, regardless of fault.

Every automobile liability insurance policy, issued or renewed on or after January 1, 1991, insuring an automobile as defined in [this act] section 2 of P.L.1972, c.70 (C.39:6A-2) against loss resulting from liability imposed by law for bodily injury, death and property damage sustained by any person arising out of ownership, operation, maintenance or use of an automobile shall provide personal injury protection coverage, as defined hereinbelow, under provisions approved by the Commissioner of Insurance, for the payment of benefits without regard to

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negligence, liability or fault of any kind, to the named insured and members of his family residing in his household who sustained bodily injury as a result of an accident while accupying, entering into, alighting from or using an automobile, or as a pedestrian, caused by an automobile or by an object propelled by or from an automobile, to other persons sustaining bodily injury while occupying, entering into, alighting from or using the automobile of the named insured, with the permission of the named insured, and to pedestrians, sustaining bodily injury caused by the named insured's automobile or struck by an object propelled by or from such automobile.

"Personal injury protection coverage" means and includes:

a. Medical expense benefits. Payment of [all reasonable] ¹reasonable medical expenses [incurred as a result of personal injury sustained in an automobile accident. In the event of death, payments shall be made to the estate of the decelent. In the event benefits paid by an insurer pursuant to this subsection are in excess of \$75,000.00 on account of personal injury to any one person in any one accident, such excess shall be paid by the insurer in consultation with the Unsatisfied Claim and Judgment Fund Board and shall be reimbursable to the insurer from the Unsatisfied Claim and Judgment Fund pursuant to section 2 of P.L.1977, c.310 (C.39:6-73.1)] in an amount not to exceed 1[\$75,000] \$250,000\(^1\) per person per accident, \(^1\)In the event benefits paid by an insurer pursuant to this subsection are in excess of \$75,000 on account of personal injury to any one person in any one accident, such excess shall be paid by the insurer in consultation with the Unsatisfied Claim and Judgment Fund Board and shall be reimbursable to the insurer from the Unsatisfied Claim and Judgment Fund pursuant to section 2 of P.L.1977, c.310 (C.39:6-73.1).1

b. Income continuation benefits. The payment of the loss of income of an income producer as a result of bodily injury disability, subject to a maximum weekly payment of \$100.00. Such sum shall be payable during the life of the injured person and shall be subject to an amount or limit of \$5,200.00, on account of injury to any one person in any one accident, except that in no case shall income continuation benefits exceed the net income normally earned during the period in which the benefits are payable.

c. Essential services benefits. Payment of essential services benefits to an injured person shall be nade in reimbursement of necessary and reasonable expenses incurred for such substitute essential services ordinarily performed by the injured person for himself, his family and members of the family residing in the household, subject to an amount or limit of \$12.00 per day. Such benefits shall be payable during the life of the injured person and shall be subject to an amount or limit of \$4,380.00, on account of injury to any one person in any one accident.

d. Death benefits. In the event of the death of an income producer as a result of injuries sustained in an accident entitling such person to benefits under this section, the maximum amount of benefits which could have been paid to the income producer, but for his death, under subsection b. of this section shall be paid to the surviving spouse, or in the event there is no surviving spouse, then to the surviving children, and in the event there are no surviving spouse or surviving children, then to the estate of the income producer.

In the event of the death of one performing essential services as a result of injuries sustained in an accident entitling such person to benefits under subsection c. of this section, the maximum amount of benefits which could have been paid such person, under subsection c., shall be paid to the person incurring the expense of providing such essential services.

e. Funeral expenses benefits. All reasonable funeral, burial and cremation expenses, subject to a maximum benefit of \$1,000.00, on account of the death [to] of any one person in any one accident shall be payable to decedent's estate.

Benefits payable under this section shall:

- (1) Be subject to any [deductibles or exclusions] option elected by the policyholder pursuant to section 13 of P.L.1983, c.362 (C.39:6A-4.3);
- (2) Not be assignable, except to a provider of service benefits under this section, nor subject to levy, execution, attachment or other process for satisfaction of debts.

Medical expense benefit payments shall be subject to a deductible of \$250.00 on account of injury in any one accident and a copayment of 20% of any benefits payable between \$250.00 and \$5,000.00.

No insurer or health provider providing benefits to an insured shall have a right of subrogation for the amount of benefits paid pursuant to any deductible or copayment under this section.

(cf: P.L.1988, c.119, s.3)

- 5. Section 12 of P.L.1983, c.362 (C.39:6A-4.2) is amended to read as follows:
- 12. Primacy of coverages. [The] Except as provided in subsection d. of section 13 of P.L.1983, c.362 (C.39:6A-4.3), the personal injury protection coverage of the named insured shall be the primary coverage for the named insured and any resident relative in the named insured's household who is not a named insured under an automobile insurance policy of his own. No person shall recover personal injury protection benefits under more than one automobile insurance policy for injuries sustained in any one accident.
- 46 (cf: P.L.1983, c.362, s.12)
- 6. Section 13 of P.L.1983, c.362 (C.39:6A-4.3) is amended to read as follows:
 - 13. Personal injury protection coverage [deductibles and

exclusions] options. With respect to personal injury protection coverage provided on an automobile in accordance with section 4 ¹[or 10]¹ of P.L.1972, c.70 (C.39:6A-4 ¹[or 39:6A-10]¹), the automobile insurer shall [, at appropriately reduced premiums.] provide the following coverage options:

- a. Medical expense benefit deductibles in amounts of \$500.00, \$1,000.00 and \$2,500.00 for any one accident;
- b. The option to exclude all benefits offered under subsections b., c., d., and e. of section 4;
 - c. (Deleted by amendment, P.L.1988, c.119.)

 d. For policies issued or renewed on or after January 1, 1991, the option that other health insurance coverage or benefits of the insured, including ¹health care services provided by a health maintenance organization and ¹ any coverage or benefits provided under any federal or State program, are the primary coverage in regard to medical expense benefits pursuant to section 4 ¹[or 10] of P.L.1972, c.70 (C.39:6A-4 ¹[or 39:6A-10] l. ¹If health insurance coverage or benefits are primary, an automobile insurer providing medical expense benefits under personal injury protection coverage shall be liable for reasonable medical expenses not covered by the health insurance coverage or benefits up to the limit of the medical expense benefit coverage. The principles of coordination of benefits shall apply to personal injury protection medical expense benefits coverage pursuant to this subsection. ¹

Insurers shall offer the options provided by subsections a. and b. of this section at appropriately reduced premiums. For policies issued or renewed prior to January 1, 1992, insurers shall offer the option provided by subsection d. of this section at a discount of not less than 25% from the base rate applicable to the first ¹[\$75,000] \$250,000¹ of medical expense benefit coverage, and for policies issued or renewed on or after January 1, 1992, insurers shall offer the option at an appropriate discount from the base rate for the amount of medical expense benefit coverage taken.

Any named insured who chooses the option provided by subsection d. of this section shall provide proof that he and members of his family residing in his household are covered by health insurance coverage or benefits in a manner and to an extent approved by the commissioner. Nothing in this section shall be construed to require a health insurer, health maintenance organization or governmental agency to cover individuals or treatment which is not normally covered under the applicable benefit contract or plan. If it is determined that an insured who selected or is otherwise covered by the option provided in subsection d. of this section did not have such health [insurance] coverage in effect at the time of an accident, medical expense benefits shall be payable by the person's automobile insurer and shall be subject to I[a deductible in an

amount of \$750 for any one accident and any deductible required by law or otherwise selected as an option pursuant to subsection a. of this section, any copayment required by law and an additional deductible in the amount of \$7501.

[A deductible or exclusion] An option elected by the named insured in accordance with this section shall apply only to the named insured and any resident relative in the named insured's household who is not a named insured under another automobile insurance policy, and not to any other person eligible for personal injury protection benefits [required to be provided] ¹required to be provided of P.L.1972, c.70 (C.39:6A-4 ¹[or 39:6A-10]¹].

In the case of a medical expense benefit deductible, the deductible elected by the named insured shall be satisfied for any one accident, whether the medical expense benefits are paid or provided, in the amount of the deductible, to the named insured or to one or more resident relatives in the named insured's household who are not named insureds under another insurance policy, or to any combination thereof.

Medical expense benefits payable in any amount between the deductible selected pursuant to subsection a. of this section and \$5,000.00 shall be subject to a copayment of 20%.

No insurer or health provider providing benefits to an insured who has elected a deductible pursuant to subsection a. of this section shall have a right of subrogation for the amount of benefits paid pursuant to a deductible elected thereunder or any applicable copayment.

The Commissioner of Insurance shall adopt rules and regulations to effectuate the purposes of this section ¹and may promulgate standards applicable to the coordination of personal injury protection medical expense benefits coverage. ¹

(cf: P.L.1988, c.119, s.38)

- 7. Section 10 of P.L.1988, c.119 (C.39:6A-4.6) is amended to read as follows:
- 10. The Commissioner of Insurance shall, within 90 days after the effective date of [this 1988 amendatory and supplementary) (now pending in the Legislature as act] P.L. c. (C. this bill), promulgate medical fee schedules on a regional basis for the reimbursement of health care providers providing services or equipment for medical expense benefits for which payment is [required] to be made by an automobile insurer under ¹[the]¹ personal injury protection coverage ¹[provided for in [section] sections 4 and 10 of pursuant to P.L.1972, c.70 [(C.39:6A-4 and 39:6A-10)] (C.39:6A-1 et seq.)1. These fee schedules shall be promulgated on the basis of the type of service provided, and shall incorporate the reasonable and prevailing fees of 75% of the practitioners within the region. If, in the case of a specialist provider, there are fewer than 50 specialists within a region, the fee schedule shall incorporate the reasonable and prevailing fees

of the specialist providers on a Statewide basis. These schedules shall be reviewed biannually by the commissioner.

No health care provider may demand or request any payment from any person in excess of those permitted by the medical fee schedules established pursuant to this section, nor shall any person be liable to any health care provider for any amount of money which results from the charging of fees in excess of those permitted by the medical fee schedules established pursuant to this section.

(cf: P.L.1988, c.156, s.4)

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- 8. Section 5 of P.L.1972, c.70 (C.39:6A-5) is amended to read as follows:
 - 5. Payment of personal injury protection coverage benefits.
- a. An insurer may require written notice to be given as soon as practicable after an accident involving an automobile with respect to which the policy affords personal injury protection coverage benefits [required by] pursuant to this act.
- Personal injury protection coverage benefits shall be overdue if not paid within [30] 60 days after the insurer is furnished written notice of the fact of a covered loss and of the amount of same. If such written notice is not furnished to the insurer as to the entire claim, any partial amount supported by written notice is overdue if not paid within [30] 60 days after such written notice is furnished to the insurer. Any part or all of the remainder of the claim that is subsequently supported by written notice is overdue if not paid within [30] 60 days after such written notice is furnished to the insurer; provided, however, that any payment shall not be deemed overdue where, within [30] 60 days of receipt of notice of the claim, the insurer notifies the claimant or his representative in writing of the denial of the claim or the need for additional time, not to exceed 45 days, to investigate the claim, and states the reasons therefor. The written notice stating the need for additional time to investigate the claim shall set forth the number of the insurance policy against which the claim is made, the claim number, the address of the office handling the claim and a telephone number, which is toll free or can be called collect, or is within the claimant's area code. For the purpose of determining interest charges in the event the injured party prevails in a subsequent proceeding where an insurer has elected a 45 day extension pursuant to this subsection, payment shall be considered overdue at the expiration of the 45 day period or, if the injured person was required to provide additional information to the insurer, within 10 business days following receipt by the insurer of all the information requested by it. whichever is later.

For the purpose of calculating the extent to which any benefits are overdue, payment shall be treated as being made on the date a draft or other valid instrument which is equivalent to payment was placed in the United States mail in a properly addressed,

postpaid envelope or, if not so posted, on the date of delivery.

c. All overdue payments shall bear interest at the percentage of interest prescribed in the Rules Governing the Courts of the State of New Jersey for judgments, awards and orders for the payment of money. All automobile insurers shall provide any claimant with the option of submitting a dispute under this section to binding arbitration. Arbitration proceedings shall be administered and subject to precedures established by the American Arbitration Association. If the claimant prevails in the arbitration proceedings, the insurer shall pay all the costs of the proceedings, including reasonable attorney's fees, to be determined in accordance with a schedule of hourly rates for services performed, to be prescribed by the Supreme Court of New Jersey.

(cf: P.L.1983, c.362, s.8)

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- 9. Section 8 of P.L.1972, c.70 (C.39:6A-8) is amended to read as follows:
- 8. Tort exemption; limitation on the right to noneconomic loss. One of the following two tort options shall be elected, in accordance with section 14.1 of P.L.1983, c.362 (C.39:6A-8.1), by any named insured required to maintain personal injury protection coverage pursuant to section 4 of P.L.1972, c.70 (C.39:6A-4):
- Every owner, registrant, operator or occupant of an automobile to which section 4 ¹[or 10]¹ of P.L.1972, c.70 (C.39:6A-4 ¹[or 39:6A-10]¹), personal injury protection coverage, regardless of fault, applies, and every person or organization legally responsible for his acts or omissions, is hereby exempted from tort liability for noneconomic loss to a person who is subject to this subsection and who is either a person who is required to maintain the coverage mandated by this act, or is a person who has a right to receive benefits under section 4 1[or 10]1 of P.L.1972, c.70 (C.39:6A-4 1 [or 39:6A-10] 1), as a result of bodily injury, arising out of the ownership, operation, maintenance or use of such automobile in this State, unless that person has sustained personal injury which results in death; dismemberment; significant disfigurement; a fracture; loss of a fetus; permanent loss of use of a body organ, member, function or system; permanent consequential limitation of use of a body organ or member; significant limitation of use of a body function or system; or a medically determined injury or impairment of a non-permanent nature which prevents the injured person from performing substantially all of the material acts which constitute that person's usual and customary daily activities for not less than 90 days during the 180 days immediately following the occurrence of the injury or impairment: or

b. As an alternative to the basic tort option specified in subsection a, of this section, every owner, registrant, operator, or occupant of an automobile to which section 4 ¹[or 10]¹ of P.L.1972, c.70 (C.39:6A-4 ¹[or 39:6A-10]¹) applies, and every

person or organization legally responsible for his acts or omissions, shall be liable for noneconomic loss to preson who is subject to this subsection and who is either a person who is required to maintain the coverage mandated by P.I. 1972, c.70 (C.39:6A-1 et seq.) or is a person who has a right to receive benefits under section 4 ¹[or 10]² of that act (C.39:6A-4 ¹[or 39:6A-10]¹), as a result of bodily injury, arising out of the ownership, operation, maintenance or use of such automobile in this State.

The tort option provisions of subsection [a.] h. of this section shall also apply to the right to recover for noneconomic loss of any person eligible for benefits pursuant to section 4 ¹[or 10]¹ of P.L.1972, c.70 (C.39:6A-4 ¹[or 39:6A-10]¹) but who is not required to maintain personal injury protection coverage and is not an immediate family member, as defined in section 14.1 of P.L.1983, c.362 (C.39:6A-8.1), under an automobile insurance policy.

The tort option provisions of subsection a. of this section shall also apply to any person subject to section 14 of P.L.1985, c.520 (C.39:6A-4.5).

The tort option provisions of subsections a. and b. of this section as provided in this 1988 amendatory and supplementary act shall apply to automobile insurance policies issued or renewed on or after January 1, 1989 and as otherwise provided by law.

(cf: P.L.1988, c.119, s.6)

- 10. Section 20 of P.L.1983, c.362 (C.39:6A-9.1) is amended to read as follows:
- An insurer ¹, health maintenance organization or governmental agency paying benefits pursuant to subsection a., b. or d. of section 13 of P.L.1983, c.362 (C.39:6A-4.3) or personal injury protection benefits in accordance with section 4 or section 10 of P.L.1972, c.70 (C.39:6A-4 or C.39:6A-10), as a result of an accident occurring within this State, shall, within two years of the filing of the claim, have the right to recover the amount of payments from any tortfeasor who was not, at the time of the accident, required to maintain personal injury protection or medical expense benefits coverage, other than for pedestrians, under the laws of this State, including personal injury protection coverage required to be provided in accordance with section 18 of P.L.1985, c.520 (C.17:28-1.4), or although required did not maintain personal injury protection or medical expense benefits coverage at the time of the accident. In the case of an accident occurring in this State involving an insured tortfeasor, the determination as to whether an insurer 1, health maintenance organization or governmental agency is legally entitled to recover the amount of payments and the amount of recovery, including the costs of processing benefit claims and enforcing rights granted under this section, shall be made against the insurer of the tortfeasor, and shall be by agreement of the

involved [insurers] parties or, upon failing to agree: by arbitration. (cf: P.L.1985, c.520, s.17)

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11. Section 10 of P.L.1972, c.70 (C.39.6A 10) is amended to read as follows:

10. Additional personal injury protection coverage, insurers shall make available to the named insured covered under section 4 of P.L.1972, c.70 (C.39:6A-4), and, at his option, to resident relatives in the household of the named insured, suitable additional first party coverage for income continuation benefits. essential services benefits, death benefits and funeral expense benefits, but the income continuation and essential services benefits shall cease upon the death of the claimant, and shall not operate to increase the amount of any death benefits payable under section 4 of P.L.1972, c.70 (C.39:6A-4) and such additional first party coverage shall be payable only to the extent that the claimant establishes that the amount of loss sustained exceeds the coverage spe fied in section 4 of P.L.1972, c.70 (C.39:6A-4). Insurers ¹[shall] may ¹ also make available to named insureds covered under section 4 of P.L.1972, c.70 (C.39:6A-4), and, at ¹[his] their option, to resident relatives in the household of the named insured or to other persons provided medical expense coverage pursuant to section 4 of P.L.1972, c.70 (C.39:6A-4), or both, additional first party medical expense benefit coverage. ¹[The additional medical expense benefits coverage required to be offered by insurers pursuant to this section shall be offered in accordance with increments of additional medical expense benefit coverage determined by the commissioner, which shall include an option which provides for the payment of all reasonable medical expenses incurred as a result of personal injury sustained in an automobile accident.]1 The additional coverage shall be offered by the insurer at least annually [on a form prescribed by the Commissioner of Insurance, which shall be attached to or accompany all applications, initial policies and renewal policies or renewal notices] as part of the coverage selection form required by section 17 of P.L.1983, c.362 (C.39:6A-23). Income continuation in excess of that provided for in section 4 must be provided as an option by insurers for disabilities, as long as the disability persists, up to an income level of \$35,000.00 per year, provided that a. the excess between \$5,200.00 and the amount of coverage contracted for shall be written on the basis of 75% of said difference, and b. regardless of the duration of the disability, the benefits payable shall not exceed the total maximum amount of income continuation benefits contracted for. Death benefits provided pursuant to this section shall be payable without regard to the period of time elapsing between the date of the accident and the date of death, if death occurs within two years of the accident and results from bodily injury from that accident to which coverage under this section applies. The Commissioner of Insurance is hereby

authorized and empowered to establish, by rule or regulation, the amounts and terms of income continuation insurance to be provided pursuant to this section.

(cf: P.L.1985, c.520, s.16)

- 12. Section 12 of P.L.1972, c.70 (C.39:6A-12) is amended to read as follows:
- Inadmissibility of evidence of losses collectible under personal injury protection coverage. Except as may be required in an action brought pursuant to section 20 of P.L.1983, c.362 (C.39:6A-9.1), evidence of the amounts collectible or paid pursuant sections and of P.L.1972, (C.39:6A-4 and 39:6A-10), to an injured person, including the amounts of any deductibles, copayments or exclusions, including exclusions pursuant to subsection d. of section 13 of P.L.1983, c.362 (C.39:6A-4.3), otherwise compensated is inadmissible in a civil action for recovery of damages for bodily injury by such injured person.

The court shall instruct the jury that, in arriving at a verdict as to the amount of the damages for noneconomic loss to be recovered by the injured person, the jury shall not speculate as to the amount of the medical expense benefits paid or payable by an automobile insurer under ¹[section : or 10 of P.L.1972, c.70 (C.39:6A-4 or 39:6A-10)] personal injury protection coverage ¹ to the injured person, nor shall they speculate as to the amount of benefits paid or payable by a health insurer ¹, health maintenance org ... \(\text{\t

Nothing in this section shall be construed to limit the right of recovery, against the tortfeasor, of uncompensated economic loss sustained by the injured party.

(cf: P.L.1988, c.119, s.44)

- 13. Section 17 of P.L.1983, c.362 (C.39:6A-23) is amended to read as follows:
- 17. Written notice buyer's guide and coverage selection form.
- a. No new automobile insurance policy shall be issued on or after the 180th day following the effective date of P.L.1985, c.520, unless the application for the policy is accompanied by a written notice identifying and containing a buyer's guide and coverage selection form. The buyer's guide shall contain a brief description of all available policy coverages and benefit limits, and shall identify which coverages are mandatory and which are optional under State law, as well as all options offered by the insurer.

The buyer's guide shall also contain a statement on the possible coordination of other health benefit coverages with the personal injury protection coverage options, the form and contents of which shall be prescribed by the Commissioner of Insurance.

The coverage selection form shall identify the range of premium rate credit or dollar savings, or both, and shall provide any other information required by the commissioner by regulation.

The applicant shall indicate the options elected on the coverage selection form which shall be signed and returned to the insurer.

b. (Deleted by amendment, P.L.1965, c.520.)

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c. Any notice of renewal of an automobile insurance policy with an effective date subsequent to July 1, 1984, shall be accompanied by a written notice of all policy coverage information required to be provided under subsection a. of this section.

The Commissioner of Insurance shall, within 45 days following the effective date of this act, promulgate standards for the written notice and buyer's guide required to be provided under this section.

- d. Written notices provided by any insurer writing at least 2% of the New Jersey private passenger automobile market, including the New Jersey Automobile Full Insurance Underwriting Association established pursuant to section 16 of P.L.1983, c.65 (C.17:30E-4), shall also contain a statement advising that if the insured or applicant has any questions concerning his automobile insurance policy, including questions as to coverage or premiums, he may contact his producer, or the company directly, by using a toll free number which shall be set forth in the notice. Written notice shall be given to all insureds of any change in the toll free number.
- e. A properly completed and executed coverage selection form shall be prima facie evidence of the named insured's knowing election or rejection of any option.
- f. Each named insured of an automobile insurance policy shall, at least annually or as otherwise ordered by the commissioner, receive a buyer's guide and coverage selection form.
- ¹g. On and after January 1, 1991, each buyer's guide and coverage selection form shall be written in plain language. ¹ (cf. P.L.1988, c.119, s.35)
- 14. Section 2 of P.L.1977, c.310 (C.39:6-73.1) is amended to read as follows:
- 2. 1[a.]1 In the event medical expense benefits paid by an insurer, in accordance with subsection a. of section 4[a.] of P.L.1972, c.70 (C.39:6A-4), are in excess of \$75,000.00 on account of personal injury to any one person in any one accident, the Unsatisfied Claim and Judgment Fund shall assume such excess 1up to \$250,0001 and reimburse the insurer therefor in accordance with rules and regulations promulgated by the commissioner; provided, however, that this provision is not intended to broaden the coverage available to accidents involving uninsured or hit-and-run automobiles, to provide extraterritorial coverage, or to pay excess medical expenses.

- 1[b. Notwithstanding the provisions of subsection a. of this section, the provisions of subsection a. of this section shall only be applicable to medical expense benefits paid by an insurer pursuant to an automobile insurance policy issued or renewed prior to January 1, 1991.]1
- 6 (cf: P.L.1985, c.148, s.9)

- 15. Section 15 of P.L.1983, c.65 (C.17:30E-3) is amended to read as follows:
 - 15. As used in sections 13 to 34 of this act:
 - a. "Association" means the New Jersey Automobile Full Insurance Underwriting Association.
 - b. "Automobile" means a private passenger automobile of a private passenger or station wagon type that is owned or hired, and is neither used as a public or livery conveyance for passengers nor rented to others with a driver; a motor vehicle with a pickup body, a delivery sedan, a van, or a panel truck or a camper type vehicle used for recreational purposes, owned by an individual or by husband and wife who are residents of the same household, not customarily used in the occupation, profession or business of the insured other than farming or ranching; and, solely for the purposes of this act, a motorcycle, as defined in R.S.39:1-1. An automobile owned by a farm family copartnership or corporation, which is principally garaged on a farm or ranch and otherwise meets the definition contained in this section, shall be considered a private passenger automobile owned by two or more relatives resident in the same household.
 - c. "Automobile insurance" means direct insurance against injury or damage, including the legal liability therefor, arising out of the ownership, operation, maintenance or use of automobiles, including, but not limited to, personal injury protection insurance, bodily injury liability insurance, property damage liability insurance, physical damage insurance and uninsured and underinsured motorist insurance.
 - d. "Board" or "board of directors" means the board of directors of the association.
 - e. "Company" or "member" means an insurer member of the association.
 - f. "Commissioner" means the Commissioner of Insurance.
 - g. "Director" means a in Ser of the board of directors of the New Jersey Automobile Full rance Underwriting Association.
 - h. "Net direct car years of liability exposure" means direct bodily injury liability car years of exposure, after deducting returns for cancellations, but without adding reinsurance assumed or deducting reinsurance ceded, as determined by the board and approved by the commissioner.
 - i. "Net direct car years of physical damage exposure" means direct physical damage car years of exposure, after deducting returns for cancellations, but without adding reinsurance assumed or deducting reinsurance ceded, as determined by the board and

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approved by the commissioner.

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-). "Person" means every natural person.
- k. "Plan of operation" means the plan of operation of the association created pursuant to section 18 of this act.
- 1. "Producer" means an agent or broker licensed to transact the business of automobile insurance in this State.
- m. "Qualified applicant" means a person domicilea in New Jersey who is an owner of an automobile registered, or to be registered within 60 days of application, and principally garaged in this State, who has been refused coverage in the voluntary market, and who cannot be or is not placed in the voluntary market through the procedures established pursuant to subsection a. of section 26 of P.L.1983, c.65 (C.17:30E-14). Qualified applicant shall also include a member of the United States military forces, if otherwise eligible for insurance coverage issued by the association, with respect to an automobile if, at the time the application is made, he is either (1) a nonresident who is stationed in this State, whose automobile is registered in another state and garaged in this State; or (2) a resident who is stationed in another state, whose automobile is registered in this State and garaged in another state. No person shall, however, be deemed a qualified applicant, if the principal operator of the automobile to be insured does not hold a driver's license which is valid in this State; or if a regular operator of the automobile other than the principal operator does not hold such a license; or if timely payment of premium is not tendered; or if the applicant or principal operator of the automobile does not furnish the information necessary to effect insurance; or if such person is engaged in the business of renting or leasing automobiles to others or if such person uses automobiles for commercial purposes.
- n. "Underinsured motorist coverage" means insurance for damages because of bodily injury and property damage caused by accident and arising out of the ownership, maintenance or use of an underinsured automobile. An automobile is underinsured when the sum of the limits of liability under all bodily injury and property damage liability bonds and insurance policies available to a person against whom recovery is sought for bodily injury or property damage is, at the time of the accident, less than the applicable limits of liability afforded under the automobile insurance policy held by the person seeking such recovery.
- o. "Residual market equalization charge" means the amount imposed pursuant to section 20 of P.L.1983, c.65 (C.17:30E-8) which, when added to all other sources of association income, will cause the association to operate on a no profit, no loss basis.
- (cf: P.L.1988, c.119, s.40)
- 16. Section 19 of P.L.1983, c.65 (C.17:30E-7) is amended to read as follows:
 - 19. Pursuant to the plan of operation, the association shall

have the power and duty to: -

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- a. Enter into contracts as are necessary or proper to carry out the provisions and purposes of this act;
- b. Sue or be sued in the name of the association, including taking any legal actions necessary or proper for recovery of any assessments for, on behalf of, or agains: members. A judgment against the association shall not create any direct liability against the servicing carrier, board of directors or the individual members, or the individual participating members of the association;
- c. Indemnify its directors and employees for any and all claims, suits, costs of investigations, costs of defense, settlements or judgments against them on account of an act or omission in the scope of a director's duties or employee's employment. The association shall refuse to indemnify if it determines that the act or failure to act was because of actual fraud, willful misconduct or actual malice;
- d. Take such action as is necessary to prevent and avoid the payment of improper claims against the association or the coverage provided by or through the association;
- e. Arrange for the issuance of automobile insurance to any qualified applicant through servicing carriers. Each servicing carrier shall issue policies in the name of the servicing carrier, on behalf of the association, to the extent the plan of operation provides. Servicing carriers, as agents of the association, shall have no individual liability for claims or policies written by the association. However, notwithstanding the above, or any other provision of law to the contrary, the association shall not arrange for the issuance or renewal of any automobile insurance policy, either through a servicing carrier or on its own behalf, on or after October 1, 1990;
- f. Appoint from among its members appropriate legal, actuarial, claims, investment and other committees as necessary to provide technical assistance in the operation of the association, policy and other contract design, and any other function within the authority of the association;
- g. Establish standards for, and review operating practices of, servicing carriers and producers to determine whether such practices are adequate to properly service association business, and to take appropriate action to eliminate inadequate operating practices and develop adequate operating practices, and to appoint an audit committee to review operating practices. The audit committee to review operating carriers, producers, and member companies who are not servicing carriers;
- h. Develop criteria and establish a monitoring system to ensure that: (1) servicing carriers do not obtain an unfair advantage, because of their servicing carrier relationship with producers over other member companies which are not servicing carriers; and (2) member companies do not obtain an unfair

advantage over producers of record without a contractual relationship with a voluntary market company, as a result of an offer of voluntary market coverage to an insured of the association.

- i. Order the reporting of such statistics by the members of the association as it deems necessary;
 - j. Reimburse servicing carriers from association funds;

- k. Adopt bylaws for the regulation of its internal affairs:
- l. Employ a general manager, who shall serve at its pleasure and be responsible for the conduct of the administrative affairs of the association. The board may employ other necessary personnel and may delegate to the general manager and other personnel such authority as it deems necessary to assure proper administration and operation of the association consistent with the plan of operation. The board shall arrange and contract if necessary for suitable quarters within the State of New Jersey for operations of the association; for such equipment, goods and services; and incur such expenses as it deems necessary to assure efficient administration of the association consistent with the plan of operation. If required by the plan of operation, the board may establish service centers in underserviced areas, which service centers shall provide for the dissemination of full information on the coverages available under this act and for referrals to appropriate outlets for the acquisition of such coverage;
- m. Hear and determine complaints of any member or producer concerning the operation of the association in accordance with procedures prescribed in section 28 of this act;
- n. Annually report to the commissioner on the operation of the association;
- o. Record and investigate complaints involving the conduct of producers and to take appropriate corrective action or to recommend to the commissioner appropriate disciplinary action, including suspension or revocation of authority to write association business:
- p. Review servicing practices of servicing carners to determine whether such practices are adequate to presently service the risks written by the association; and upon finding that the practices of any servicing carrier are inadequate, establish a program for that member which will assist the servicing carrier in the performance of its duties and charge that servicing carrier a reasonable fee for establishing and operating such a program;
- q. Audit the operations of members for the purpose of determining compliance with this act;
- r. Develop methods and standards for the establishment of adequate, actuarially sound reserves for unpaid losses and loss adjustment expenses, including provision for incurred but not reported losses; and
 - s. Take such other action as is necessary to affectuate the

purposes of this act.
 (cf: P.L.1983, c.301, s.4)
 C.17:33B-6

17. (New section) Notwithstanding any of the provisions of sections 13 to 34 of P.L.1983, c.65 (C.17:30E-1 et seq.), section 1 of P.L.1984, c.1 (C.17:29A-37.1) or any other law, to the contrary, no residual market equalization charges, or flat charges (also referred to as flat capitation fees or policy constants) of any kind, other than the flattened tax and expense fees implemented pursuant to section 8 of P.L.1983, c.65 (C.17:29A-37), shall continue to be imposed or be imposed on or after April 1, 1991 on a per car or per coverage basis on automobile insurance policies or on policies insuring motor vehicles other than automobiles.

- 18. Section 1 of P.L.1984, c.1 (C.17:29A-37.1) is amended to read as follows:
- 1. a. All flat charges (also referred to as flat capitation fees or policy constants, but not including premiums for uninsured motorist or towing coverage, or flattened tax and expense fees implemented pursuant to section 8 of P.L.1983, c.65 (C.17:29A-37)), authorized by the Commissioner of Insurance for use by all filers, as defined in section 1 of P.L.1944, c.27 (C.17:29A-1), writing private passenger automobile insurance in the voluntary and residual markets, which are [collected] imposed on a per car and per coverage basis on automobile insurance policies issued or renewed in the voluntary or residual market [, with an effective date of January 1, 1984 or thereafter,] prior to April 1, 1991 shall be paid to the New Jersey Automobile Full Insurance Underwriting Association for use for association purposes. All moneys collected from the flat charges shall be certified to by the filers, including servicing carriers of the association, and transferred, net of a pro rata portion of any producer commissions and all premium taxes payable the con, to the association in accordance with the provisions of this subsection and the association's plan of operation. No other expenses shall be payable to or deductible from the flat charges transferable to the association.

Flat charges collected under this subsection shall be transferred to the association within 10 days of the close of the month of receipt by the insurer or servicing carrier. In the case of policy premiums paid in accordance with a payment plan or other installment basis, the insurer shall, within 10 days of the close of the month of receipt of payment, transfer to the association a proportionate share of the total flat charges on the policy, based on the payment schedule or amount of payment received.

b. [Flat charges collected on any automobile insurance policy written in the voluntary or residual market with an effective date prior to January 1, 1984, the policy term of which, however, extends into 1984, shall be retained by the insurer or filer; except

that if a policy subject to this subsection has been canceled for reasons other than nonpayment of premium, the insurer or filer shall retain only that portion of the flat charges earned on the policy up to the date of cancellation and shall return any unearned remainder to the policyholder in the same manner as other unearned premiums.]

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Flat charges shall not be deemed to include any moneys collected from any residual market equalization charge levied pursuant to section 20 of P.L.1983, c.65 (C.17:30E-8).

Flat charges collected in accordance with subsection a. of this section shall be considered in determining taxable premiums in accordance with P.L.1945, c.132 (C.54:18A-1 et seq.), but shall not be considered in determining excess profits in accordance with section [2 of P.L.1983, c.357 (C.17:29A-5.3)] section 3 of P.L.1988, c.118 (C.17:29A-5.8).

The flat charges authorized by the Commissioner of Insurance for private passenger automobile insurance in the voluntary and residual markets may be imposed prior to April 1, 1991 upon all insured motor vehicles other than private passenger automobiles, including motor vehicles insured by C.e automobile established pursuant to P.L.1970, plan (C.17:29D-1), and motor vehicles of a type, as is determined by the Commissioner of Insurance, which are registered with the Division of Motor Vehicles as self-insured vehicles pursuant to section 30 of P.L.1952, c.173 (C.39:6-52), in accordance with rules and regulations established by the commissioner. In the case of motor vehicles other than private passenger automobiles which are insured by an insurer in the voluntary market or in any insurance plan established pursuant to P.L.1970, (C.17:29D-1), the insurer shall forward the flat charge, net of a pro rata portion of the producer's commission, to the New Jersey Automobile Full Insurance Underwriting Association. In the case of a self-insurer required to pay a flat charge, the self-insurer shall forward the full amount of the flat charge to the association. The Division of Motor Vehicles shall not issue a certificate of self-insurance unless the association has certified that the flat charge has been paid. Failure to pay the flat charge shall constitute a reasonable ground for cancellation of a certificate of self-insurance pursuant to section 30 of P.L. 1952. c.173 (C.39:6-52). Any self-insurer which fails to pay the flat charge to the association for any self-insured vehicle shall be liable to pay a fine in the amount of \$100.00 per vehicle for the first offense and \$200.00 for the second and each subsequent offense.

Notwithstanding any other provision of this section, flat charges shall be imposed on such motor vehicles prior to April 1, 1991 as are determined by the Commissioner of Insurance, which vehicles have been registered with the Division of Motor Vehicles in accordance with Title 39 of the Revised Statutes as

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commercial motor vehicles and have been issued commercial license plates or farmers license plates, and on motor vehicles, of a type determined by the Commissioner of Insurance, which are registered with the Division of Motor Vehicles as self-insured vehicles pursuant to section 30 of P.L.1952, c.173 (C.39:6-52). (cf. P.L.1987, c.344, s.1)

19. Section 20 of P.L.1983, c.65 (C.17:30E-8) is amended to read as follows:

20. a. The association shall derive income from the following sources for the payment of expenses, losses, and the provision of adequate, actuarially sound reserves for unpaid losses and loss adjustment expenses, including incurred but not reported losses, in connection with association business: (1) net premiums earned; (2) income generated from any association accident surcharge system permitted or required by law; (3) that percentage of surcharges collected by the Division of Motor Vehicles prior to October 1, 1991 and deposited with the association pursuant to subsection b. of section 6 of the "New Jersey Automobile Insurance Reform Act of 1982" [(P.L.1983, c.65; C.17:29A-35)] P.L.1983, c.65 (C.17:29A-35); (4) income collected by members of the association and by the association from the residual market equalization charge imposed prior to April 1, 1991, or flat charges (also referred to as capitation fees or policy constants, but not including premiums for uninsured motorist or towing coverage, or flattened tax and expense fees implemented pursuant to section 8 of P.L.1983, c.65 (C.17:29A-37)) imposed prior to April 1, 1991, levied on a per car and per coverage basis; [and] (5) income from investment of moneys collected pursuant to paragraphs (1), (2), (3) [and] (4) and (6) of this subsection; and (6) income collected by the Director of the Division of Motor Vehicles prior to October 1, 1991, pursuant to section 68 of c., (C.) (now pending in the Legislature as this bi., P.L. Residual market equalization charges collected on behalf of the association shall on a monthly basis be certified to by the carrier and shall be transferred to the association in accordance with the plan of operation. No producer commissions or premium taxes shall be paid on, or company expenses or servicing carrier compensation deducted from, the residual market equalization charge. No servicing carrier compensation or commissions shall be paid by the association on violation surcharges deposited by the Division of Motor Vehicles with the association. premiums received by servicing carriers on behalf of the association shall on a monthly basis be certified to by the carrier and shall be transferred to the association in accordance with the plan of operation. Premiums shall be transferred to the association net of commissions paid, all premium taxes, and servicing carrier compensation, except as otherwise required by law.

All claims and claim expense payments paid on association

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business shall be disbursed by the servicing carriers or the association through drafts drawn on association funds in accordance with the plan of operation. Servicing carriers, as agents of the association, shall have no individual liability on claims or policies written by the association.

b. At least annually, the board shall file its experience with the commissioner, which experience shall include the projected income, expenses, losses and reserve requirements of the association for the ensuing year, any adjustment in previously established reserves for unpaid losses and loss adjustment expenses necessary to make such reserves adequate and actuarially sound, and the initial filing shall include the experience of the automobile insurance plan established pursuant to P.L.1970, c.215 (C.17:29D-1). Except in the case of the initial or other filing applicable to the first year of operation of the association, the board shall include in its filing with the commissioner, for his approval, a computation of the residual market equalization charge per insured vehicle to be collected by each member from its voluntary insureds, exclusive of principal operators 65 years of age or older, and by each servicing carrier from association insureds lor insureds covered by the Market Transition Facility created pursuant to section 88 of P.L., c.)(now pending in the Legislature as this bill)¹, exclusive of

principal operators 65 years of age or older, to offset the anticipated losses of the association.

At the end of the first 12 months of the operation of the association and at least annually thereafter, the board shall also include in its filing with the commissioner a review of the previous year's experience, setting forth the income, losses, and reserve requirements, including any adjustment in previously established reserves for unpaid losses and loss advistment expenses necessary to make such reserves adequate and actuarially sound, and expenses of the association during the previous year. If a profit is found by the commissioner to have been realized, such amount shall reduce the residual market equalization charge levied on policyholders pursuant to subsection d. of this section. If a loss is found by the commissioner to have occurred, such amount shall increase the charge levied on policyholders pursuant to subsection d. of this section.] The filing shall be accompanied by such statistics and other information as the commissioner may deem necessary. The commissioner shall, within 60 days of such filing, approve or disapprove the filing, except that the commissioner may, for good cause, extend by not more than 60 days the period for approving or disapproving the Failure to act within the period allowed for the commissioner's review of the filing shall be deemed approval of the filing, except that the running of the period shall be tolled by a request for additional information by the commissioner or until the association notifies the commissioner that it will not provide

such additional information, together with the reason for not supplying the information. Failure to comply with a reasonable request for information may be a ground for disapproving all or part of the filing. If the commissioner disapproves all or part of the filing, he shall state the reasons for such disapproval, and indicate such portion of the filing he approves. Such disapproval shall be subject to review by the Appellate Division of the Superior Court.

- c. The residual market equalization charge last approved by the commissioner shall continue to apply while the application for the revised charge is being processed by the commissioner pursuant to this section.
- d. The residual market equatization charge per insured vehicle shall be collected following the effective date of such approval, by the insurer from its policyholders, exclusive of principal operators 65 years of age or older, on a uniform net direct car year of liability exposure basis and a net direct car year of physical damage exposure basis. insurer or rating organization making a residual man at equalization charge pursuant to this subsection shall. 15 days prior to the date of the implementation of the proposed rate adjustment, make an informational filing with the commissioner, documenting compliance with the established method of distributing such residual market equalization charge.
- e. Any insurer licensed to transact automobile insurance after the effective date of this act shall become a member of the association upon receiving such license and the determination of any such insurer's participation in the association shall be made as of the date of such membership in the same manner as for all other members of the association.
- f. For purposes of this section and any other applicable provision of law, the residual market equalization charge shall not be considered insurance premium unless otherwise specifically provided therein.

(cf: P.L.1985, c.520, s.3)

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- 20. Section 26 of P.L.1983, c.65 (C.17:30E-14) is amended to read as follows:
- 26. a. Within 45 days of the effective date of this 1988 amendatory and supplementary act, the commissioner shall, in the plan of operation, establish procedures to govern the voluntary writing of applicants and association insureds without the utilization of the association. These procedures shall include criteria identifying drivers who should be eligible for coverage in the voluntary market. Applicants and association insureds meeting these criteria shall be subject to assignment by the association to member companies, pursuant to an equitable apportionment procedure established in the plan of operation. The procedure shall give due consideration to the increase or decrease in the volume of private passenger automobile non-fleet

exposures voluntarily written by member companies in this State since January 1, 1984.

- b. (1) Pursuant to the procedures established in the plan of operation under subsection a. of this section, the commissioner shall establish a voluntary market quota, which shall not be less than 60% of the aggregate number of private passenger automobile non-fleet exposures written in the total private passenger automobile insurance market in this State on the effective date of this 1988 amendatory and supplementary act. The quota shall prescribe the number of voluntary market exposures which shall be written by member companies during the 12 month period beginning 60 days after the effective date of this 1988 amendatory and supplementary act.
- (2) [At the end of the first 12 month period following the effective date of this 1988 amendatory and supplementary actl Within 30 days of the effective date of P.L., c. (C.) (now pending in the Legislature as this bill), the commissioner shall prescribe a second quota, which shall take effect [no later than 60 days following the end of that period] immediately upon adoption by the commissioner and which shall not be less than [70%] 68% of the aggregate number of private passenger automobile non-fleet exposures written in the total private passenger automobile insurance market in this State [at the end of the first 12 month period following the effective date of this 1988 amendatory and supplementary act] on or before October 1, 1990. The quota shall prescribe the number of voluntary market exposures which shall be written by meaber companies during the [12 month] period described in this paragraph.
- (3) [At the end of the second 12 month period following the effective date of this 1988 amendatory and supplementary act, the commissioner shall prescribe a third quota, which shall take effect no later than 60 days following the end of that period and which shall not be less than 75% of the aggregate number of private passenger automobile non-fleet exposures written in the total private passenger automobile insurance market in this State at the end of the second 12 month period following the effective date of this 1988 amendatory and supplementary act. The quota shall prescribe the number of voluntary market exposures which shall be written by member companies during the 12 month period described in this paragraph.] (Deleted by amendment, P.L.)(now pending before the Legislature as this bill)
- (4) [No later than 60 days following the end of the third 12 month period following the effective date of this 1988 amendatory and supplementary act, the commissioner shall prescribe such a quota that will result, at the end of the fourth 12 month period following the effective date of this 1988 amendatory and supplementary act, in the volume of exposures written in the voluntary market equaling no less than 80% of the

- c. In the event that any of the quotas established by the commissioner pursuant to subsection b. of this section have not been met by the end of any [12 month] applicable period, the commissioner shall direct the association to assign the balance of the even ures needed to meet the applicable quota to member companies in a manner consistent with the apportionment procedure established pursuant to subsection a. of this section. A member company which [exceeds] exceeded its apportionment share for [any] the 12 month period prescribed pursuant to paragraph (1) of subsection b. of this section shall receive credit for the excess against the [following year's obligation] quota imposed pursuant to paragraph (2) of subsection a. of this section.
- d. [If, at any time after the period established in paragraph (4) of subsection b. of this section, the volume of exposures written in the voluntary market equals less than 80% of the aggregate number of private passenger automobile non-fleet exposures being written in the total private passenger automobile insurance market in this State or such volume of exposures in excess of 80% that the commissioner determines should be eligible for coverage in the voluntary market, the commissioner shall direct the association to assign eligible applicants and association insureds to member companies on an equitable basis.] (Deleted by amendment, P.L. , c. .)(now pending before the Legislature as this bill)

- e. For the purposes of this section, any exposure written in the voluntary market by an affiliate of the insurer to which an apportioned share has been assigned shall be credited against that share.
- f. The total number of exposures written in the voluntary market, net of exposures cancelled or nonrenewed, by a member company at the end of the applicable period shall be utilized in determining whether the member company has written its apportionment share in the voluntary market for purposes of complying with any quotas established by the commissioner pursuant to this section.

- g. The commissioner may excuse a member company from meeting any of its obligations under this section that he determines would result in the member company being in an unsafe or unsound condition.
- h. Any member company that does not write its apportionment share of any quota established by the commissioner pursuant to subsection b. or c. of this section within the applicable time period shall be precluded from nonrenewing automobile insurance policies pursuant to section 26 of [this 1988 amendatory and supplementary act] P.L.1988, c.119 (C.17:29C-7.1) during the immediately following 12 month period.
- i. In addition to the requirements of subsection a. of this section, the procedures governing the increase in voluntary market volume shall:
- (1) establish guidelines and criteria for determining whether a person is a qualified applicant as defined in section 15 of P.L.1983, c.65 (C.17:30E-3), and procedures for the issuance of automobile insurance through the voluntary market to persons found not to be qualified applicants for association coverage, and for the referral of persons determined not to be eligible for association coverage to alternative residual market mechanisms;
- (2) include provisions ensuring that servicing carriers do not obtain any unfair advantage over other member companies in the selection of qualified applicants and association insureds to be written as voluntary business;
- (3) neither prohibit nor require member companies to write association business through association producers of record, provided, however, that where a member company elects not to service such business through the association producer of record, the procedures shall address the manner in which the association shall transfer the business to the member company, and shall establish reasonable compensation in an amount sufficient to offset the actual expenses incurred by the association producer in conjunction with the transfer which shall be paid by the association upon transfer of the business to the member company; and
- (4) provide for financial disincentives to applicants who, without good cause, reapply for coverage in the association after being placed in the voluntary market.

(cf: P.L.1988, c.119, s.25)

C.17:33B-3

21. (New section) a. The Legislature finds that the New Jersey Automobile Full Insurance Underwriting Association, created pursuant to section 16 of P.L.1983, c.65 (C.17:30E-4), is currently operating in a substantially impaired financial state with an operating deficit which the association has estimated to be in excess of \$3 billion and that, based upon the results of a recent claim and underwriting review and financial audit, the Commissioner of Insurance stated that mismanagement by the insurance companies acting as servicing carriers cost the

association \$908 million between its inception in 1984 and 1988. The Legislature further finds that the association is not earning new premium income or collecting subsidies in an amount sufficient to pay its claims and expenses. The Legislature further finds that under the above enumerated circumstances the association, if it were a licensed insurer, would likely be declared financially impaired or insolvent pursuant to the provisions of P.L.1975, c.113 (C.17:30C-1).

b. Therefore,

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- (1) Within 90 days of the effective date of this 1990 amendatory and supplementary act, the commissioner shall appoint a trustee, who shall be a person experienced in insolvency or bankruptcy, who shall not, during his tenure as trustee be affiliated with or employed by an insurer. The trustee shall serve at the pleasure of the commissioner and shall be paid from funds available to the New Jersey Automobile Insurance Guaranty Fund created pursuant to section 23 of this act, in an amount and manner as determined by the commissioner. The trustee shall carry out his obligations as provided in this act and the plan of operation promulgated pursuant to paragraph (2) of this subsection.
- (2) The trustee shall, as soon as possible upon appointment, promulgate a plan of operation to be approved by the commissioner. Pursuant to the plan of operation, the trustee shall have the authority to disburse funds made available from the New Jersey Automobile Insurance Guaranty Fund pursuant .. section 23 of this act and such other monies as may be appropriated to or otherwise made available to the fund or the association, including those monies collected by the association pursuant to section 20 of P.L.1983, c.65 (C.17:30E-8), on behalf of the association for the payment of claims and other financial obligations of the association 1, including the contracts with the servicing carriers, 1. The plan shall provide for the payment of covered losses on behalf of the association. Among other things necessary to the orderly evaluation, prioritization and disbursement of monies payable on behalf of the association, the plan shall contain a schedule for the prioritization of claims payments by the type of claim for which payment is due. The schedule may provide for the deferral of the payment of residual bodily injury losses over a period not to exceed four years. The schedule may also provide for the deferral of other payments only upon certification by the commissioner that the fund cannot by any other available means secure the monies necessary to pay those losses. However, the plan shall not provide for the deferral of payment of damages which are due and payable for present economic loss under any circumstance.
- (3) The trustee shall report to the commissioner biannually, or more frequently if ordered by the commissioner, on the financial condition of the association and the disbursement of funds

pursuant to the plan of operation. The commissioner shall make an annual report on the activities of the trustee to the Legislature and the Governor. The report shall contain an accounting of the immediately preceding annual period, including a report of the financial obligations attributable to the association; the income available to and the disbursements made by the trustee during that period; and a projection of the financial obligations, anticipated income and expected disbursements for the immediately succeeding annual period.

(4) In fulfilling his duties pursuant to this subsection, the trustee shall avail himself of the services of association staff and shall utilize association procedures, equipment and supplies to the extent such use facilitates fulfillment of the trustee's duties.

1 The trustee shall have the authority to continue any audit being conducted with regard to the operations of the association and to conduct such audits. 1

C.17:33B-4

22. (New section) Notwithstanding any provision of law to the contrary. no insured or other person covered under an association policy shall be held liable for payment of any claim attributable to damages subject to a deferred payment plan implemented pursuant to paragraph (2) of subsection b. of section 21 of this 1990 amendatory and supplementary act until payment is made to the covered person pursuant to the deferred payment plan.

C.17:33B-5

23. (New section) a. There is hereby cleated within the General Treasury a special nonlapsing fund to be known as the New Jersey Automobile Insurance Guaranty Fund. The State Treasurer shall credit to the fund, in addition to any sums appropriated thereto, all monies designated in subsection b. of this section and collected pursuant to this act on and after the effective date of this 1990 amendatory and supplementary act. Monies credited to the New Jersey Automobile Insurance Guaranty Fund may be invested in the same manner as assets of the General Fund and any investment earnings on the fund shall accrue to the fund and shall be available subject to the same terms and conditions as other monies in the fund. The State Treasurer may determine the amount of earnings to be credited to the New Jersey Automobile Insurance Guaranty Fund to reflect the average rate of return on the State of New Jersey Cash Management Fund.

b. Monies from the following sources shall be credited by the State Treasurer to the New Jersey Automobile Insurance Guaranty Fund: the revenues attributable to the surtax imposed under section 76 of this 1990 amendatory and supplementary act (C.); the revenues attributable to the tax imposed on premiums earned by the New Jersey Automobile Full Insurance Underwriting Association pursuant to section 34 of P.L.1983, c.65 (C.17:30E-22); that percentage of surcharges collected by the Division of Motor Vehicles on or after October 1, 1991, pursuant to subsection b. of section 6 of P.L.1983, c.65 (C.17:29A-35);

monies collected by the Division of Motor Vehicles on or after October 1, 1991, pursuant to section 68 of this 1990 amendatory and supplementary act (C.); monies collected by the State Board of Medical Examiners pursuant to section 63 of this 1990 amendatory and supplementary act (C.); monies collected by the State Board of Chiropractic Examiners pursuant to section 64 of this 1990 amendatory and supplementary act (C.); monies collected by the State Board of Physical Therapy pursuant to section 65 of this 1990 amendatory and supplementary act (C. monies collected by the Division of Motor Vehicles pursuant to section 66 of this 1990 amendatory and supplementary act (C. monies collected by the ¹[Supreme Court of New Jersey] State Treasurer¹ pursuant to section 67 of this 1990 amendatory and supplementary act (C.); loans made to the fund as provided in subsection c. of this section; and such other income as may be deposited with or otherwise made available to the New Jersey Automobile Full Insurance Undershing Association on or after October 1, 1991, including mo ... aeposited in the New Jersey Automobile Full Insurance Underwriting Association Auxiliary Fund pursuant to section 5 of P.L.1983, c.320 (C.17:33A-5).

- c. (1) The fund shall borrow such monies as are made available by the New Jersey Property-Liability Insurance Guaranty Association pursuant to paragraph (10) of subsection a. of section 8 of P.L.1974, c.17 (C.17:30A-8).
- (2) The fund may, upon the approval of the Commissioner of Insurance and pursuant to terms and conditions established by him, borrow monies from any other available source.
- d. The monies in the New Jersey Automobile Insurance Guaranty Fund, including interest earnings thereon, are specifically dedicated and shall be utilized exclusively for the costs of the purposes of satisfying the financial obligations of the New Jersey Automobile Full Insurance Underwriting Association, as provided in this 1990 amendatory and supplementary act. Those monies are hereby appropriated for those purposes; provided, however, that those monies shall be disbursed by the State Treasurer as provided in subsection e. of this section.
- e. The trustee appointed pursuant to section 21 of this 1990 amendatory and supplementary act shall prepare a written application for any disbursement of monies from the New Jersey Automobile Insurance Guaranty Fund, specifying the amount of the disbursement, the intended expenditures, and the manner in which such expenditures serve the purposes of the trustee's function and this act. The application shall be submitted to the Commissioner of Insurance for approval. Upon approval by the commissioner, the application shall be forwarded to the State Treasurer for approval. Upon approval by the State Treasurer he shall disburse monies from the New Jersey Automobile Insurance Guaranty Fund to the trustee for disbursement as provided in the approved application.

C.17:33B-22

 24. (New section) Those persons who do not qualify as "eligible persons as defined in section 25 of this 1990 amendatory and supplementary act but who are in good faith entitled to, but are unable to procure automobile insurance coverage, shall be provided automobile insurance coverage pursuant to the provisions of section 1 of P.L.1970, c.215 (C.17:29D-1).

C.17:33B-13

25. (New section) As used in sections 25 through 33 of this 1990 amendatory and supplementary act:

"Automobile" means an automobile as defined in section 2 of P.L.1972, c.70 (C.39:6A-2).

"Automobile insurance" means insurance for an automobile including coverage for bodily injury liability and property damage liability, comprehensive and collision coverages, uninsured and underinsured motorist coverage, personal injury protection coverage, additional personal injury protection coverage and any other automobile insurance required by law.

"Commissioner" means the Commissioner of Insurance.

"Declination" means:

- a. Refusal by an insurance agent to submit an application on behalf of an applicant to any of the insurers represented by the agent;
- b. Refusal by an insurer to issue an automobile insurance policy to an eligible person upon receipt of an application for automobile insurance:
- c. ¹[The offer of automobile insurance at higher rates with a different insurer than that requested by an eligible person;
- d.]¹ The offer of automobile insurance coverage with less favorable terms or conditions than those requested by an eligible person; or
- i[e.] d.1 The refusal by an insurer or agent to provide, upon the request of an eligible person, an application form or other means of making an application or request for automobile insurance coverage.

"Automobile insurance eligibility points" means points calculated under the schedule promulgated by the commissioner pursuant to section 26 of this act.

"Eligible person" means a person who is an owner or registrant of an automobile registered in this State or who holds a valid New Jersey driver's license to operate an automobile, but does not include any person:

a. Who, during the three-year period immediately preceding application for, or renewal of, an automobile insurance policy has been convicted pursuant to R.S.39:4-50 or section 2 of P.L.1981, c.512 (C.39:4-50.4a), or for an offense of a substantially similar nature committed in another jurisdiction; has been convicted of a crime of the first, second or third degree resulting from the use of a motor vehicle; or has been convicted of theft of a motor vehicle:

- b. Whose driver's license to operate an automobile is under suspension or revocation;
- c. Who has been convicted, within the five-year period immediately preceding application for or renewal of a policy of automobile insurance, of fraud or intent to defraud involving an insurance claim or an application for insurance; or who has been successfully denied, within the immediately preceding five years, payment by an insurer of a claim in excess of \$1,000 under an automobile insurance policy, if there was evidence of fraud or intent to defraud involving the automobile insurance claim or application;
- d. Whose policy of automobile insurance has been canceled because of nonpayment of premium or financed premium within the immediately preceding two-year period, unless the premium due on a policy for which application has been made is paid in full before issuance or renewal of the policy;
- e. Who fails to obtain or maintain membership ¹or qualification for membership¹ in a club, group, or organization, if membership is a uniform requirement of the insurer as a condition of providing insurance, and if the dues ¹[,] or ¹ charges, ¹if any, ¹ or other conditions for membership ¹or qualifications for membership are applied uniformly throughout this State, ¹ are not expressed as a percentage of the insurance premium, and do not vary with respect to the rating classification of the member ¹or potential member ¹ except for the purpose of offering a membership fee to family units. Membership fees ¹, if applicable, ¹ may vary in accordance with the amount or type of coverage if the purchase of additional coverage, either ¹ to type or amount, is not a condition for reduction of dues or fees,
- f. Whose driving record for the three year period immediately preceding application for or renewal of a policy of automobile insurance has an accumulation of automobile insurance eligibility points as determined under the schedule promulgated by the commissioner pursuant to section 26 of this act; or
- g. Who possesses such other risk factors as determined to be relevant by rule or regulation of the commissioner.

"Insurance agent" or "agent" means an insurance agent as defined by subsection f. of section 2 of P.L.1987, c.293 (C.17:22A-2) and shall also include an insurance broker as defined by subsection g. of section 2 of P.L.1987, c.293 (C.17:22A-2) who has a brokerage relationship with an insurer.

"Insurer" means any insurer authorized or admitted to write automobile insurance in this State, but does not include the New Jersey Automobile Full Insurance Underwriting Association created pursuant to sections 13 through 34 of P.L.1983, c.65 (C.17:30E-1 et seq.) or any residual market mechanism implemented pursuant to section 1 of P.L.1970, c.215 (C.17:29D-1).

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49 C.17:33B-14

50 26. (New section) The commissioner shall, within 90 days of

the effective date of this act, promulgate a schedule of automobile insurance eligibility points by rule or regulation adopted pursuant to the "Administrative Procedure Act." P.L.1968, c.410 (C.52:14B-1 et seq.). The schedule shall assess a point valuation to driving experience related violations and shall include assessments for violations of lawful speed limits within such increments as determined by the commissioner, other moving violations, and at-fault accidents. For the purposes of this subsection, an "at-fault accident" means an at-fault accident which results in payment by the insurer of at least a \$500 claim.

C.17:33B-15

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- 27. (New section) ¹a. On or after April 1, 1992, every insurer, either by one or more separate rating plans filed in accordance with the provisions of section 6 of P.L.1988, c.156 (C.17:29A-45) or through one or more affiliated insurers, shall provide automobile insurance coverage for eligible persons.
- <u>b.</u>¹ No insurer shall refuse to insure, refuse to renew, or limit coverage available ¹[to an eligible person]¹ for automobile insurance ¹to an eligible person who meets its underwriting rules as filed with and approved by the commissioner in accordance with the provisions of section 7 of P.L.1988, c.156 (C.17:29A-46)¹. The commissioner may suspend, revoke or otherwise terminate the certificate of authority to transact automobile insurance business in this State of any insurer who violates the provisions of this section.

C.17:33B-16

28. (New section) An insurer or agent, upon making a declination of automobile insurance, shall inform the applicant of each specific reason for the declination and shall include a statement as to whether the applicant may qualify for insurance from an affiliate of the insurer. If the application or request for coverage was made in writing, the insurer or agent shall provide the explanation of reasons in writing. If the application or request for coverage was made orally, the insurer or agent may provide the applicant with an oral explanation instead of a written explanation, and shall offer to provide a written explanation if the applicant requests a written explanation within 90 days.

C.17:33B-17

- 29. (New section) a. ¹[A person who has reason to believe that an insurer has improperly denied him automobile insurance or has been charged an incorrect premium for that insurance shall be entitled to a private informal managerial-level conference with the insurer and to a review before the commissioner, if the conference fails to resolve the dispute.
- b. Each insurer shall establish reasonable internal procedures to provide a person with a private informal managerial-level conference regarding the matters set forth in subsection a. of this section. These procedures shall include, at a minimum:
- (1) A method of providing the person, upon request and payment of a reasonable copying charge, with information

pertinent to the denial of insurance or to the premium charged; and

- (2) A method for resolving the dispute promptly and informally, while protecting the interests of both the person and the insurer.
- c. If the insurer fails to provide a conference and proposed resolution within 30 days after a request by a person, or if the person disagrees with the resolution proposed by the insurer upon completion of the conference, the person shall be entitled to a determination of the matter by the commissioner or his designated representative.
- d. The commissioner shall, by rule, establish a procedure for the determination of matters under this section, which shall be reasonably calculated to resolve these matters informally and as rapidly as possible, while protecting the interests of both the person and the insurer.] ¹The commissioner shall establish procedures for resolving complaints of persons who believe that they have a mimproperly denied automobile insurance, including procedures for a written appeal to the commissioner. ¹
- ife' a. If either the insurer or the person disagrees with a formulation of the commissioner under this section, the commissioner, if requested to do so by either party, shall proceed to hear the matter as a contested case.

C.17:33B-18

- 30. (New section) a. A licensed ins. e agent shall, as a condition of licensure:
- (1) Provide each eligible person seeking automobile insurance ¹[the lowest available]¹ premium ¹[quotation] quotations¹ for the forms or types of automobile insurance coverages which are offered by ¹[thel <u>all</u>¹ insurers represented by the ager or with which the agent places risks ¹[and which are sought by the eligible person]¹;
- (2) Not attempt to channel an eligible person away from an insurer or insurance coverage with the purpose or effect of avoiding an agent's obligation to submit an application or an insurer's obligation to accept an eligible person; and
- (3) Upon request, submit an application of the eligible person for automobile insurance to the insurer selected by the eligible person.
- b. With respect to automobile insurance, an insurer shall not penalize an agent by paying less than normal commissions or normal compensation or salary because of the expected or actual experience produced by the agent's automobile insurance business or because of the geographic location of automobile insurance business written by the agent.

C.17:33B-19

- 31. (New section) a. ¹[After providing an opportunity for a hearing, the commissioner shall suspend an insurer's obligation to comply with section 27 of this act, if:
- (1) A condition exists for which the commissioner may suspend, revoke, or limit the authority of the insurer and the

commissioner determines that suspension of all or a part of the insurer's obligations would be in the best interest of the public. the insurer, and the policyholders of the insurer; or

- (2) The insurer requests suspension and the commissioner finds that requiring the insurer to comply with section 27 of this act would cause the insurer undue financial or administrative hardship! The commissioner shall suspend, after hearing, an insurer's obligation to issue policies in compliance with the provisions of section 27 of this act if the insurer is in an unsafe or unsound financial condition.
- b. If an insurer requests suspension and avers that there is an immediate need to cease ¹[its] <u>issuance of policies in</u>¹ compliance with section 27 of this act because ¹[of the imminent threat of insolvency] <u>compliance would result in the insurer being in an unsafe or unsound financial condition</u>¹, the insurer's obligation to ¹[comply] <u>issue policies in compliance</u>¹ with section 27 of this act shall be suspended beginning on the 10th business day after the insurer has filed the request and supporting documentation with the commissioner, unless within that time, the commissioner ¹[nolds a hearing and]¹ finds that continued compliance with section 27 of this act will not result in ¹[such insolvency] the insurer being in an unsafe or unsound financial condition¹.
- c. Any suspension pursuant to subsection a. or b. of this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.
- 1d. For the purposes of this section, an insurer shall be deemed to be in an unsafe or unsound financial condition if the commissioner finds the insurer to have a ratio of any il net premiums written to surplus as to policyholders that threatens the financial health of the insurer. 1

C.17:33B-20

32. (New section) ¹[An insurer may at any time file a request with the commissioner for approval to suspend its acceptance of all applications for new automobile insurance policies. The filing shall specify the period of the suspension and the method by which the insurer proposes to effect the suspension. commissioner shall, within 10 business days of the date of filing, either approve or disapprove the request for suspension. The commissioner may disapprove the request for suspension only if, after a hearing, held within the 10 business day period, he finds that the suspension does not have a legitimate business purpose which is consistent with the purposes of this 1990 amendatory and supplementary act or that the suspension would adversely affect the maintenance of the automobile insurance market in this State] The commissioner may suspend an insurer's obligation to issue policies pursuant to section 27 of this act if the commissioner, in his discretion, determines that compliance with

- section 27 of this act will result in an insurer's financial condition becoming unsafe or unsound. In making this determination, the commissioner shall consider the following factors:
- a. The insurer's ratio of annual net premiums written to surplus as to policyholders; and
- b. Whether the insurer, in issuing policies in compliance with section 27 of this act, would experience:
- (1) an adverse change in its rating by A.M. Best and Company, Dun and Bradstreet, Moody's or Standard and Poor's;
- (2) financial ratios outside the acceptable ranges as established by the National Association of Insurance Commissioners or the chief financial officer of the Department of Insurance of this State; or
- (3) a net reduction to the insurer's surplus as to policyholders greater than 25% during a period of two years or tess.

Any suspension pursuant to this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.

1. C.17:33B-21

- 33. (New section) If the commissioner determines that any person has violated any provision of sections 26 through ¹[32] <u>30</u>¹ of this 1990 amendatory and supplementary act, he may impose a civil penalty in an amount of up to \$2,000 for the first violation and up to \$5,000 for the second and cach subsequent violation, collectible in an action brought in the name of the commissioner pursuant to the provisions of "the penalty enforcement law," N.J.S.2A:58-1 et seq. For the purposes of this section, each declination shall be deemed to constitute a separate violation.
- 34. Section 1 of P.L.1970, c.215 (C.17:29D-1) is amended to read as follows:
- 1. The Commissioner of Insurance may adopt, issue and promulgate rules and regulations establishing a plan for the providing and apportionment of insurance coverage for applicants therefor who are in good faith entitled to, but are unable to procure the same, through ordinary methods. Every insurer admitted to transact and transacting any line, or lines, of insurance in the State of New Jersey shall participate in such plan and provide insurance coverage to the extent required in such rules and regulations.

Any plan established pursuant to this section to provide insurance for automobiles, as defined in section 2 of P.L.1972, c.70 (C.39:6A-2), shall provide:

a. That any automobile liability insurance coverage with limits in excess of \$50,000 per person and \$100,000 per accident for bodily injury or death and \$25,000 for property damage, or in lieu thereof, \$100,000 for a single limit of liability against claims for bodily injury or death and property damage, shall be experience rated with respect to the rate applicable to coverage in excess of

those limits;

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- b. That collision and comprehensive automobile insurance coverages on automobiles with a value of \$25,000 or more at the time those coverages are issued or renewed shall be experience rated and for automobiles with a value of more than \$15,000 but less than \$25,000 at the time those coverages are issued or renewed that part of the rate applicable to the value between \$15,000 and \$25,000 shall be experience rated;
- c. For a limited assignment distribution system permitting insurers to enter into agreements with other mutually agreeable insurers or other qualified entities to transfer their applicants ¹ and insureds ¹ under such plan to such insurers or other entities; ¹[and] ¹
- d. That it shall not provide insurance coverage for more than 10 percent of the aggregate number of private passenger automobile non-fleet exposures being written in the total private passenger automobile insurance market in this State. The plan shall provide for the cessation of the acceptance of applications or the issuance of new policies at any time it reaches 10 percent of marketshare, as certified by the commissioner, until such time that the commissioner certifies that the plan is insuring less than 10 percent of the aggregate number of private passenger automobile non-fleet exposures being written in the total private passenger automobile insurance market in this State 1;
- e. That it shall not provide coverage to an eligible person as defined pursuant to section 25 of P.L., c. (C.)(now pending in the Legislature as this bill); and
- f. That insurers who write automobile risks in those urban territories designated by the commissioner shall receive one assigned risk credit for every two voluntary risks written in those designated territories¹.

Prior to the adoption or amendment of such ruic and regulations, the commissioner shall consult with such members of the insurance industry as he deems appropriate. Such consultation shall be in addition to any otherwise required public hearing or notice with regard to the adoption or amendment of rules and regulations.

- 38 (cf: P.L.1970, c.215, s.1)
 - 35. Section 6 of P.L.1983, c.65 (C.17:29A-35) is amended to read as follows:
 - 6. a. A merit rating accident surcharge system for private passenger automobiles may be used [both] in the voluntary market [and], by the New Jersey Automobile Full Insurance Underwriting Association created pursuant to section 16 of P.L.1983, c.65 (C.17:30E-4) 1, by the Market Transition Facility created pursuant to section 88 of P.L., c. (C.) (now pending in the Legislature as this bill), 1 and by any insurance planestablished to provide private passenger automobile insurance pursuant to section 1 of P.L.1970, c.215 (C.17:29D-1). No

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surcharges shall be imposed on or after the operative date of this act, unless there is an at-fault accident within a three year period immediately preceding the effective date of coverage which results in payment by the insurer of at least a \$300.00 claim. All moneys collected under this subsection shall be retained by the insurer assessing the surcharge. Accident surcharges shall be imposed for a three year period and shall, for each filer, be uniform on a Statewide basis without regard to classification or territory.

- b. There is created a New Jersey Merit Rating Plan which shall apply to all drivers and shall include, but not be limited to, the following provisions:
- (1) (a) Plan surcharges shall be levied, beginning on or after January 1, 1984, by the Division of Motor Vehicles on any driver who has accumulated, within the immediately preceding three year period, beginning on or after February 10, 1983, six or more motor vehicle points, as provided in Title 39 of the Revised Statutes, exclusive of any points for convictions for which surcharges are levied under paragraph (2) of this subsection; except that the allowance for a reduction of points in Title 39 of the Revised Statutes shall not apply for the purpose of determining surcharges under this paragraph. Surcharges shall be levied for each year in which the driver possesses six or more points. Surcharges assessed pursuant to this paragraph shall be not less than \$100.00 for six points, and not less than \$25.00 for each additional point. The commissioner may increase the amount of surcharges as he deems necessary to effectuate the purposes of [subsection d. of this section and] P.L.1983, c.65 (C.17:29A-33 et al.), and may, pursuant to regulation, permit the deferral of all or part of any surcharges authorized by this subsection until the end of the policy term of an automobile insurance policy with an effective date prior to January 1, 1984, upon presentation of appropriate evidence that an insured has already paid an equivalent surcharge arising from the same motor vehicle violation or conviction.
 - (b) (Deleted by amendment, P.L.1984, c.1.)
- (2) Plan surcharges shall be levied for convictions (a) under R.S.39:4-50 for violations occurring on or after February 10, 1983, and (b) under section 2 of P.L.1981, c.512 (C.39:4-50.4a), or for offenses committed in other jurisdictions of a substantially similar nature to those under R.S.39:4-50 or section 2 of P.L.1981, c.512 (C.39:4-50.4a), for violations occurring on or after January 26, 1984, Surcharges under this paragraph shall be levied annually for a three year period, and shall be not less than \$1,000.00 per year for each of the first two convictions, and not less than \$1,500.00 per year for the third conviction occurring within a three year period. If a driver is convicted under both R.S.39:4-50 and section 2 of P.L.1981, c.512 (C.39:4-50.4a) for offenses arising out of the same incident, the driver shall be

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assessed only one surcharge for the two offenses. The commissioner may increase the amount of surcharges as he deems necessary to effectuate the purposes of [subsection d. of this section and] P.L.1983, c.65 (C.17:29A-33 et al.), and may, pursuant to regulation, permit the deferral of all or any part of these surcharges as provided in paragraph (1) (a) of this subsection.

If, upon written notification from the Division of Motor Vehicles, mailed to the last address of record with the division, a driver fails to pay a surcharge levied under this subsection, the license of the driver shall be suspended forthwith until the surcharge is paid to the Division of Motor Vehicles; except that upon satisfactory showing of indigency, the Division of Motor Vehicles may authorize payment of the surcharge on an installment basis over a period not to exceed 10 months.

For the purposes of this subparagraph, "indigency" shall be defined in rules and regulations promulgated by the Director of the Division of Motor Vehicles.

All moneys collectible under this subsection shall be billed and collected by the Division of Motor Vehicles. Of the moneys collected [,]: 10%, or the actual cost of administering the collection of the surcharge, whichever is less, shall be retained by the Division of Motor Vehicles [and turned over to the State Treasury for deposit in a special account to be used by the Division of Motor Vehicles, as may be necessary, to modernize its operations and improve its effectiveness and efficiency in order to discharge its statutory obligations andl; five percent, or the actual cost of administering the cancellation notification system established pursuant to section 50 of P.L., c. (C.) (now pending in the Legislature as this bill), whichever is less, shall be retained by the Division of Motor Vehicles; and prior to October 1, 1991, the remainder shall be remitted to the New Jersey Automobile Full Insurance Underwriting Association and on or after October 1, 1991, the remainder shall be comitted to the New Jersey Automobile Insurance Guaranty Fund created pursuant to section 23 of P.L., c. (C.) (now pending in the Legislature as this bill). From the date of certification by the Commissioner of Insurance that the monies collectible under this subsection are no longer needed to fund the association debt, monies collectible under this subsection shall be remitted to the New Jersey Property-Liability Guaranty Association created pursuant to section 6 of P.L.1974, c.17 (C.17:30A-6) to be used for payment of any loans made by that association to the New Jersey Automobile Insurance Guaranty Fund pursuant to paragraph (10) of subsection a. of section 8 of P.L. 1974, c.17 (C.17:30A-8). [Any moneys in the special account at the end of a fiscal year shall be transferred to the General Fund for use for general State purposes. Moneys shall be appropriated annually to the special account.]

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- (3) In addition to any other authority provided in P.L.1983, c.65 (C.17:29A-33 et al.) e commissioner, after consultation with the Director of the Division of Motor Vehicles, is specifically authorized (a) to increase the dollar amount of the surcharges for motor vehicle violations or convictions, (b) to impose, in accordance with paragraph (1) (a) of this subsection, surcharges for motor vehicle violations or convictions for which motor vehicle points are not assessed under Title 39 of the Revised Statutes, or (c) to reduce the number of points for which surcharges may be assessed below the level provided in paragraph (1) (a) of this subsection, except that the dollar amount of all surcharges levied under the New Jersey Merit Rating Plan shall be uniform on a Statewide basis for each filer, without regard to classification or territory. Surcharges adopted commissioner on or after January 1, 1984 for motor vehicle violations or convictions for which motor vehicle points are not assessable under Title 39 of the Revised Statutes shall not be retroactively applied but shall take effect on the date of the New Jersey Register in which notice of adoption appears or the effective date set forth in that notice, whichever is later.
- c. No motor vehicle violation surcharges shall be levied on an automobile insurance policy issued or renewed on or after January 1, 1984, except in accordance with the New Jersey Merit Rating Plan, and all surcharges levied thereunder shall be assessed, collected and distributed in accordance with subsection b. of this section.
- d. [The dollar amount of all motor vehicle conviction surcharges shall be at least equivalent to the differential between the rates charged to insureds as promulgated by the rating bureau which files rates for the greatest number of insurers in the voluntary private passenger automobile insurance market in this State and the Supplement I rates in use as of December 31, 1982 by the automobile insurance plan established pursuant to P.L. 1970, c.215 (C.17:29D-1), and the amount collectible under the motor vehicle conviction surcharge system in use by the automobile insurance plan established pursuant to P.L.1470, c.215 (C.17:29D-1) prior to the implementation of this act; except that in the first year of operation of the New Jersey Automobile Full Insurance Underwriting Association, the dollar amount of all motor vehicle surcharges shall be sufficient to eliminate the need for imposition of a residual market equalization charge authorized under section 20 of P.L.1983, c.65 (C.17:30E-8).] (Deleted by amendment, P.L., c. (C. .) (now pending in the Legislature as this bill)
- e. The Commissioner of Insurance and the Director of the Division of Motor Vehicles as may be appropriate, shall adopt any rules and regulations necessary or appropriate to effectuate the purposes of this section.
- 49 (cf: P.L.1988, c.156, s.9)

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- 36. Section 5 of P.L.1988, c.156 (C 17:29A-44) is amended to read as follows:
- 5. a. Beginning July 1, 1989, a filer may charge rates for private passenger automobile insurance in the voluntary market which are not in excess of the following:
- (1) For private passenger automobile personal injury protection coverage, residual bodily injury and property damage insurance, the maximum permissible annual rate increase applicable to each rate level utilized by an insurer in the voluntary market pursuant to section 6 of P.L.1988, c.156 (C.17:29A-45) shall be a Statewide average rate change of not more than the last published increase in the medical care services components of the national Consumer Price Index, all urban consumers, U.S. city average, plus three percentage points.
- (2) For private passenger automobile physical damage coverage, the maximum permissible annual rate increase applicable to each rate level utilized by an insurer in the voluntary market pursuant to section 6 of P.L.1988, c.156 (C.17:29A-45) shall be a Statewide average rate change of not more than the last published increase in the automobile maintenance and repair components of the national Consumer Price Index, U.S. city average, plus three percentage points.
- b. For the purposes of this section, "Statewide average rate change" means the total Statewide premium for all coverages combined at the rates in effect at the time of the filing for each rate level.
- c. Any change in excess of the rate changes permitted by paragraphs (1) and (2) of subsection a. shall be subject to the provisions of P.I..1944, c.27 (C.17:29A-1 et seq.)
- d. If, at any time, the commissioner believes that an increase in either or both of the published indices will produce rate levels which are excessive, he may modify the Statewide average rate change which may be used pursuant to this section.
- e. A filer may implement a change in rate level, pursuant to subsection a. of this section, in whole or in part, in a single or in multiple filings by making an informational filing with the commissioner in a manner and form approved by the commissioner. The filing shall include a statement of the reason or reasons for the change in rate level, including, but not limited to, the claim and expense experience of the individual filer.
- f. Other than filings made pursuant to subsection c. of this section, neither the provisions of subsection c. of section 14 of P.L.1944, c.27 (C.17:29A-14), nor the provisions of section 19 of P.L.1974, c.27 (C.52:27E-18), shall apply to any filing made pursuant to this section. However, the commissioner shall provide a copy of any filing made or other information provided by a filer pursuant to the provisions of this section to the Department of the Public Advocate, Division of Rate Counsel.

 The Public Advocate may challenge a rate change implemented

pursuant to subsection a. of this section after the effective date of the rate change by filing such challenge in writing with the commissioner within 30 days of the effective date of the rate change. The commissioner shall hear the matter on an expedited basis and shall render a final determination within six months of the date of filing. The commissioner may, for good cause, extend this six-month period up to an additional three months. If the Public Advocate prevails, the commissioner shall reduce or rescind the rate change as appropriate. If the commissioner reduces or rescinds a rate change as a result of a challenge by the Public Advocate filed pursuant to the provisions of this subsection, the filer shall bear the cost of the reasonable expenses incurred by the Public Advocate in maintaining the challenge. 1

- g. The commissioner shall monitor the implementation and use of flex rating pursuant to this section and shall report his findings to the Senate Labor, Industry and Professions Committee and the Assembly Insurance Committee, or their successors, including any legislative proposals, no later than July 1, 1992. This report shall provide an evaluation of the use of this rating mechanism and its impact on the availability and affordability of private passenger automobile insurance in this State and the depopulation of the New Jersey Automobile Full Insurance Underwriting Association and shall include anv legislative proposals or other recommendations of the commissioner.
- (cf: P.L.1988, c.156, s.5)

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- 37. Section 6 of P.L.1988, c.156 (C.17:29A-45) is amended to read as follows:
- 6. a. Notwithstanding the provisions of P.L.1944, c.27 (C.17:29A-1 et seq.) to the contrary, every insurer transacting or proposing to transact private passenger automobile insurance may file rating plans in the voluntary market for standard risks, or non-standard risks, or both. [A rating plan may include a good driver discount plan.] Within 30 days following the effective date of this 1988 amendatory and supplementary act, every insurer writing private passenger automobile insurance in this State which intends to write coverage in the voluntary market using more than one rate level shall file with the commissioner the rates and underwriting rules which are applicable to each rate level.
- b. An insurer which intends to use more than one rating plan and which has a rating plan on file as of the effective date of this 1988 amendatory and supplementary act, may make an initial filing for the additional rating plan in which the modification of the plan on file is expressed as a percentage increase or decrease of the existing rate level.
- c. Notwithstanding any other law to the contrary, any rates filed pursuant to subsection b. of this section shall be deemed to be approved if not disapproved by the commissioner within 60

- days. Any subsequent modification of any rate level other than that provided for in section 5 of this 1988 amendatory and supplementary act, or any initial rate level which is not expressed as a percentage increase or decrease of an existing rate level as provided for in this section, shall be subject to the provisions of P.L.1944, C.27 (C.17:29A-1 et seq.).
- d. Any limitation on rates established by the provisions of section 7 of P.L.1983, c.65 (C.17:29A-36) shall apply separately to each rate level established pursuant to subsection a. of this section.
- e. Every insurer shall maintain such data for each rate level as may be required by the commissioner by regulation for the purpose of determining excess profits pursuant to the provisions of P.L.1988, c.118 (C.17:29A-5.6 et seq.).
- f. No more than 15 percent of the aggregate number of private passenger automobile non-fleet exposures being written in the total private passenger automobile insurance market in this State shall be provided through the non-standard voluntary market as defined by rule or regulation of the commissioner adopted pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). If the commissioner certifies that 15 percent or more of the aggregate number of private passenger automobile non-fleet exposures being written in the total private passenger automobile insurance market in this State are insured in the non-standard voluntary market, no insurer 1[shall accept applications or issue new policies in the non-standard market] transacting automobile insurance in this State shall refuse to issue or renew an automobile insurance policy in the voluntary market for an eligible person as defined in section 25 of P.L. (C.)(now pending in the Legislature as this bill) until such time that the commissioner certifies that the non-standard market comprises less than 15 percent of the aggregate number of private passenger automobile non-fleet exposures being written in the total private passenger automobile insurance
- g. Notwithstanding any provision of this or any other section of law to the contrary, no insurer shall file, nor shall the commissioner approve, any rates filed for non-standard risks ¹in the voluntary market ¹ in excess of 135 percent of the ¹[Statewide average base rate for standard risks in the] cost of ¹ private passenger automobile insurance ¹in the ¹ voluntary market in this State ¹as determined by the commissioner ¹.
- h. The commissioner shall monitor and report to the Legislature, on March 1, 1992, and annually thereafter, the number of private passenger automobile non-fleet exposures insured in the standard market on December 31 of the preceding calendar year and the number of such exposures insured in the non-standard market on December 31 of the preceding calendar year.
- 50 (cf: P.L.1988, c.156, s.6)

market in this State.

- 38. Section 7 of P.L.1988, c.156 (C.17:29A-46) is amended to read as follows:
- 7. a. Insurers shall put in writing all underwriting rules applicable to each rate level utilized pursuant to section 6 of this 1988 amendatory and supplementary act. No underwriting rule shall operate in such a manner as to assign a risk to a rating plan on the basis of the territory in which the insured resides. An insurer which knowingly fails to transact automobile insurance consistently with its underwriting rules shall be subject to a fine of not less than \$500.00 for each violation.
- b. All underwriting rules applicable to each rate level as provided for in section 6 of this 1988 amendatory and supplementary act shall be filed with the commissioner and shall be subject to his prior approval. All underwriting rules shall be subject to public inspection. Insurers shall apply their underwriting rules uniformly and without exception throughout the State, so that every applicant or insured conforming with the underwriting rules will be insured or renewed, and so that every applicant ¹[or insured]¹ not conforming with the underwriting rules will be refused insurance ¹[or be nonrenewed]¹.
- c. ¹[Affiliated insurers shall not adopt underwriting rules for automobile insurance contracts providing identical coverages which would permit a person to be insured for automobile insurance with more than one of the affiliated insurers.] (Deleted by amendment, P.L., c.). (now pending in the Legislature as this bill)¹
- d. [An insurer with more than one rating plan for automobile insurance contracts providing identical coverages shall not adopt underwriting rules which would permit a person to be insured under more than one of the rating plans.] [Deleted by amendment, P.L. , c. .) (now pending in the Legislature as this bill)

(cf: P.L.1988, c.156, s.7)

C.17:33B-25

39. (New section) Notwithstanding the provisions of section 27 of this 1990 amendatory and supplementary act, section 2 of P.L.1968, c.158 (C.17:29C-7), section 26 of P.L.1988, c.119 (C.17:29C-7.1) or any other section of law to the contrary, if the plan for automobile insurance established pursuant to section 1 of P.L.1970, c.72, (C.17:29D-1), is not accepting new applications for coverage pursuant to subsection d. of that section, no insurer transacting automobile insurance in this State shall refuse to issue or renew any private passenger automobile insurance policy in this State.

C.17:33B-32

- 40. (New section) a. Notwithstanding any other provision of law to the contrary, rates and premiums for private passenger automobile insurance shall be determined by the application of the following factors in decreasing order of importance:
- (1) The insured's driving safety record, including motor vehicle points as provided in Title 39 of the Revised Statutes,

at-fault accidents and convictions pursuant to R.S.39:4 50 or section 2 of P.L.1981, c.512 (C.39:4-50.4a) or offenses of a substantially similar nature committed in another jurisdiction:

(2) The number of miles the insured drives annually;

- (3) The number of years of driving experience the insured has had:
 - (4) The type of private passenger automobile driven; and
- (5) Such other factors as the Commissioner of Insurance may adopt by regulation which have a substantial relationship to the risk of loss. The regulations shall also set forth the respective weight to be given to each factor in determining automobile insurance rates and premiums.
- b. Notwithstanding any provision of subsection a. of this section to the contrary, rates and premiums for private passenger automobile insurance shall not be determined, in whole or in part, directly or indirectly, upon the age, sex or marital status of the persons insured.
- ¹c. The commissioner shall, no later than January 1, 1992, promulgate a plan providing for the implementation of the provisions of subsections a. and b. of this section which shall take effect no later than one year following the date of promulgation. ¹ C.17:33B-33
- 41. (New section) a. The provisions of sections 41 through 48 shall be applicable to all automobile physical damage insurance policies covering automobiles, as defined in section 2 of P.L.1972, c.70 (C.39:6A-2), registered in this State.
- b. As used in this section and section 42 of this act, "renewal" means the issuance and delivery by an insurer, at the end of the policy period, of a policy superseding a policy previously issued and delivered by the same insurer, or the issuance and delivery of a certificate or notice extending the term of a policy beyond its policy period or term. Any policy with a policy period or term of less than one year shall, for the purpose of determining each renewal date pursuant to section 42 of this act, be considered as if written for a policy period or term of one year commencing with the annual anniversary date, and any policy written for a period or term of more than one year or any policy with no fixed expiration date shall, for the purpose of section 42 of this act, be considered as if written for successive policy periods or terms of one year commencing with the annual anniversary date.
- c. No policy providing automobile physical damage insurance shall be issued, delivered or renewed unless the provisions of section 42 through section 48 are complied with.

C.17:33B-34

- 42. (New section) a. A newly issued policy shall not provide coverage for automobile physical damage perils prior to an inspection of the automobile by the insurer.
- b. For a renewal of a policy referred to in subsection a. of this section, an insurer may require, as a condition of renewal, that the automobile be made available for inspection.
 - c. If an insurer requests an inspection pursuant to subsection b.

of this section, the insured shall make the automobile available for inspection by the insurer, upon reasonable notice. If the insured fails to make the automobile available for inspection, the insurer may refuse to continue physical damage coverage.

C.17:33B-35

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 43. (New section) If an automobile is acquired by the insured as a replacement for or in addition to an automobile insured for physical damage coverage, and the insured requests physical damage coverage for the replacement or additional automobile, the coverage for physical damage shall not be effective before an inspection is made. If, at the time of the request for the coverage, the automobile is unavailable for inspection because of conditions of purchase or other circumstances and is thereafter made available for inspection, the insurer shall promptly inspect the automobile and physical damage coverage shall not become effective before the inspection has been made.

C.17:33B-36

44. (New section) If an automobile insured for physical damage coverage by an insurer is damaged, the insurer may request that the automobile be made available for inspection regardless of whether the automobile is repaired. The results of the inspection may form a basis for determining the value of the automobile in the event of a subsequent loss. If the automobile is repaired, the insurer shall request the repair invoice and shall require the insured and the auto body repair facility or automobile repairer to certify, under the penalties of perjury, whether the applicable deductible has been paid to the auto body repair facility or automobile repairer, whether any repairs have been made and if any items allowed by the insurer were not included in the repairs.

C.17:33B-37

45. (New section) a. Any inspection made pursuant to section 42, 43 or 44 of this act shall be conducted by the insurer or its authorized representative and shall be recorded on a form prescribed by the commissioner and by photographs of the automobile if prescribed by the commissioner by regulation. The form and photographs, if any, shall be retained by the insurer with its policy records for the insured, and a copy of the form and photographs, if any, shall be made available to the insured upon request.

b. Any inspection made pursuant to section 42, 43 or 44 of this act shall be made at locations and times reasonably convenient to the insured. The results of any inspection may be considered in determining the value of the automobile.

C.17:33B-38

46. (New section) Every insurer shall report to the Director of the Division of Motor Vehicles any evidence of overcharges, improper repairs or adjustments or other wrongdoing by auto body repair facilities or automobile repairers.

C.17:33B-39

47. (New section) If the commissioner, after notice and hearing, finds that any insurer or its authorized representative has violated any provision of sections 42 through 46 or section 48 of this act, he shall order the payment of a penalty, to be

collected by the commissioner pursuant to "the penalty enforcement law," N.J.S.2A:58-1 et seq, not to exceed \$500 for each offense. Each issuance, procurement or negotiation of a policy of insurance in violation shall be deemed a separate offense.

C.17:33B-40

- 48. (New section) a. The Commissioner of Insurance, in regulations implementing the provisions of sections 41 through 47 of this act, shall also require that insurers take appropriate action to ensure that there is wide public dissemination of the provisions of sections 41 through 47 of this act relating to the rights and obligations of insured and insurers.
- b. The inspections provided for in sections 42, 43 and 44 of this act may be ¹[dispensed with] exempted¹ or deferred under circumstances specified in regulations of the commissioner. ¹[Such] The commissioner shall exempt new automobiles from inspection under conditions he establishes by regulation. Other¹ circumstances ¹for exemption or deferral¹ may include but are not limited to, ¹[the insuring of a new automobile,]¹ the insuring of an automobile whose inspection would constitute a serious hardship to the insurer, the insured or an applicant for insurance, and the insuring of an automobile for a limited specified period of time.
- 49. Section 2 of P.L.1972, c.197 (C.39:6B-2) is amended to read as follows:

2. Any owner or registrant of a motor vehicle registered or principally garaged in this State who operates or causes to be operated a motor vehicle upon any public road or highway in this State without motor vehicle liability insurance coverage required by this act, and any operator who operates or causes a motor vehicle to be operated and who knows or should know from the attendant circumstances that the motor vehicle is without motor vehicle liability insurance coverage required by this act shall be subject, for the first offense, to a fine of \$300.00 and a period of community service to be determined by the court, and shall forthwith forfeit his right to operate a motor vehicle over the highways of this State for a period of one year from the date of conviction. Upon subsequent conviction, he shall be subject to a fine of \$500.00 and shall be subject to imprisonment for a term of 14 days and shall be ordered by the court to perform community service for a period of 30 days, which shall be of such form and on such terms as the court shall deem appropriate under the circumstances, and shall forfeit his right to operate a motor vehicle for a period of two years from the date of his conviction, and, after the expiration of said period, he may make application to the Director of the Division of Motor Vehicles for a license to operate a motor vehicle, which application may be granted at the discretion of the director. The director's discretion shall be based upon an assessment of the likelihood that the individual willoperate or cause a motor vehicle to be operated in the future

without the insurance coverage required by this act. A complaint for violation of this act may be made to a municipal court at any time within six months after the date of the alleged offense.

Failure to produce at the time of trial an insurance identification card or an insurance policy which was in force for the time of operation for which the offense is charged, creates a rebuttable presumption that the person was uninsured when charged with a violation of this section.

Notwithstanding any provision of P.L.1972, c.197 (C.39:6B-1 et seq.), any person who violates the provisions of that act, from October 1, 1990 through January 31, 1991, shall not be subject to any of the penalties or sanctions provided for a first violation of that act if that person produces at the time of trial an insurance identification card or a motor vehicle liability insurance policy which is in force at the time of the trial and the conviction for that person's offense would be their first conviction for an offense under that act. The Commissioner of Insurance shall appropriately promote and advertise this limited time amnesty program for first-time offenses under that act throughout the State.

(cf: P.L.1988, c.156, s.15)

C.17:33B-41

- 50. (New section) a. Upon the termination of a policy of motor vehicle liability insurance by cancellation ¹[or nonrenewal] for nonpayment of premium pursuant to section 2 of P.L.1968, c.158 (C.17:29C-7)¹, notice of that cancellation ¹[or nonrenewal]¹ shall be filed by the insurer with the Division of Motor Vehicles not later than 30 days following the effective date of that cancellation ¹[or nonrenewal]¹.
- b. The division shall notify the person whose policy was cancelled ¹[or nonrenewed]¹ that, unless proof of motor vehicle liability insurance is filed with the division within 30 days of the notification or some other allowable circumstance exists and the division is notified of that circumstance within 30 days of the notification, the sanctions and penalties of this section shall apply.
- c. If the Director of the Division of Motor Vehicles has not received proof of motor vehicle liability insurance or other allowable circumstances within 30 days pursuant to subsection b. of this section, he shall suspend the registration of such vehicle, except that:
- (1) Suspension shall not be made under this subsection upon the basis of a cancellation ¹[or nonrenewal]¹ of motor vehicle liability insurance if the registration certificate and registration plates of the motor vehicle are surrendered prior to the time at which the cancellation ¹[or termination]¹ of insurance becomes effective. Such surrender shall be made to such officers of the division as the director shall direct. For the purposes of this paragraph, the expiration of a registration without renewal of that registration shall be deemed to be a surrender of registration

as of the date of expiration;

- (2) Suspension shall not be made under this subsection upon a cancellation ¹[or nonrenewal]¹ of motor vehicle liability insurance if the vehicle has been, or will be, prior to the date of that cancellation ¹[or termination]¹, removed from the United States in North America and the Dominion of Canada for the purpose of international traffic, provided that the owner of the vehicle, prior to the date of that cancellation ¹[or nonrenewal]¹, has filed with the director a statement, in a form prescribed by him, indicating that the vehicle has been, or will be, so removed, and agreeing to notify the director immediately upon return of the vehicle to the United States in North America or the Dominion of Canada. Upon receipt of the statement the director shall restrict the use of the registration to such international traffic until new proof that motor vehicle liability insurance has been secured for the vehicle;
- (3) Suspension need not be made under this subsection upon the basis of a cancellation ¹[or nonrenewal]¹ of motor vehicle liability insurance if the period of time during which the motor vehicle remained both registered and uninsured was not greater than 15 days. The director shall promulgate regulations governing the conditions under which suspension action may be withheld pursuant to this paragraph.
- d. Notwithstanding the provisions of subsection c. of this section, an order of suspension may be rescinded if the registrant pays to the commissioner a civil penalty in the amount of \$4 for each day up to 90 days for which motor vehicle liability insurance was not in effect. The provisions of this subsection shall apply only once during any 36 month period and only if the registrant surrenders the certificate of registration and registration plates to the director not more than 90 days from the date of cancellation ¹[or nonrenewal]¹ of motor vehicle liability insurance coverage or submits to the director proof of motor vehicle liability insurance which took effect not more than 90 days from the cancellation ¹[or nonrenewal]¹ of his previous motor vehicle liability insurance.

- e. Any motor vehicle, the registration for which has been suspended pursuant to this section shall not be registered or reregistered in the name of the same registrant, or in any other name where the director has reasonable grounds to believe that such registration or reregistration will have the effect of defeating the purposes of this section, and no other motor vehicle shall be registered in the name of such person during the period of suspension.
- f. No registration plates shall be returned to the registrant until proof of motor vehicle liability insurance is submitted to the director.
- g. If a registrant has not surrendered his certificate of registration and registration plates or obtained motor vehicle

liability insurance within 90 days from the date of cancellation ¹[or nonrenewal]¹ of motor vehicle liability insurance, the director shall suspend the driver's license of any such registrant. The suspension shall take effect on the date specified in the order and shall remain in effect until termination of the suspension of the registrant's registration.

h. The Director of the Division of Motor Vehicles shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

1 The director may, by regulation, require that the provisions of this section shall be applicable to the termination of policies of motor vehicle liability insurance for reasons other than cancellation for nonpayment of premium, including nonrenewals.

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C.17:33B-42

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 51. (New section) The Commissioner of Insurance may order insurers writing automobile insurance in this State to implement any procedure or practice that he deems necessary to more effectively control the cost of providing personal injury protection coverage to insureds in this State, including procedures or practices to increase the efficiency of the insurers or to prevent fraudulent practices by the insured, insurers, providers of services or equipment, or others.

C.17:33B-43

52. (New section) If an insurer, the New Jersey Automobile Full Insurance Underwriting Association, the trustee appointed pursuant to section 21 of this 1990 amendatory and supplementary act 1, the Market Transistion Facility created pursuant to section 88 of this act 1 or any insurer or other entity insuring risks under a plan providing private passenger automobile insurance pursuant to section 1 of P.L.1970, c.215 (C.17:29D-1), offers a lump sum settlement of more than \$10,000 to a claimant covered for bodily injury liability under a private passenger automobile liability insurance policy, the insurer, the association 1, the facility 1 or the other entity may, at the same time, offer a structured settlement for that claim to the claimant or his attorney. If the claimant's attorney receives an offer of structured settlement pursuant to this section, he shall present it to the claimant.

C.17:33B-44

- 53. (New section) The Commissioner of Insurance is authorized to order reductions in the base rates of comprehensive, collision, physical damage, or any combination of these coverages, as appropriate, for private passenger automobiles which are equipped with one or more anti-theft or safety devices which are approved by the commissioner.
- 54. Section 5 of P.L.1982. c.43 (C.39:5-30.9) is amended to read as follows:
- 5. Points recorded against a licensee shall be reduced at the rate of three points for each 12 consecutive months in which the licensee has not committed any violation either resulting in the assessment of points or in the suspension of driving privileges.

Points recorded against a licensee shall also be reduced by three 1 points, where the licensee attends and satisfactorily completes an 2 approved license improvement course; provided, however, that no 3 licensee may receive point reduction credits for completion of 4 the same or a similar course within two years of having 5 6 completed the original course. Points recorded against a licensee 7 shall also be reduced by two points if the licensee attends and 8 satisfactorily completes an approved motor vehicle defensive 9 driving course pursuant to section 55 of P.L., c.)(now pending before the Legislature as this bill), except that no 10 licensee may receive point reduction credits for completion of an 11 approved motor vehicle defensive driving course within five years 12 13 of having completed a previous approved motor vehicle defensive driving course. No point totals shall be reduced below zero. 14 15 Computation of the time periods used in granting point reduction 16 credits shall in all cases be based upon the respective dates of 17 commission of the offenses for which the licensee was convicted 18 and assessed points.

19 (cf: P.L.1982, c.43, s.5)

C.17:33B-45

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55. (New section) a. An approved motor vehicle defensive driving course shall include that number of hours of classroom or field driving instruction, or both, as the Director of the Division of Motor Vehicles may by regulation prescribe. The director may adopt such other requirements concerning the subject matter and contents of courses, and school and instructor qualifications, as he may from time to time deem appropriate.

The director shall approve any motor vehicle defensive driving course which meets or exceeds the standards of the National Safety Council's defensive driving course.

- b. The provisions of this section shall not apply to driver training courses offered by driving schools pursuant to P.L.1951, c.216 (C.39:12-1 et seq.), public, parochial or private school driving education courses, or to a Division of Motor Vehicles Driver Improvement Program required pursuant to P.L.1969, c.261 (C.39:5-30.2 et seq.).
- c. The Director of the Division of Motor Vehicles may promulgate rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), that he deems necessary to effectuate the purposes of this section.

C.17:33B-46

56. (New section) a. Every insurer writing private passenger automobile insurance in this State shall, within 360 days of the effective date of this act, file with the commissioner a plan for the prevention of fraudulent insurance applications and claims and for the prevention of automobile theft. The plan shall be deemed approved by the commissioner if not affirmatively approved or disapproved by the commissioner within 90 days of the date of filing. The commissioner may call upon the expertise of the Director of the Division of Insurance Fraud Prevention in his review of plans filed pursuant to this subsection. During the

90 day approval period the commissioner may request such amendments to the plan as he deems necessary. Any subsequent amendments to a plan filed with and approved by the commissioner shall be submitted for filing and deemed approved if not affirmatively approved or disapproved within 90 days from the date of filing.

- b. The implementation of plans filed and approved pursuant to subsection a. of this section shall be monitored by the Division of Insurance Fraud Prevention in the Department of Insurance. Each insurer writing private passenger automobile insurance in this State shall report to the director on an annual basis, beginning January 1, 1992, on their experience in implementing their fraud and theft prevention plan.
- c. Upon reasonable notice, the commissioner shall order a reduction of up to 20 percent in the automobile physical damage base rates of any insurer for failure to submit a plan, failure to submit any amendments to an approved plan, failure to properly implement an approved plan in a reasonable manner and within a reasonable time period, failure to provide a report required pursuant to subsection b. of this section or for any other violation of the provisions of this section. The rate reduction shall continue in effect until the insurer is in compliance with the requirements of this section.

C.17:33B-9

- 57. (New section) a. The Commissioner of Insurance shall, on or before October 1, 1990, compile a list of insurance brokers licensed pursuant to the "New Jersey Insurance Producer Licensing Act," P.L.1987, c.293 (C.17:22A-1 et seq.), who are producers for the New Jersey Automobile Full Insurance Underwriting Association pursuant to section 22 of P.L.1983, c.65 (C.17:30E-10). The list shall include the name of the broker and any applicable fictitious, trade or firm name used by the broker; the business address of the broker; and shall set forth the authorities which the broker holds pursuant to section 10 of P.L.1987, c.293 (C.17:22A-10). The list shall be made available to all insurers licensed to transact automobile insurance in this State.
- b. The commissioner shall initiate a plan to encourage the broadening of authorities held by those brokers who have been active as association producers.
- 1c. The commissioner shall, on or before October 1, 1991, establish a producer assignment program. The program shall be available upon application to any licensed insurance producer who: (1) is a producer for the association; (2) has no affiliation with a voluntary market company for the purposes of placement of private passenger automobile insurance; (3) had an affiliation with an insurance company for the placement of automobile insurance in the voluntary market which was terminated by the insurer on or after December 31, 1980; (4) has demonstrated to the commissioner his competency, efficiency and effectiveness in

- servicing association and other insurance business as determined by a review of the record of the producer for complaints, violations of the licensing law and other factors deemed relevant by the commissioner; and (5) is located and services insurance in a geographic area which the commissioner has determined to . lack sufficient representation for the placement of automobile insurance business in the voluntary market. The program shall provide for the assignment of qualified producers on an equitable basis to insurers writing private passenger automobile insurance in the voluntary market.1
 - C.17:33B-10

 58. (New section) Any costs, including attorneys' fees, incurred by the State in maintaining any action against servicing carriers of the New Jersey Automobile Full Insurance Underwriting Association, whether brought by the Commissioner of Insurance, the Attorney General or any other person on behalf of the State of New Jersey, whether or not ultimately reimbursable as costs, shall be payable from monies available to the association or the New Jersey Automobile Insurance Guaranty Fund created pursuant to section 23 of this 1990 amendatory and supplementary act.

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59. (New section) The Commissioner of Insurance shall study the feasibility of continuing the current system of mandatory motor vehicle liability insurance coverage in this State and the effect that discontinuance of mandatory liability insurance coverage would have on the citizens of this State. In making this study the commissioner shall consult with such representatives of the automobile insurance industry, consumer and safety groups and such other persons with expertise deemed relevant by the commissioner. The commissioner shall report his findings, including any legislative proposals, to the Governor and the Legislature on or before February 1, 1992.

C.17:33B-47

60. (New section) The Commissioner of Insurance shall, within 180 days after the effective date of this 1990 amendatory and supplementary act, promulgate towing and storage fee schedules on a regional basis for the reimbursement of towing charges and storage charges for private passenger automobiles that are damaged in accidents or are recovered after being stolen.

No person shall be liable to any person who tows or stores a private passenger automobile which was damaged in an accident or recovered after being reported stolen for any amount of money which results from the charging of fees in excess of those permitted by the towing and storage fee schedules established pursuant to this section.

C.17:33B-48

- 61. (New section) No insurer or rating organization shall include any expense for storage of a private passenger automobile for more than 30 days into the base for determining private passenger systematic insurance rates used or to be used in this State.
- 53 C.17:33B-29
- 54 62. (New section) a. The Commissioner of Insurance may



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issue a temporary certificate of authority which authorizes an insurer to issue private passenger automobile insurance policies or make contracts of private passenger automobile insurance in this State.

- b. A temporary certificate of authority pursuant to subsection a, of this section shall be issued to any applicant which:
 - (1) Is organized as a capital stock company or mutual company;
- (2) Is currently authorized and licensed to issue private passenger automobile insurance policies or make contracts of private passenger automobile insurance in one or more states of the United States;
- (3) Meets the current capital or asset requirements of chapter 17 of Title 17 of the Revised Statutes for capital stock companies or mutual companies, as the case may be, which insure private passenger automobiles;
- (4) Has complied with the deposit requirements pursuant to chapter 20 of Title 17 of the Revised Statutes.
- c. Notwithstanding any other provision of Subtitle 3 of Title 17 of the Revised Statutes, any application for a temporary certificate of authority pursuant to this section shall be deemed approved if not disapproved by the commissioner within 30 days of the application filing date.
- d. A temporary certificate of authority shall be effective for a period of one year and may be renewed for only one additional year with the approval of the Commissioner of Insurance. No temporary certificate of authority shall be issued or renewed pursuant to this section on or after January 1, 1993.
- C.17:33B-58

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- 63. (New section) The State Board of Medical Examiners shall assess an annual fee in the amount of \$100 payable by:
- a. Each physician licensed to practice medicine or surgery in this State pursuant to the provisions of R.S.45:9-1 et seq., and certified or registered pursuant to the provisions of section 1 of P.L.1971, c.236 (C.45:9-6.1), except physicians holding a certificate of registration as a retired physician pursuant to that section. As used in this subsection "physician" includes both doctors of medicine and doctors of osteopathy; and
- b. Each person licensed in this State to practice podiatry pursuant to the provisions of R.S.45:5-1 et seq. and registered pursuant to the provisions of R.S.45:5-9.

Fees imposed pursuant to this section shall be payable on or before July 1 of each calendar year from 1990 through 1996. Payments are to be remitted to the board and credited by the State Treasurer to the New Jersey Automobile Insurance Guaranty Fund created by section 23 of this 1990 amendatory and supplementary act.

- C.17:33B-59
- 64. (New section) The State Board of Chiropractic Examiners shall assess an annual fee in the amount of \$100, payable by each person licensed in this State to practice chiropractic and registered pursuant to the provisions of section 14 of P.L.1953,

c.233 (C.45:9-41.11), except persons registered as retired 1 practitioners pursuant to that section. Fees imposed pursuant to 2 this section shall be payable on or before July 1 of each calendar 3 year from 1990 through 1996. Payments are to be remitted to 4 the board and credited by the State Treasurer to the New Jersey 5 Automobile Insurance Guaranty Fund created by section 23 of 6 7 this 1990 amendatory and supplementary act.

C.17:33B-60 65. (New section) The State Board of Physical Therapy shall assess an annual fee in the amount of \$100, payable by each person licensed or registered in this State as a physical therapist pursuant to the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.). As used in this section "physical therapist" includes a registered physical therapist as provided in section 22 of P.L.1983, c.296 (C.45:9-37.32) but shall not include a licensed physical therapist assistant as defined in subsection c. of section 3 of P.L.1983, c.296 (C.45:9-37.13). Fees imposed pursuant to this section shall be payable on or before July 1 of each calendar year from 1990 through 1996. Payments are to be remitted to the board and credited by the State Treasurer to the New Jersey

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Automobile Insurance Guaranty Fund created by section 23 of

22 this 1990 amendatory and supplementary act. 23

C.17:33B-61

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66. (New section) The Director of the Division of Motor Vehicles in the Department of Law and Public Safety shall assess an annual fee in the amount of \$100, payable by each auto body repair facility licensed pursuant to the provisions of P.L.1983, c.360 (C.39:13-1 et seq.). Fees imposed pursuant to this section shall be payable on or before July 1 of each calendar year from 1990 through 1996. Payments are to be remitted to the director and credited by the State Treasurer to the New Jersey Automobile Insurance Guaranty Fund created by section 23 of this 1990 amendatory and supplementary act.

C.17:33B-62

67. (New section) The ¹[Supreme Court of New Jersey] State Treasurer shall assess an annual fee in the amount of \$100, payable by each person licensed to practice law in this State who has engaged in the practice of law for at least one year. Fees imposed pursuant to this section shall be payable on or before July 1 of each calendar year from 1990 through 1996. Payments are to be remitted to the ¹[Court] treasurer¹ and credited ¹[by the State Treasurer] to the New Jersey Automobile Insurance Guaranty Fund created by section 23 of this 1990 amendatory and supplementary act.

C.17:33B-63

- 68. (New section) a. In addition to the registration fees imposed pursuant to Article 2 of chapter 3 of Title 39 of the Revised Statutes, the Director of the Division of Motor Vehicles chall impose and collect additional registration fees as follows:
- (1) For all motor vehicles, except commercial motor vehicles as defined by R.S.39:1-1 ¹[, which are three or more years old:] that were manufactured in any model year prior to the 1989 model year, the additional fee shall be 1 \$15;

- (2) For all motor vehicles, except commercial motor vehicles as defined by R.S.39:1-1, ¹[which are less than three years old and had a purchase price of \$17,000 or less: \$30, until that vehicle is three years old at which time the additional registration fee shall be \$15] that were manufactured in model year 1989 and thereafter, the additional fee shall be \$40 for the first two years of registration or renewal and \$15 for each year thereafter¹;
- (3) ¹[For all motor vehicles, except commercial motor vehicles as defined by R.S.39:1-1, which are less than three years old and had a purchase price in excess of \$17,000: \$50, until that vehicle is three years old at which time the additional registration fee shall be \$30;
- (4)]¹ For all commercial motor vehicles as defined in R.S.39:1-1 1 [:], the additional fee shall be 1 \$75 1 ;
- (4) Notwithstanding the provisions of paragraphs (1) through (3) of this subsection, the additional fee on motorcycle registrations shall be \$15 and the additional registration fee on noncommercial trucks registered pursuant to section 2 of P.L.1968, c.429 (C.39:3-8.1) shall be \$50;
- (5) Notwithstanding the provisions of paragraphs (1) through (3) of this subsection, there shall not be any additional fee imposed on any vehicle registered pursuant to R.S.39:3-24¹.
- b. Fees collected pursuant to subsection a. of this section shall be collected on registrations issued and renewed on or after July 1, 1990 through December 31, 1996.
- (1) Fees collected pursuant to subsection a. of this section prior to October 1, 1991 shall be remitted to the New Jersey Automobile Full Insurance Underwriting Association created by section 16 of P.L.1983, c.65 (C.17:30E-4) and shall be income to the association for purposes of section 20 of P.L.1983, c.65 (C.17:30E-8).
- (2) Fees collected pursuant to subsection a. of this section on or after October 1, 1991 shall be remitted to the New Jersey Automobile Insurance Guaranty Fund created pursuant to section 23 of this 1990 amendatory and supplementary act.
- c. Notwithstanding any provision of subsection a. of this section to the contrary, no fees shall be imposed pursuant to this section on a registration for which no fee is presently collected pursuant to Article 2 of chapter 3 of Title 39 of the Revised Statutes ¹or on a registration for a motor vehicle, except commercial vehicles, if the registrant is eligible for pharmaceutical assistance to the aged and disabled pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.)¹.

C.17:33B-31

69. (New section) Notwithstanding the provisions of Subtitle 3 of Title 17 of the Revised Statutes or any other provision of law to the contrary, no rating organization or advisory organization may be used by an insurer in rate-making for private passenger automobile insurance except for the purposes of the collection,

compilation and dissemination of historical data for two or more insurers. As used in this section, the "collection, compilation and dissemination of historical data" shall not be deemed to include the trending of loss data for claims.

- 70. Section 5 of P.L.1970, c.73 (C.56:9-5) is amended to read as follows:
- 5. a. This act shall not forbid the existence of trade and professional organizations created for the purpose of mutual help, and not having capital stock, nor forbid or restrain members of such organizations from lawfully carrying out the legitimate objects thereof not otherwise in violation of this act; nor shall those organizations or members per se be illegal combinations or conspiracies in restraint of trade under the provisions of this act.
 - b. No provisions of this act shall be construed to make illegal:
- (1) The activities of any labor organization or of individual members thereof which are directed solely to labor objectives which are legitimate under the laws of either the State of New Jersey or the United States;
- (2) The activities of any agricultural or horticultural cooperative organization, whether incorporated or unincorporated, or of individual members thereof, which are directed solely to objectives of such cooperative organizations which are legitimate under the laws of either the State of New Jersey or the United States;
- (3) The activities of any public utility, as defined in R.S.48:2-13 to the extent that such activities are subject to the jurisdiction of the Board of Public [Utility Commissioners] Utilities, the Department of Transportation, the Federal Power Commission, the Federal Communications Commission, the Federal Department of Transportation or the Interstate Commerce Commission;
- (4) The activities, including, but not limited to, the making of or participating in joint underwriting or joint reinsurance arrangements, of any insurer, insurance agent, insurance broker, independent insurance adjuster or rating organization to the extent that such activities are subject to regulation by the Commissioner of Insurance of this State under, or are permitted, or are authorized by, the [Department of Banking and Insurance Act of 1948 (C.17:1-1 et seq.), and the Department of Insurance Act of 1970 (C.17:1C-1 et seq.)] "Department of Banking and Insurance Act of 1948," P.L.1948, c.88 (C.17:1-1.1 et al.) and the "Department of Insurance Act of 1970," P.L.1970, c.12 (C.17:17C-1 et seq.), provided, however, the provisions of this paragraph (4) shall not apply to private passenger automobile insurance business.
- (5) The bona fide religious and charitable activities of any not for profit corporation, trust or organization established exclusively for religious or charitable purposes, or for both purposes;

- (6) The activities engaged in by securities dealers, issuers or agents who are (i) licensed by the State of New Jersey under the [Uniform Securities Law] <u>Uniform Securities Law (1967)," P.L.1967, c.93, (C.49:3-47 et seq.), or (ii) members of the National Association of Securities Dealers, or (iii) members of any National Securities Exchange registered with the Securities and Exchange Commission under the [Securities Exchange Act of 1934,] "Securities Exchange Act of 1934," as amended, in the course of their business of offering, selling, buying and selling, or otherwise trading in or underwriting securities, as agent, broker, or principal, and activities of any National Securities Exchange so registered, including the establishment of commission rates and schedules of charges;</u>
- (7) The activities of any State or national banking institution to the extent that such activities are regulated or supervised by officers of the State Government under the [Department of Banking and Insurance Act of 1948 (C.17:1-1 et seq.)] "Department of Banking and Insurance Act of 1948," P.L.1948, C.88 (C.17:1-1.1 et al.) or P.L.1970, C.11 (C.17:1B-1 et seq.), or the Federal Government under the banking laws of the United States;
- (8) The activities of any state or federal savings and loan association to the extent that such activities are regulated or supervised by officers of the State Government under the [Department of Banking and Insurance Act of 1948 (C.17:1-1 et seq.)] "Department of Banking and Insurance Act of 1948," P.L.1948, c.88 (C.17:1-1.1 et al.) or P.L.1970, c.11 (C.17:1B-1 et seq.), or the Federal Government under the banking laws of the United States;
- (9) The activities of any bona fide not for profit professional association, society or board, licensed and regulated by the courts or any other agency of this State, in recommending schedules of suggested fees, rates or commissions for use solely as guidelines in determining charges for professional and technical services; or
- (10) The activities permitted under the provisions of [the Fair Sales Act (C.56:4-1 et seq.)] chapter 4 of Title 56 of the Revised Statutes, [an act to regulate the retail sale of motor fuels,] "An act to regulate the retail sale of motor fuels," P.L.1938, c.163 (C.56:6-1 et seq.), the [Unfair Motor Fuels Practices Act] "Unfair Motor Fuels Practices Act," P.L.1953, c.413 (C.56:6-19 et seq.) and the [Unfair Cigarette Sales Act of 1952] "Unfair Cigarette Sales Act of 1952," P.L.1952, c.247 (C.56:7-18 et seq.).
- c. This act shall not apply to any activity directed, authorized or permitted by any law of this State that is in conflict or inconsistent with the provisions of this act, and the enactment of this act shall not be deemed to repeal, either expressly or by implication, any such other 'aw in effect on the date of its enactment.

49 (cf: P.L.1970, c.73, s.5)

71. R.S.17:17-10 is amended to read as follows:

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17:17-10. a. When satisfied that a company has complied with all the requirements of this subtitle to entitle it to engage in business and that the proposed methods of operation of the company are not such as would render its operation hazardous to the public or its policyholders, the commissioner shall issue to the company a certificate authorizing it to commence business, specifying in the certificate the particular kind or kinds of insurance it is authorized to transact. The commissioner may refuse to issue a certificate of authority if he finds that any of the company's directors or officers has been convicted of a crime involving fraud, dishonesty, or like moral turpitude or that said persons are not persons of good character and integrity. No company shall transact the business for which it is incorporated until it has received the certificate from the commissioner. If any company fails to obtain the certificate of authority within one year from the date of the certificate of the Attorney General to its certificate of incorporation, as provided in [section] R.S.17:17-5 [of this Title], the company shall, ipso facto, be dissolved and its certificate of incorporation be null and void.

b. No company licensed to transact insurance business in this State pursuant to chapter 17 of Title 17 of the Revised Statutes may surrender its certificate of authority or discontinue writing or renewing any kind or kinds of insurance specified in the certificate, except in accordance with a plan to be submitted by the company and approved by the commissioner, which plan shall provide for an orderly withdrawal from the market and for the minimization of the impact of the surrender of the certificate or the discontinuance of the writing or renewing of any kind or kinds of insurance upon the public generally and upon the company's policyholders in this State. No surrender or discontinuance shall become effective until the approved plan has been complied with. In reviewing a plan for withdrawal submitted by the company, the commissioner shall consider, and may require as a condition of approval, whether some or all other certificates of authority issued pursuant to chapter 17 or 32 of Title 17 of the Revised Statutes held by the company or by other companies within the same holding company system as the company submitting the plan shall be required to be surrendered. The provisions of this subsection shall apply to any request for withdrawal, surrender or discontinuance filed on or after January 25, 1990.

(cf: P.L.1958, c.67, s.1)

C.17:33B-30

72. (New section) An insurance company of another state or foreign country authorized under chapter 32 of Title 17 of the Revised Statutes to transact insurance business in this State may surrender to the commissioner its certificate of authority and thereafter cease to transact insurance in this State, or discontinue the writing or renewal of one or more kinds of

insurance specified in the certificate of authority, only after the submission of a plan which provides for an orderly withdrawal from the market and a minimization of the impact of the surrender or discontinuance on the public generally and on the company's policyholders in this State. The plan shall be approved by the commissioner before the withdrawal or discontinuance takes effect. In reviewing a plan for withdrawal under this section, the commissioner shall consider, and may require as a condition of approval, whether some or all other certificates of authority issued pursuant to chapter 17 or 32 of Title 17 of the Revised Statutes held by the company or by other companies in the same holding company as the company submitting the plan should be surrencered. The certificate of authority of the company shall be deemed to continue in effect until the provisions of the approved plan have been carried out. The provisions of this section shall apply to any request for withdrawal, surrender or discontinuance filed on or after January 25. 1990.

- 73. Section 34 of P.L.1983, c.65 (C.17:30E-22) is amended to read as follows:
- 34. Taxes required to be paid pursuant to P.L.1945, c.132 (C.54:18A-1 et seq.) on premiums earned by the association on or after the effective date of P.L., c. (C.) (now pending in the Legislature as this bill) shall be paid by the association to the [Director of the Division of Taxation] State Treasurer and shall be credited to the New Jersey Automobile Insurance Guaranty Fund created by section 23 of P.L., c. (C.) (now pending in the Legislature as this bill).
- (cf: P.L.1983, c.65, s.34)

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- 74. Section 8 of P.L.1974, c.17 (C.17:30A-8) is amended to read as follows:
 - 8. a. The association shall:
- (1) Be obligated to the extent of the covered claims against an insolvent insurer incurred, in the case of private passenger automobile insurance, prior to or after the determination of insolvency, but before the policy expiration date or the date upon which the insured replaces the policy or causes its cancellation, or in the case of insurance other than private passenger automobile insurance, covered claims against such insolvent insurer incurred prior to or 90 days after the determination of insolvency, or before the policy expiration date if less than 90 days after said determination, or before the insured replaces the policy or causes its cancellation, if he does so within 90 days of the determination, but such obligation shall include only that amount of each covered claim which is less than \$300,000.00 and subject to any applicable deductible contained in the policy, except that the \$300,000.00 limitation shall not apply to a covered claim arising out of insurance coverage mandated by section 4 of P.L.1972, c.70 (C.39:6A-4). In the case of benefits

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payable under subsection a. of section 4 of P.L.1972, c.70 (C.39:6A-4), the association shall be liable for payment of benefits ¹[, under policies issued or renewed prior to January 1, 1991,]¹ in an amount not to exceed \$75,000.00. Benefits paid in excess of such amount ¹[under policies issued or renewed prior to January 1, 1991]¹ shall be recoverable by the association from the Unsatisfied Claim and Judgment Fund pursuant to the provisions of section 2 of P.L.1977, c.310 (C.39:6-73.1). In no event shall the association be obligated to a policyholder or claimant in an amount in excess of the limits of liability stated in the policy of the insolvent insurer from which the claim arises;

- (2) Be deemed the insurer to the extent of its obligation 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;
 - (3) Assess member insurers in amounts necessary to pay:
- (a) The obligation of the association under paragraph a. (1) of this section:
 - (b) The expenses of handling covered claims;
 - (c) The cost of examinations under section 13; and
- (d) Other expenses authorized by this act, excluding expenses incurred by the association pursuant to paragraphs (9) and (10) of this subsection.

The assessments of each member insurer shall be in the proportion that the net direct written premiums of the member insurer for the calendar year preceding the assessment bears to the net direct written premiums of all member insurers for the calendar year preceding the assessment.

Each member insurer shall be notified of the assessment not later than 30 days before it is due. No member insurer may be assessed <u>pursuant to paragraph (3) of this subsection</u> in any year in an amount greater than 2% of that member insurer's net direct written premiums for the calendar year preceding the assessment.

The association may, subject to the approval of the commissioner, exempt, abate 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. In the event an assessment against a member insurer is exempted, abated, or deferred, in whole or in part, because of the limitations set forth in this section, the amount by which such assessment is exempted, abated, or deferred, shall be assessed against the other member insurers in a manner consistent with the basis for assessments set forth in this section. If the maximum assessment, together with the other assets of the association, does not provide in any one year an amount sufficient to carry

out the responsibilities of the association, the necessary additional funds shall be assessed as soon thereafter as it is permitted by this act. Each member insurer serving as a servicing facility may set off against any assessment, authorized payments made on covered claims and expenses incurred in the payment of such claims by such member insurer;

- (4) Investigate claims brought against the association and adjust, compromise, settle, and pay covered claims to the extent of the association's obligation and deny all other claims and may review settlements, releases and judgments to which the insolvent insurer or its insureds were parties to determine the extent to which such settlements, releases and judgments may be properly contested;
- (5) Notify such persons as the commissioner directs under section 10 b. (1);
- (6) Handle claims through its employees or through one or more 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;
- (7) 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 shall pay the other expenses of the association authorized by this act:
- (8) Make loans to the New Jersey Surplus Lines Insurance Guaranty Fund in accordance with the provisions of the "New Jersey Surplus Lines Insurance Guaranty Fund Act," P.L.1984, c.101 (C.17:22-6.70 et seq.);
- (9) Assess member insurers in amounts necessary to make loans pursuant to paragraph (10) of this subsection. ¹[The] Estimated assessments of each member insurer shall be in the proportion that the net direct written premiums of the member insurer for the calendar year preceding the assessment bears to the net direct written premiums of all member insurers for the calendar year preceding the assessment 1 with actual assessments adjusted in the succeeding year based on the proportion that the insurer's net direct written premiums in the year of assessment bears to the net direct written premiums of all member insurers for that year¹. ¹[However, the association may, subject to the approval of the commissioner, exempt, abate 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. In the event an assessment against a member insurer is exempted, abated, or deferred, in whole or in part, because of the limitations set forth in this paragraph, the amount by which

- such assessment is exempted, abated, or deferred shall be assessed against the other member insurers in a manner consistent with the basis for assessments set forth in this paragraph. 11;
- (10) Make loans in the amount of \$160 million per calendar year, beginning in calendar year 1990, to the New Jersey Automobile Insurance Guaranty Fund created pursuant to section 23 of P.L., c. (C.) (now pending in the Legislature as this bill), except that no loan shall be made pursuant to this paragraph after December 31, 1997.
 - b. The association may:

- (1) Employ or retain such persons as are necessary to handle claims and perform such other duties of the association;
- (2) Borrow funds necessary to effectuate the purpose of this act in accordance with the plan of operation;
 - (3) Sue or be sued;
- (4) Negotiate and become a party to such contracts as are necessary to carry out the purpose of this act;
- (5) Perform such other acts as are necessary or proper to effectuate the purpose of this act;
- (6) Refund to the member insurers in proportion of the contribution of each member insurer that amount by which the assets exceed the liabilities if, at the end of any calendar year, the board of directors finds that the assets of the association exceed the liabilities, as estimated by the board of directors for the coming year.
- 27 (cf: P.L.1984, c.207, s.9)
 - 75. Section 16 of P.L.1974, c.17 (C.17:30A-16) is amended to read as follows:
 - 16. a. The commissioner shall adopt rules permitting member insurers to recoup over a reasonable length of time, a sum reasonably calculated to recoup assessments paid by the member insurer [under this act] pursuant to paragraph (3) of subsection a. of section 8 of P.L.1974, c.17 (C.17:30A-8) by way of a surcharge on premiums charged for insurance policies to which this act applies [; b. the] . The amount of any surcharge shall be determined by the commissioner [; c. the] . The commissioner may permit an insurer to omit collection of the surcharge from its insureds when the expense of collecting the surcharge would exceed the amount of the surcharge, provided that nothing in this [section] subsection shall relieve the insurer of its obligation to remit the amount of surcharge otherwise collectible.
 - b. No member insurer shall impose a surcharge on the premiums of any policy to recoup assessments paid pursuant to paragraph (9) of subsection a. of section 8 of P.L.1974, c.17 (C.17:30A-8).
- 46 (C.17:30A-8). 47 (cf: P.L.1979, c.448, s.7)
- 48 C.17:33B-49
- 76. (New section) a. In addition to the tax on net premiums paid pursuant to section 1 of P.L.1945, c.132 (C.54:18A-1), each

taxpayer under that section shall pay to the Director of the Division of Taxation an annual surtax at a rate of 5%, or a rate adjusted pursuant to section 77 of this 1990 amendatory and supplementary act, on all taxable premiums collected in this State, except premiums collected by the New Jersey Automobile Full Insurance Underwriting Association ¹created pursuant to section 16 of P.L.1983, c.65 (C.17:30E-4), and premiums collected by the Market Transition Facility created pursuant to section 88 of P.L., c. (C.) (now pending in the Legislature as this bill)¹, in calendar years 1990, 1991 and 1992 for contracts of automobile insurance, notwithstanding section 6 P.L.1945, c.132 (C.54:18A-6). The surtax shall be administered pursuant to the provisions of P.L.1945, c.132 (C.54:18A-1 et seq.), except that if any provision of that act is in conflict with a specific provision of this 1990 amendatory and supplementary act, the provision or provisions of this 1990 amendatory and supplementary act shall govern.

b. For the purposes of sections 76 through 78 of this 1990 amendatory and supplementary act:

"Automobile" means a private passenger automobile of a private passenger or station wagon type that is owned or hired, and is neither used as a public or livery conveyance for passengers nor rented to others with a driver; a motor vehicle with a pickup body, a delivery sedan, a van, or a panel truck or a camper type vehicle used for recreational purposes, owned by an individual or by husband and wife who are residents of the same household, not customarily used in the occupation, profession or business of the insured other than farming or ranching. An automobile owned by a farm family copartnership or corporation, which is principally garaged on a farm or ranch and otherwise meets the definition contained in this section, shall be considered a private passenger automobile owned by two or more relatives resident in the same household; and

"Automobile insurance" means direct insurance against injury or damage, including the legal liability therefor, arising out of the ownership, operation, maintenance or use of an automobile, including, but not limited to, personal injury protection insurance, bodily injury liability insurance, property damage liability insurance, physical damage insurance and uninsured and underinsured motorist insurance.

- c. Each taxpayer shall:
- (1) on or before the first day of the third month following enactment of this 1990 amendatory and supplementary act make an installment payment of surtax due under subsection a. of this section in an amount equal to one half of the surtax estimated to be due for taxable premiums collected in this State in calendar year 1990 if the surtax rate at the time of the payment was imposed for the entire year; and
 - (2) on or before the first day of the sixth month following

enactment of this 1990 amendatory and supplementary act, make an installment payment of surtax due under subsection a. of this section in an amount equal to one half of the surtax estimated to be due for taxable premiums collected in this State in calendar year 1990 if the surtax rate at the time of the payment was imposed for the entire year;

provided however, that no installment payment shall be due if the payment date of such installment pursuant to this subsection falls on or after February 1, 1991.

In the calculation of the tax due in accordance with subsection a. of this section, a taxpayer shall be entitled to a credit in the amount of the tax paid under this subsection as a partial payment and shall be entitled to the return of any amount so paid which is in excess of the total amount payable in accordance with this section.

d. Failure to pay any installment payment required pursuant to subsection c. of this section shall constitute a deficiency, and there shall be added to the tax for the calendar year interest on the amount of underpayment as provided in the State Tax Uniform Procedure Law, R.S.54:48-1 et seq., for the period of the underpayment.

The amount of underpayment shall be the excess of the amount of the installment payment which would be required to be paid if the installment payment were equal to 45% of the surtax which would be shown on the return for the year if the surtax rate at the time of the payment were imposed for the entire year, or if no return was filed, 45% of the tax for that year, over the amount, if any, of the installment payment paid on or before the last date prescribed for payment.

For purposes of this subsection, the period of the underpayment shall run from the date the installment payment was required to be paid to the earlier of the date on which the surtax is due pursuant to subsection a. of this section or, with respect to any portion of the underpayment, the date on which that portion is paid.

For purposes of this subsection, a payment of any installment payment shall be considered a payment of any previous underpayment only to the extent that such payment exceeds the amount of the installment payment determined under this subsection for that installment payment.

e. All revenues collected from the surtax imposed pursuant to this section, less any refunds paid pursuant to subsection d. of section 77 of this 1990 amendatory and supplementary act, shall be credited by the State Treasurer to the New Jersey Automobile Insurance Guaranty Fund, created pursuant to section 23 of this 1990 amendatory and supplementary act.

C.17:33B-50

77. (New section) a. The Director of the Division of Taxation is hereby authorized to adjust the rate of the surtax imposed pursuant to section 76 of this 1990 amendatory and

supplementary act, for any of the calendar years in which the surtax is imposed, as provided in this section.

- b. The Director of the Division of Taxation, in consultation with the Commissioner of Insurance, shall, on or before the first day of the second month following enactment of this 1990 amendatory and supplementary act, prepare an estimate of the revenues anticipated to be collected from the surtax imposed pursuant to section 76 of this 1990 amendatory and supplementary act, at the rate established thereby, and credited to the New Jersey Automobile Insurance Guaranty Fund, for each of the three calendar years in which the surtax is imposed. These estimates shall be reviewed and, if appropriate, revised, on or before the first day of the month immediately preceding the due date for the second installment payment for the first calendar year in which the surtax is imposed and each subsequent installment payment and each final payment required to be made pursuant to section 76 of this 1990 amendatory supplementary act. Such review and revision shall be based upon information available to the director and the commissioner, including actual surtax collections as reflected in final payments.
- c. At any time that the estimates prepared and revised pursuant to subsection b. of this section reflect total estimated surtax revenues in excess of, or significantly less than, \$300,000,000 for the three calendar years in which the surtax is imposed, the director shall provide that the surtax be imposed at a different rate, such that the total estimated revenues are as near as possible to, but do not exceed, \$300,000,000, provided, however, that the rate shall not exceed 5%. That different surtax rate shall be imposed on premiums collected in the first calendar year for which final returns and final payments have not yet been made and, subject to the director's determination, may be reflected in installment payments which have not yet been made.
- d. On or before April 1, 1993, the director shall make a final determination of the total amount of revenues collected under the surtax imposed pursuant to section 76 of this 1990 amendatory and supplementary act for the three calendar years in which the surtax is imposed. The director shall refund any such revenues collected in excess of \$300,000,000 to taxpayers in proportion to each taxpayer's share of total surtax payments made for the three calendar years.

C.17:33B-51

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- 78. (New section) The Commissioner of Insurance shall take such action as is necessary to ensure that private passenger automobile insurance policyholders shall not pay for the surtax imposed pursuant to section 76 of this 1990 amendatory and supplementary act.
- 79. Section 3 of P.L.1981, c.183 (C.54:18A-1a) is amended to read as follows:
 - 3. a. To ensure that no county or municipality will experience

a loss of revenue as a result of the repeal of the franchise tax on domestic insurance companies, the State Treasurer, upon warrant of the State Comptroller, shall, on or before August 1, 1982 and on or before August 1 annually thereafter, pay to the collector of the municipality and to the county treasurer of a county in which a domestic insurance company's principal office was situated on January 1, 1981, an amount determined by increasing the total amount of franchise taxes received by the municipality or county in the prior calendar year by the percentage rate of change of all taxes paid by all insurance companies pursuant to P.L.1945, c.132 (C.54:18A-1 et seq.), but excluding any surtax payments made pursuant to section 76 of P.L., c. (C.) (now pending before the Legislature as this bill) 1 and excluding any tax payments made for the additional tax imposed to provide for Department of Insurance administrative costs pursuant to R.S. 54:16-8 and sections 2 and 3 of P.L.1945, c.132 (C.54:18A-2 and 54:18A-3) as amended by P.L. C. (C. __) (now pending before the Legislature as this bill) 1, for the current and the immediately preceding tax years.

The payments shall continue to be made so long as the principal office of the domestic insurance company remains at the location established on January 1, 1981. No liability for payment under this section shall arise by virtue of the relocation of the principal office of a domestic insurance company to another municipality, whether or not within the same county

- b. To ensure that no municipality will experience an abrupt loss of revenue as a result of a domestic insurance company relocating its principal office from the municipality wherein it was established on January 1, 1981, the State Treasurer, upon warrant of the State Comptroller, shall, on or before August 1 of each year, pay to the collector of the municipality from which the principal office was removed, an amount as hereinafter provided:
- (1) For the first year after relocation, an amount equal to 80% of the amount the municipality received in the year in which the relocation occurred;
- (2) For the second year after relocation, an amount equal to 60% of the amount the municipality received in the year in which the relocation occurred;
- (3) For the third year after relocation, an amount equal to 40% of the amount the municipality received in the year in which the relocation occurred;
- (4) For the fourth year after relocation, an amount equal to 30% of the amount the municipality received in the year in which the relocation occurred; and
- (5) For the fifth year after relocation, an amount equal to 15% of the amount the municipality received in the year in which the relocation occurred.

No municipality shall be entitled to any payment under this

subsection for any year following the fifth year after relocation.

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- c. To express that no county will experience an abrupt loss of revenue as result of a domestic insurance company relocating its principal office from the county wherein it was established on January 1, 1981, the State Treasurer, upon warrant of the State Comptroller, shall, on or before August 1 of each year, pay to the treasurer of the county from which the principal office was removed, an amount as hereinafter provided:
- (1) For the first year after relocation, an amount equal to 80% of the amount the county received in the year in which the relocation occurred;
- (2) For the second year after relocation, an amount equal to 60% of the amount the county received in the year in which the relocation occurred;
- (3) For the third year after relocation, an amount equal to 40% of the amount the county received in the year in which the relocation occurred;
- (4) For the fourth year after relocation, an amount equal to 30% of the amount the county received in the year in which the relocation occurred; and
- (5) For the fifth year after relocation, an amount equal to 15% of the amount the county received in the year in which the relocation occurred.

No county shall be entitled to any payment under this subsection for any year following the fifth year after relocation. (cf. P.L.1983, c.390, s.1)

180. R.S.54:16-8 is amended to read as follows:

- 54:16-8. Computation of tax. If the [commissioner of banking and insurance] <u>Commissioner of Insurance</u> finds the report of the insurer to be correct he shall ascertain the tax to be paid by the insurer, in the following manner:
- a. If the insurer has written marine insurances in this state for three years the commissioner of banking and insurance shall:
- (1) Ascertain the average annual underwriting profit derived by the insurer from such marine insurances written within the United States during the last preceding three calendar years;
- (2) Ascertain the proportion which the average annual premiums of the insurer from such marine insurance written by it in this state during the last preceding three years bears to the average total of such marine premiums of the insurer during the same three years;
- (3) Compute an amount of five per cent on this proportion of the aforementioned average annual underwriting profit of the insurer from such marine insurances, and compute an additional amount of twenty-five one-hundredths on that proportion which amount shall be dedicated to the Department of Insurance for payment of administrative costs related to its statutory duties; and
 - (4) Charge the amount of tax thus computed to such insurer as

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a tax upon such marine insurances written by it in this state during the current calendar year.

The commissioner of banking and insurance shall each year compute the tax, according to the method described in this section, upon the average annual underwriting profit of such insurer from such marine insurances during the preceding three years, including the current calendar year, namely, at the expiration of each current calendar year, the profit or loss on such marine insurances of that year is to be added or deducted, and the profit or loss upon such marine insurances of the first calendar year of the preceding three-year period is to be dropped so that the computation of underwriting profit for purposes of taxation under this section will always be on a three-year average.

b. If the insurer has not been writing such marine insurances in this state for three years the commissioner of banking and insurance shall, until the insurer has transacted such business in this state for that number of years, compute the tax upon the basis of its annual underwriting profit on such marine insurances written within the United States for the current calendar year, subject, however, to an adjustment in the tax as soon as the commissioner of banking and insurance, in accordance with the provisions of this section, is enabled to compute the tax on the aforementioned three-year basis.

In the case of mutual companies, the commissioner of [banking and] insurance shall not include in underwriting profit when computing the tax provided by this chapter, the amounts refunded by such companies on account of premiums previously paid by their policyholders. 1

(cf: R.S.54:16-8)

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 181. R.S.54:17-4 is amended to read as follows:

54:17-4. All moneys received by the Director of the Division of Taxation in the Department of the Treasury from insurance companies of other States and countries [on account of the] in an amount equivalent to a tax of 2% on premiums for fire insurance, and all payments in lieu of that tax, required by law to be made by such companies, shall be turned over monthly by the said Director of the Division of Taxation to the State Treasurer to be distributed by him as follows:

The State Treasurer shall from time to time in each year, out of the moneys above referred to, pay over to the treasurer of the board of managers of the New Jersey firemen's home such sums as the managers, by resolution approved by the Governor, shall demand and require for the proper conduct of the home.

After the demands and requirements of the home upon said moneys in any year have been met and discharged or provided for, the balance thereof remaining shall be paid by the State Treasurer to the treasurer of the New Jersey State Firemen's Association or to the treasurer of any local relief association

organized and existing under the provisions of chapter 17 of the Title, Pensions and Retirement and Unemployment Compensation (§ 43:17-1 et seq.), upon the duly authenticated order of the executive committee of the New Jersey State Firemen's Association in such amounts and at such time as may be required. (cf: P.L.1955, c.30, s.1)

- ¹82. Section 2 of P.L.1945, c.132 (C.54:18A-2) is amended to read as follows:
- 2. (a) The tax specified in subsection (a) of section 1 of this act, except as to life insurance companies and except as to marine insurance as described by chapter 16 of Title 54 of the Revised Statutes, shall, except as hereinafter provided, be 2% upon the taxable premiums collected by such company during the year ending December 31 next preceding on all business of the company in this State, less the amount of taxes on its property, exclusive of taxes on real estate and of taxes payable pursuant to this section, paid in this State by the company pursuant to any law of this State during the said year. Any taxes paid to the treasurer of any firemen's relief association of this State pursuant to R.S.54:18-1 shall be considered a part of the tax payable under this act. An additional tax of 0.1% upon such taxable premiums of such insurers shall also be paid, which amount shall be dedicated to the Department of Insurance for payment of administrative costs related to its statutory duties.
- (b) Taxable premiums, collected after December 31, 1965 by an insurance company subject to the provisions of subsection (a) hereof under group accident and health insurance policies on residents of this State, and taxable premiums collected under legal insurance policies as defined in section 3 of P.L.1981, c.160 (C.17:46C-3) on residents of this State, shall be subject to tax only at the following rates:

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As to taxes payable in 1967 1 3/4 %
As to taxes payable in 1968 1 1/2 %
As to taxes payable in 1969 1 1/4 %
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As to taxes payable in 1970 and thereafter 1%

An additional tax of 0.05% upon such taxable premiums of such insurers shall also be paid, which amount shall be dedicated to the Department of Insurance for payment of administrative costs related to its statutory duties.¹

(cf: P.L.1981, c.511, s.22)

- ¹83. Section 3 of P.L.1945, c.132 (C.54:18A-3) is amended to read as follows:
- 3. Amount of tax, life insurance companies; deductions (a) The tax specified in subsection (a) of section 1 of this act as to life insurance companies, shall, except as hereinafter provided, be 2% upon the taxable premiums collected by the company during the year ending December 31 next preceding under all policies or contracts of insurance on residents of this State, less the amount of taxes on its property, exclusive of taxes on real

estate and of taxes payable pursuant to this section, paid in this State by the company pursuant to any law of this State during the said year. An additional tax of 0.1% upon such taxable premiums of such insurers shall also be paid, which amount shall be dedicated to the Department of Insurance for payment of administrative costs related to its statutory duties.

(b) Taxable premiums, collected after December 31, 1965 by an insurance company subject to the provisions of subsection (a) hereof under group accident and health insurance policies on residents of this State, and taxable premiums collected under legal insurance policies as defined in section 3 of P.L.1981, c.160 (C.17:46C-3) on residents of this State, shall be subject to tax only at the following rates:

 As to taxes payable in 1967
 1 3/4 %

 As to taxes payable in 1968
 1 1/2 %

 As to taxes payable in 1969
 1 1/4 %

As to taxes payable in 1970 and thereafter 1%

An additional tax of 0.05% upon such taxable premiums of such insurers shall also be paid, which amount shall be dedicated to the Department of Insurance for payment of administrative costs related to its statutory duties. 1

(cf: P.L.1981, c.511, s.23)

- ¹84. Section 4 of P.L.1970, c.12 (C.17:1C-4) is amended to read as follows:
- 4. (a) The commissioner may appoint [a] two deputy [commissioner] commissioners to serve at the pleasure of the commissioner [and] who shall be authorized to exercise the powers and duties of the commissioner in his absence or disability and shall perform such other duties as the commissioner shall prescribe.
- (b) The commissioner shall have the authority to establish, organize and maintain in his offices an administrative division to perform all necessary personnel, budget and finance, facilities and equipment services for the department and to assign such personnel thereto as may be required. 1

(cf: P.L.1970, c.12, s.4)

¹85. Section 3 of P.L.1952, c.174, (C.39:6-63) is amended to read as follows:

- 3. For the purpose of creating and maintaining the fund:
- (a) (Deleted by amendment, P.L.1968, c.323, s.3.)
- (b) (Deleted by amendment, P.L.1968, c.323, s.3.)
- (c) (Deleted by amendment, P.L.1968, c.323, s.3.)
- (d) On December 30 in each year, the commissioner shall calculate the probable amount which will be needed to carry out the provisions of this act during the ensuing registration license year. In such calculation, he shall take into consideration the amount presently reserved for pending claims, anticipated payments from the fund during said year, anticipated payments from the fund for medical expenses to be made pursuant to

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section 2 of P.L.1977, c.310 (C.39:6-73.1), during the two years after said year, anticipated amounts to be reserved for claims pending during said year, amounts transferred to the Division of Motor Vehicles pursuant to section 28 of P.L.1952, c.174 (C.39:6-88) and the desirability of maintaining a surplus over and above such anticipated payments and present and anticipated reserves, such surplus not to exceed the amount actually paid from the fund during the 12 full calendar months immediately preceding the date of calculation. Such probable amount which will be needed to carry out the provisions of this act shall be assessed against insurers for such year's contributions to the fund. Such probable amount needed shall be initially apportioned on an estimated basis among such insurers in the proportion that the net direct written premiums of each bear to the aggregate net direct written premiums of all insurers, including the New Jersey Automobile Full Insurance Underwriting Association, created pursuant to P.L.1983, c.65 (C.17:30E-1 et seq.), and the Market Transition Facility created pursuant to section 88 of (C.)(now pending in the Legislature as this bill), during the preceding calendar year as shown by the records of the commissioner as an estimate. Each insurer shall pay the sum so assessed to the treasurer on or before March 31, next following. Such estimated sum shall be subject to adjustment on March 31 next following payment based upon the proportion that the net direct written premiums of each insurer bear to the aggregate net direct written premiums of all insurers, including the New Jersey Automobile Full Insurance Underwriting Association created pursuant to P.L.1983, c.65 (C.17:30E-1 et seq.), and the Market Transition Facility created pursuant to section 88 of P.L., c. (C.) (now pending in the Legislature as this bill), during the year the estimated assessment was paid as shown by the records of the commissioner.

(e) Whenever any of the provisions of this act concerning the method and sources of assessments on insurers, including the New Jersey Automobile Full Insurance Underwriting Association, created pursuant to P.L.1983, c.65 (C.17:30E-1 et seq.), and the Market Transition Facility created pursuant to section 88 of P.L. , c. (C.) (now pending in the Legislature as this bill), the maximum amounts payable from the fund, eligibility or qualifications of claimants, or amounts to be deducted from payments made from the fund are amended by law, between January 1 and April 30 in any year, the commit ioner may, if he deems it necessary, rescind any assessment on insurers, including the New Jersey Automobile Full Insurance Underwriting Association, created pursuant to P.L.1983, c.65 (C.17:30E-1 et seq.) and the Market Transition Facility created pursuant to section 88 of P.L. , c. (C.)(now pending in the Legislature as this bill), made on December 30 of the preceding year. He shall then, within 15 days of the adoption of such

amendment, recalculate the probable amount which will be 2 needed to carry out the provisions of this act during the ensuing registration license year, in accordance with the provisions of 3 4 subsection (d) of this section. If, in his judgment, the estimated 5 balance of the fund at the beginning of the next registration 6 license year will be insufficient to meet such needs, he shall 7 determine the contributions of insurers, if any, in accordance 8 with the provisions of subsection (d) of this section. In the event 9 of a rescission and reassessment subsequent to March 1 in any 10 year, insurers shall pay the sum so assessed, if any, to the 11 treasurer within 90 days of the date of such assessment. 1

(cf: P.L.1988, c.119, s.2) 12

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186. (New section) Any plan for the payment of premiums payable to the New Jersey Automobile Full Insurance Underwriting Association on an installment basis for policies issued for a one year period shall provide for installment payments during a period of not less than 9 months. 1 C.17:33B-8

¹87. (New section) a. No New Jersey Automobile Full Insurance Underwriting Association policy may be cancelled for nonpayment of premium unless written notice is provided at least 15 days prior to the effective date of cancellation accompanied by the reason for cancellation. Notice shall be provided to the named insured and the producer of record at their last known addresses.

b. The association shall notify the named insured and the producer of record at their last known addresses no later than 15 days after the nonrewal of an association policy of such nonrenewal. 1

31 C.17:33B-11

> ¹88. (New section) a. There is created a Market Transition Facility to be operated by the Commissioner of Insurance pursuant to the provisions of this section. Every insurer authorized to transact automobile insurance in this State shall be a member of the facility and shall share in its profits and losses as provided by the commissioner pursuant to the provisions of subsection d. of this section.

> b. The commissioner shall, within 30 days of the effective date of this 1990 amendatory and supplementary act, appoint a Market Transition Facility Advisory Board which shall be comprised of six members, one of whom shall represent member companies organized on a mutual basis, one of whom shall represent member companies organized on a stock basis, one of whom shall represent servicing carriers, one of whom shall represent insurance producers, one of whom shall be a qualified actuary and one of whom shall represent the public. Advisory board members shall serve for the duration of the facility or until such time as their successor is appointed. Advisory board members shall not be compensated for their services but shall be reimbursed by the facility for any necessary and reasonable expenses incurred in performance of their duties as members of the advisory board.

- c. The facility shall arrange for the issuance and renewal of automobile insurance policies for the period commencing October 1, 1990 and ending September 30, 1992 pursuant to a plan of operation promulgated by the commissioner in consultation with the advisory board. The facility shall not issue or renew any policies of automobile insurance on or after October 1, 1992. The plan shall provide:
- (1) The applicable levels of coverage available through the facility;
- (2) That the premiums payable on policies issued by the facility shall be based on rates applicable to persons insured by the New Jersey Automobile Full Insurance Underwriting Association on September 30, 1990 but shall not incorporate the rates applicable under section 25 of P.L.1983, c.65 (C.17:30E-13) and section 22 of P.L.1988, c.119, (C.17:30E-13.1). However, the applicable rates for those insureds who do not qualify as eligible persons as provided in section 25 of this 1990 amendatory and supplementary act shall be those set by the plan for the provision of automobile insurance established pursuant to section 1 of P.L.1970, c.215 (C.17:29D-1);
- (3) Procedures for the filing and approval of changes in rates applicable to policies issued or renewed by the facility;
- (4) For the issuance and renewal of automobile insurance through servicing carriers under contract with the New Jersey Automobile Full Insurance Underwriting Association pursuant to the provisions of section 24 of P.L.1983, c.65 (C.17:30E-12), utilizing, at the discretion of the commissioner, the staff of the association;
- (5) Procedures for the depopulation of the facility which shall provide that: on or after April 1, 1991 no more than 29% of the aggregate number of private passenger non-fleet exposures written in this State shall be written by the facility and the New Jersey Automobile Full Insurance Underwriting Association created by P.L.1983, c.65 (C.17:30E-1 et seq.); on or after October 1, 1991 no more than 20% of the aggregate number of private passenger non-fleet exposures written in this State shall be written by the facility; on or after April 1, 1992 no more than 10% of the aggregate number of private passenger non-fleet exposures written in this State shall be written by the facility; and on or after October 1, 1992, 0% of the aggregate number of private passenger non-fleet exposures written in this State shall be written by the facility. In establishing the quotas set forth above, the plan shall prescribe the number of voluntary market exposures which shall be written during each six month period set forth in this paragraph in a manner consistent with the apportionment procedure established pursuant to subsection a. of section 26 of P.L.1983, c.65 (C.17:30E-14). In the event that any of the quotas established pursuant to this paragraph have not been met by the end of the applicable period, the commissioner

- shall direct the facility to assign the balance of the exposures needed to meet the applicable quota to member companies pursuant to the apportionment procedure. A member company which exceeds its apportionment share for any six month period set forth in this paragraph shall receive credit for the excess against the following period's obligation. The commissioner may excuse a member company from meeting its obligations under the depopulation procedures if he determines that the company would be placed in an unsafe or unsound condition;
 - (6) A schedule for the payment of premiums on an installment basis. Any installment payment schedule for policies issued for a one year period shall provide for installment payments during a period of not less than 9 months;
 - (7) That no policy issued by the facility may be cancelled for nonpayment of premium unless written notice is provided at least 15 days prior to the effective date of cancellation accompanied by the reason for cancellation. Notice shall be provided to the named insured and the producer of record at their last known addresses;
 - (8) Provide for notification of the named insured and the producer of record at their last known addresses no later than 15 days after the nonrewal of a facility policy of such nonrenewal; and
 - (9) Such other provisions as are deemed necessary for the operation of the facility.
 - d. The commissioner shall apportion any profits or losses of the facility among member companies based on each company's apportionment share as determined for purposes of depopulation pursuant to subsection a. of section 26 of P.L.1983, c.65 (C.17:30E-14).
 - e. The facility shall be subject to the provisions of P.L.1945, c.132 (C.54:18A-1 et seq.).1

C.17:33B-12

189. (New section) Notwithstanding any provision of law to the contrary, an insurer may charge premiums at the rate level applicable to eligible persons insured by the facility as provided in paragraph (2) of subsection c. of section 88 of this 1990 amendatory and supplementary act to an insured written in the voluntary market under the depopulation plan established pursuant to paragraph (5) of subsection c. of section 88 of this act. However, no insured shall be subject to facility rates for a total period in excess of three years, including the time during which the insured is covered by the facility. 1

C.17:33B-26

190. (New section) Nothing contained in paragraph e. of the definition of an eligible person as set forth in section 25 of this 1990 amendatory and supplementary act shall be deemed to permit an insurer subject to the provisions of that paragraph e. to refuse coverage to a person pursuant to the provisions of section 27 or section 39 of this act unless that insurer has complied with its depopulation obligation, as determined by the commissioner

pursuant to the provisions of section 26 of P.L.1983, c.65 1 2

(C.17:30E-14) and paragraph (5) of subsection c. of section 88 of

this act, by October 1, 1992.1 3

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¹91. (New section) a. The commissioner shall suspend, after hearing, an insurer's obligation to provide insurance for automobiles in compliance with the provisions of section 1 of P.L.1970, c.215 (C.17:29D-1) if the insurer is in an unsafe or unsound financial condition.

- b. If an insurer requests suspension and avers that there is an immediate need to cease providing insurance for automobiles in compliance with section 1 of P.L.1970, c.215 (C.17:29D-1) because compliance would result in the insurer being in an unsafe or unsound financial condition, the insurer's obligation to provide insurance for automobiles in compliance with section 1 of P.L.1970, c.215 (C.17:29D-1) shall be suspended beginning on the 10th business day after the insurer has filed the request and supporting documentation with the commissioner, unless within that time, the commissioner finds that continued compliance with the provisions of section 1 of P.L.1970, c.215 (C.17:29D-1) will not result in the insurer being in an unsafe or unsound financial condition.
- c. Any suspension pursuant to subsection a. or b. of this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.
- d. For the purposes of this section, an insurer shall be deemed to be in an unsafe or unsound financial condition if the commissioner finds the insurer to have a ratio of annual net premiums written to surplus as to policyholders that threatens the financial health of the insurer. 1

C.17:33B-24

- ¹92. (New section) The commissioner may suspend an insurer's obligation to provide insurance for automobiles in compliance with the provisions of section 1 of P.L.1970, c.215 (C.17:29D-1) if the commissioner, in his discretion, determines that compliance with section 1 of P.L.1970, c.215 (C.17:29D-1) will result in an insurer's financial condition becoming unsafe or unsound. In making this determination, the commissioner shall consider the following factors:
- a. The insurer's ratio of annual net premiums written to surplus as to policyholders; and
- b. Whether the insurer, in providing insurance for automobiles in compliance with section 1 of P.L.1970, c.215 (C.17:29D-1), would experience:
- 47 (1) an adverse change in its rating by A.M. Best and Company, 48 Dun and Bradstreet, Moody's or Standard and Poor's;
 - (2) financial ratios outside the acceptable ranges as National Association of Insurance the Commissioners or the chief financial officer of the Department

of Insurance of this State; or

(3) a net reduction to the insurer's surplus as to policyholders greater than 25% during a period of two years or less.

Any suspension pursuant to this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation. 1

C.17:33B-27

- 193. (New section) a. The commissioner shall suspend, after hearing, an insurer's obligation to issue policies in compliance with the provisions of section 39 of this act if the insurer is in an unsafe or unsound financial condition.
- b. If an insurer requests suspension and avers that there is an immediate need to cease issuance of policies in compliance with section 39 of this act because compliance would result in the insurer being in an unsafe or unsound financial condition, the insurer's obligation to issue policies in compliance with section 39 of this act shall be suspended beginning on the 10th business day after the insurer has filed the request and supporting documentation with the commissioner, unless within that time, the commissioner finds that continued compliance with section 39 of this act will not result in the insurer being in an unsafe or unsound financial condition.
- c. Any suspension pursuant to subsection a. or b. of this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.
- d. For the purposes of this section, an insurer shall be deemed to be in an unsafe or unsound financial condition if the commissioner finds the insurer to have a ratio of annual net premiums written to surplus as to policyholders that threatens the financial health of the insurer. 1

C.17:33B-28

- 194. (New section) The commissioner may suspend an insurer's obligation to issue policies pursuant to section 39 of this 1990 amendatory and supplementary act if the commissioner, in his discretion, determines that compliance with section 39 of this act will result in an insurer's financial condition becoming unsafe or unsound. In making this determination, the commissioner shall consider the following factors.
- a. The insurer's ratio of annual net premiums written to surplus as to policyholders; and
- b. Whether the insurer, in issuing policies in compliance with section 39 of this act, would experience:
- (1) an adverse change in its rating by A.M. Best and Company, Dum and Bradstreet, Moody's or Standard and Poor's;
- 48 (2) financial ratios outside the acceptable ranges as
 49 established by the National Association of Insurance
 50 Commissioners or the chief financial officer of the Department
 51 of Insurance of this State; or

(3) a net reduction to the insurer's surplus as to policyholders greater than 25% during a period of two years or less.

Any suspension pursuant to this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.

C.17:33B-55

- ¹95. (New section) a. The commissioner shall, after hearing, provide that the New Jersey Property-Liability Guaranty Association exempt, abate or defer, in whole or in part, the assessment on any member insurer imposed pursuant to paragraph (9) of subsection a. of section 8 of P.L.1974, c.17 (C.17:30A-8), if the insurer is in an unsafe or unsound financial condition.
- b. If an insurer requests exemption, abatement or deferral and avers that there is an immediate need to exempt, abate or defer the payment of assessments pursuant to paragraph (9) of subsection a. of section 8 of P.L.1974, c.17 (C.17:30A-8), because payment would result in the insurer being in an unsafe or unsound financial condition, the insurer's obligation to pay such assessments shall be exempted, abated or deferred beginning on the 10th business day after the insurer has filed the request and supporting documentation with the commissioner, unless within that time, the commissioner finds that continued payment of assessments will not result in the insurer being in an unsafe or unsound financial condition.
- c. Any exemption, abatement or deferral pursuant to subsection a. or b. of this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.
- d. For the purposes of this section, an insurer shall be deemed to be in an unsafe or unsound financial condition if the commissioner finds the insurer to have a ratio of annual net premiums written to surplus as to policyholders that Ureatens the financial health of the insurer.

C.17:33B-56

- 196. (New section) The commissioner may provide that the association exempt, abate or defer, in whole or in part, the assessment on any member insurer imposed pursuant to paragraph (9) of subsection a. of section 8 of P.L.1974, c.17 (C.17:30A-8), if the commissioner, in his discretion, determines that payment of the assessment will result in an insurer's financial condition becoming unsafe or unsound. In making this determination, the commissioner shall consider the following factors:
- a. The insurer's ratio of annual net premiums written to surplus as to policyholders; and
 - b. Whether the insurer would experience:
- (1) an adverse change in its rating by A.M. Best and Company,

 Dun and Bradstreet, Moody's or Standard and Poor's;
- (2) financial ratios outside the acceptable ranges as established by the National Association of Insurance

Commissioners or the chief financial officer of the Department of Insurance of this State; or

(3) a net reduction to the insurer's surplus as to policyholders greater than 25% during a period of two years or less.

Any exemption, abatement or deferral pursuant to this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.¹

C.17:33B-57

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197. (New section) If an assessment against a member insurer is exempted, abated or deferred pursuant to the provisions of section 95 or 96 of this 1990 amendatory and supplementary act, the amount by which such assessment is exempted, abated or deferred shall be assessed against the other member insurers in a manner consistent with the basis for assessment set forth in paragraph (9) of subsection a. of section 8 of P.L.1974, c.17 (C.17:30A-8). After the exemption, abatement or deferral is revoked in whole, the commissioner may order that the association require the insurer to pay those obligations deferred pursuant to the provisions of section 95 or 96 of this act. 1 C.17:33B-52

198. (New section) a. The commissioner shall, after hearing, notify the director to exempt, abate or defer, in whole or in part, the surtax imposed on an insurer pursuant to the provisions of section 76 of this 1990 amendatory and supplementary act if the insurer is in an unsafe or unsound financial condition.

- b. If an insurer requests exemption, abatement or deferral and avers that there is an immediate need to exempt, abate or defer the surtax imposed pursuant to section 76 of this act because payment would result in the insurer being in an unsafe or unsound financial condition, the insurer's obligation to pay such surtax shall be exempted abated or deferred beginning on the 10th business day after the insurer has filed the request and supporting documentation with the commissioner, unless within that time, the commissioner finds that continued payment of the surtax will not result in the insurer being in an unsafe or unsound financial condition.
- c. Any exemption, abatement or deferral pursuant to subsection a. or b. of this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation.
- d. For the purposes of this section, an insurer shall be deemed to be in an unsafe or unsound financial condition if the commissioner finds the insurer to have a ratio of annual net premiums written to surplus as to policyholders that threatens the financial health of the insurer. 1

49 C.17:33B-53

¹99. (New section) The commissioner may provide that the director exempt, abate or defer, in whole or in part, the surtax imposed on an insurer pursuant to section 76 of this 1990

amendatory and supplementary act if the commissioner, in his discretion, determines that payment of the surtax will result in an insurer's financial condition becoming unsafe or unsound. In making this determination, the commissioner shall consider the following factors:

- a. The insurer's ratio of annual net premiums written to surplus as to policyholders; and
 - b. Whether the insurer would experience:
- (1) an adverse change in its rating by A.M. Best and Company,
 Dun and Bradstreet, Moody's or Standard and Poor's;
- (2) financial ratios outside the acceptable ranges as established by the National Association of Insurance Commissioners or the chief financial officer of the Department of Insurance of this State; or
- (3) a net reduction to the insurer's surplus as to policyholders greater than 25% during a period of two years or less.

Any exemption, abatement or deferral pursuant to this section shall continue until the commissioner, upon the commissioner's own motion or upon request by the insurer or any other interested party, after providing opportunity for a hearing, orders its revocation. 1

C.17:33B-54

- ¹100. (New section) After the exemption, abatement or deferral of a surtax on an insurer pursuant to the provisions of section 98 or 99 of this 1990 amendatory and supplementary act, is revoked, the commissioner may order that the director require the insurer to pay those obligations deferred pursuant to the provisions of section 98 or 99 of this act.¹
- ¹101. Section 7 of P.L.1972, c.198 (C.39:6-86.1) is amended to read as follows:
- 7. When any person qualified to receive payments under the provisions of the "Unsatisfied Claim and Judgment Fund Law" suffers bodily injury or death as a pedestrian, as defined in section 2 of P.L.1972, c.70 (C.39:6A-2), caused by a motor vehicle, including an automobile as defined in section 2 of P.L.1972, c.70 (C.39:6A-2), and a motorcycle, or by an object propelled therefrom, or arising out of an accident while occupying, entering into, alighting from, or using an automobile, registered or principally garaged in this State for which personal injury protection benefits under the "New Jersey Automobile Reparation Reform Act," P.L.1972, c.70 (C.39:6A-1 et seq.), or section 19 of P.L.1983, c.362 (C.17:28-1.3), would be payable to such person if personal injury protection coverage were in force and the damages resulting from such accident or death are not satisfied due to the personal injury protection coverage not being in effect with respect to such accident, then in such event the Unsatisfied Claim and Judgment Fund shall provide, under the following conditions, the following benefits:
- a. Medical expense benefits. Payment of all reasonable medical [expenses incurred as a result of personal injury sustained

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in a motor vehicle accident] expense benefits in an amount not exceeding \$250,000 per person per accident. In the event of death, payment shall be made to the estate of the decedent.

Medical expense benefit payments shall be subject to a deductible of \$250.00 on account of injury in any one accident and a copayment of 20% of any benefits payable between \$250.00 and \$5,000.00.

- b. Income continuation benefits. The payment of the loss of income of an income producer as a result of bodily injury disability, subject to a maximum weekly payment of \$100.00. Such sums shall be payable during the life of the injured person and shall be subject to an amount or limit of \$5,200.00, on account of injury to any one person in any one accident, except that in no case shall income continuation benefits exceed the net income normally earned during the period in which the benefits are payable.
- c. Essential services benefits. Payment of essential services benefits to an injured person shall be made in reimbursement of necessary and reasonable expenses incurred for such substitute essential services ordinarily performed by the injured person for himself, his family and members of the family residing in the household, subject to an amount or limit of \$12.00 per day. Such benefits shall be payable during the life of the injured person and shall be subject to an amount or limit of \$4,380.00, on account of injury to any one person in any one accident.
- d. Death benefits. In the event of the death of an income producer as a result of injuries sustained in an accident entitling such person to benefits under this section, the maximum amount of benefits which could have been paid to the income producer, but for his death, under subsection b. of this section shall be paid to the surviving spouse, or in the event there is no surviving spouse, then to the surviving children, and in the event there are no surviving spouse or surviving children, then to the estate of the income producer.

In the event of the death of one performing essential services as a result of injuries sustained in an accident entitling such person to benefits under subsection c. of this section, the maximum amount of benefits which could have been paid such person, under subsection c., shall be paid to the person incurring the expense of providing such essential services.

e. Funeral expenses benefits. All reasonable funeral, burial and cremation expenses, subject to a maximum benefit of \$1,000.00, on account of the death to any one person in any one accident shall be payable to decedent's estate.

Provided, however, that no benefits shall be paid under this section unless the person applying for benefits has demonstrated that he is not disqualified by reason of the provisions of subsection (a), (c), (d) or (l) of section 10 of P.L.1952, c.174 (C.39:6-70), or any other provision of law.¹

(cf: P.L.1988, c.119, s.5)

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1	Repealer
2	¹ [80.] 102. ¹ Section 28 of P.L.1988, c.119 (C.17:29A-6.1) and
3	section 8 of P.L.1988, c.156 (C.17:29A-47) are repealed.
4	Effective date
5	¹ [81.] 103. ¹ This act shall take effect immediately, bu
6	subsections a. through g. of section 50 shall remain inoperative
7	until the Director of the Division of Motor Vehicles has adopted
8	implementing regulations pursuant to subsection h. of tha
9	section; ¹ [and] ¹ sections 41 through 47 shall remain inoperative
10	until the Commissioner of Insurance has adopted implementing
11	regulations pursuant to section 48 of this act 1; and sections 8
12	through 83 shall be retroactive to January 1, 19901.
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INSURANCE

The "Fair Automobile Insurance Reform Act of 1990."

its principal office from the county wherein it was established on January 1, 1981, the State Treasurer, upon warrant of the State Comptroller, shall, on or before August 1 of each year, pay to the treasurer of the county from which the principal office was removed, an amount as hereinafter provided:

- (1) For the first year after relocation, an amount equal to 80% of the amount the county received in the year in which the relocation occurred;
- (2) For the second year after relocation, an amount equal to 60% of the amount the county received in the year in which the relocation occurred;
- (3) For the third year after relocation, an amount equal to 40% of the amount the county received in the year in which the relocation occurred; 化分裂光谱 医
- (4) For the fourth year after relocation, an amount equal to 30% of the amount the county received in the year in which the relocation occurred; and analytical surprise to the agencies
- (5) For the fifth year after relocation, an amount equal to 15% of the amount the county received in the year in which the relocation occurred.

No county shall be entitled to any payment under this subsection for any year following the fifth year after relocation. 24 M. V. (cf: P.L.1983, c.390, s.1)

- 80. Section 28 of P.L.1988, c.119 (C.17:29A-6.1) and section 8 of P.L.1988, c.156 (C.17:29A-47) are repealed.
- 81. This act shall take effect immediately, but subsections a. through g. of section 50 shall remain inoperative until the Director of the Division of Motor Vehicles has adopted implementing regulations pursuant to subsection h. of that section; and sections 41 through 47 shall remain inoperative until the Commissioner of Insurance has adopted implementing regulations pursuant to section 48 of this act.

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SPONSORS STATEMENT

This bill makes significant changes in the State's motor vehicle insurance laws. 囊皮皮肤的一种精神的系统操作。

The New Jersey Automobile Full Insurance Underwriting Association (JUA) is required to stop issuing and renewing automobile policies as of October 1, 1990. An insolvency trustee is to be appointed to manage the financially burdened JUA and the New Jersey Automobile Insurance Guaranty Fund is created to fund the debt of JUA by receiving monies from various sources, including assessments on property-casualty insurers, a surtax on automobile insurance premium taxes, increased fees on certain occupations and professions and increased registration fees on motor vehicles. The policy constant and residual market equalization charge (RMEC) are eliminated as of April 1, 1991.

Automobile insurers will be required to insure "good" drivers in the voluntary market. Other drivers will be written in the residual market pursuant to the implementation of an automobile insurance plan. However, the bill provides that no more than 10% of the private passenger automobiles may be written in the residual market.

The required medical expense benefits coverage under the no-fault law's personal injury protection coverage is changed to \$75,000 per person per accident with mandatory offers by insurers of additional coverage up to unlimited. Insurers must also offer insureds the option of making their health insurance primary.

The bill also introduces measures to decrease fraud and other costs in the system, to increase safety and compliance with certain motor vehicle insurance laws, and to apply the State's anti-trust law to automobile insurers.

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INSURANCE

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The "Fair Automobile Insurance Reform Act of 1990."

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1

with Assembly committee amendments

STATE OF NEW JERSEY

DATED: MARCH 1, 1990

The Assembly Appropriations Committee reports favorably Assembly Bill No. 1 with committee amendments.

This bill, designated the "Fair Automobile Insurance Act of 1990," reforms various aspects of the motor vehicle insurance system in this State. Among its more significant provisions, the bill, as amended by the committee, addresses the following issues: the provision of medical expense benefits to persons injured in automobile accidents; guaranteeing persons who meet "good driver" criteria insurance coverage in the voluntary market; the phase-out of the New Jersey Automobile Full Insurance Underwriting Association (JUA) and its replacement with an assigned-risk plan; the creation of a Market Transition Facility to assure an orderly phase-out of the JUA; the retirement of the JUA debt; providing new criteria which automobile insurers must ultimately use in setting ending the State anti-trust exemption for automobile insurers; decreasing fraud and other costs to the automobile insurance system; and providing a mechanism for heightened enforcement of the State's mandatory liability insurance system.

The bill contains several provisions concerning the provision of medical expense benefits to persons injured in automobile accidents. Under present law, unlimited medical expense benefits are provided under automobile insurance policies (subject to certain deductibles and copayments). Beginning January 1, 1991, the bill caps mandatory benefits at \$250,000 and provides that insurers may offer coverage in excess of \$250,000. As a result of this change, the Unsatisfied Claim and Judgment Fund will be utilized as a mechanism to provide pooling of losses between \$75,000 and \$250,000. The bill also provides that the medical fee schedules adopted by Commissioner of Insurance applicable to medical expense benefits coverage provided by automobile insurers are to incorporate the reasonable and prevailing fees of 75% of practitioners in a region and prohibits billing in excess of the fees provided under the schedule. In bill contains an optional health insurance "wrap-around" provision under which insureds have the option, beginning January 1, 1991, to make their health insurance coverage or other health benefits primary for automobile related injuries. The wrap-around includes coverage under any health insurance policy or any other applicable health benefits, including health care services provided by health maintenance organizations and coverage or benefits under any applicable federal or State program. The bill requires an appropriate reduction in rates applicable to medical expense benefits coverage for insureds who select the wrap-around option. This rate reduction is to be not less than 25% for policies issued or renewed prior to January 1, 1992, from which date an appropriate rate discount is to be given to insureds with wrap-around coverage.

The bill contains several provisions modeled after the Michigan Essential Insurance Act which require automobile insurers to provide insurance in the voluntary market to "good drivers" beginning April 1, 1992. The bill provides express criteria defining an eligible person for coverage in the voluntary market. To be deemed an eligible person under these standards, a person must be an owner or registrant of an automobile registered in this State or must hold a valid license to operate an automobile in New Jersey. "Eligible person" does not include any person: who during the three-year period immediately preceding renewal or application has been convicted for driving under the influence of alcohol or drugs in this or another state, has been convicted of a crime of the first, second or third degree resulting from the use of a motor vehicle, or has been convicted of theft of a motor vehicle; whose license to operate an automobile is suspended or revoked; who during the immediately preceding five-year period has been convicted of fraud or intent to defraud involving an insurance application or claim, or has been successfully denied payment of an automobile insurance claim in excess of \$1,000 if there was evidence of fraud or intent to defraud involving the claim or application; whose automobile insurance policy was cancelled for nonpayment of premium during the immediately preceding two-year period, unless the person prepays in full any premium due on a new or renewal policy; who is not a member of a club, group or organization or qualified for such membership if membership, or qualification for membership, is a uniform requirement of the insurer to provide coverage; who within the preceding three-year period has accumulated experience-related insurance eligibility points as determined under a schedule promulgated by the commissioner; or who possesses such other risk factors as deemed relevant by rule or regulation of the commissioner. The bill requires that any insurer or insurance producer who declines an application for automobile insurance inform the applicant of the reasons for refusal and provide information on whether the applicant may be qualified for coverage with an affiliate insurer. This notice must be provided in writing if the application itself was made in writing. A person who made an oral application may however request a written explanation within 90 days. The bill requires the commissioner to establish a procedure for resolving the complaints of persons who believe they have been improperly denied automobile insurance, with an ultimate right to have a matter heard as a contested case.

The bill phases-out the JUA by prohibiting it from issuing or renewing policies on or after October 1, 1990. In its place, an assigned-risk plan will be created. Under the assigned-risk plan each insurer would be responsible for its share of assigned-risk

business. Only those insureds who do not meet the eligible person criteria may be placed in the assigned-risk plan. The insurer may either write the risks assigned under the plan or contract with another insurer or other qualified entity to take on their assigned-risk book of business under a limited assignment distribution system. The bill requires that coverage provided under the plan in excess of \$50,000 per person and \$100,000 per accident for bodily injury or death and \$25,000 for property damage, or \$100,000 single limit be experience rated. It also requires that collision and comprehensive coverage be experience rated for automobiles insured under the plan with a value in excess of \$25,000. Similarly, the collision and comprehensive coverage under the plan for any automobile valued at more than \$15,000 but less than \$25,000 is to be experience rated on the rate applicable to the value between \$15,000 and \$25,000. Under the bill, the plan is prohibited from insuring more than 10% of the automobile insurance market in this State at any time. Therefore, 90% of the private passenger automobile insurance market in the State is to be insured in the voluntary market. In addition, the bill provides that those voluntary market companies operating as non-standard insurers may provide coverage to no more than 15% of the total automobile insurance market in the State. The bill prohibits non-standard insurers from charging rates in excess of 135% of the cost of insurance in the voluntary market in this State.

In order to assure an orderly transfer of insureds from the JUA during the phase-out period, the bill provides for the creation of a Market Transition Facility to provide automobile insurance between October 1, 1990 and September 30, 1992. The facility will be operated pursuant to a plan adopted by the commissioner in consultation with an advisory board comprised of representatives of insurers, producers, servicing carriers and the public as well as a qualified actuary. To provide administrative continuity, the facility will utilize the servicing carriers presently under contract with the JUA. However, all insurers writing private passenger automobile insurance in New Jersey will be members of the facility and share in its profits and losses. There will be a two-tier rating system for use in the facility utilizing rates applicable under the assigned-risk plan for insureds who are not eligible persons and ISO rates for all other facility insureds.

The bill provides a schedule for the mandatory depopulation of risks insured in the JUA and the facility as follows. By October 1, 1990, no more than 32% of all insureds are to be in the JUA; by April 1, 1991, no more than 29% of all insureds are to be in the JUA and the facility, combined; by October 1, 1991, the JUA will be totally depopulated and no more than 20% of all insureds are to be in the facility which is to decrease to 10% on April 1, 1992 and be totally depopulated by October 1, 1992. The bill provides for the mandatory assignment of risks by the commissioner if any of these depopulation quotas is not met.

The bi contains several other provisions addressing the impact of the JUA phase-out. It prohibits the imposition of the residual

market equalization charge (RMEC) and the policy constant on or after April 1, 1991, thereby ending the direct subsidies currently paid to the JUA by automobile insurance policyholders. The bill provides a mechanism under which information on brokers who served as JUA producers will be available to automobile insurers who may wish to use these brokers in writing future business and provides that the commissioner is to encourage the broadening of these brokers' authority to place other types of insurance. In addition, the bill mandates the establishment of a program under which certain urban brokers who lost their status as agents after December 31, 1980 are to be assigned on an equitable basis to represent voluntary market companies.

The bill establishes the New Jersey Automobile Insurance Guaranty Fund which is to be administered pursuant to a plan of operation approved by the commissioner. Direct responsibility for administration of the plan will be placed with an insolvency trustee appointed by the commissioner. The trustee is to be a person with experience in bankruptcy or insolvency who is not, during his tenure as trustee, to be affiliated with or employed by an insurer. Monies from the fund are to be used to pay claims and satisfy the other financial obligations of the JUA. In order to disburse monies from the fund, the trustee will prepare a written application for disbursement which is to be approved by the commissioner and forwarded to the State Treasurer for approval, at which time the requested monies are to be disbursed. The plan of operation is to provide for the payment of covered losses on behalf of the association and is to contain a schedule for the prioritization of claims payments by the type of claim for which payment is due. The schedule may provide for the deferral of residual bodily injury (generally, pain and suffering) losses over four years and the deferral of other payments only upon certification by the commissioner that the fund cannot otherwise obtain the monies necessary to pay those obligations. However, the bill precludes the plan from providing for the deferral of claims payments which are due and payable for present economic loss. The bill also provides that no person covered under a JUA policy may be held liable for payment of any claim which is being deferred pursuant to the deferral schedule until such time that the claim is actually paid.

In addition to monies appropriated or otherwise made available to the fund or the JUA, the fund will obtain income from various sources, including: loans made by the New Jersey Property-Liability Guaranty Association in an amount of \$160 million a year for each calendar year from 1990 through 1997, funds for these loans are to be raised through assessments on member insurers of the association; loans from other sources approved by the commissioner; revenues from a surtax imposed on private passenger automobile insurance premiums in this State, other than those collected by the JUA and the Market Transition Facility, in calendar years 1990 through 1992, the surtax rate is set at 5%, but the Director of Taxation, in consultation with the commissioner, is authorized to adjust the surtax rate so that total revenue over the three years approximately

equals \$300 million; revenues from the premium tax collected on JUA premiums; monies from the New Jersey Merit Rating Plan collected on or after October 1, 1991, less 15% or the actual administrative expenses incurred by the Division of Motor Vehicles, whichever is less, for collecting merit rating surcharges and administering the motor vehicle liability insurance cancellation notification system; monies from a \$100 annual fee placed on attorneys, medical doctors, doctors of osteopathy, chiropractors, podiatrists, physical therapists and auto body repair shops, these fees are to be collected by the appropriate licensing body for calendar years 1990 through 1996; and monies collected by the Division of Motor Vehicles, on or after October 1, 1991, on additional registration fees imposed on all motor vehicle registrations issued or renewed in this State from July 1, 1990 through December 31, 1996. These registration fees are to be imposed as follows: for all motor vehicles, other than commercial motor vehicles, which are three or more years old the fee is \$15; for all motor vehicles, except commercial vehicles, which are less than three years old the fee is \$40, until that vehicle is three years old at which time the fee is reduced to \$15; and for all commercial motor vehicles, the fee is \$75. However, the fee for motorcycles is \$15 and for trucks which are registered as noncommercial vehicles the fee is \$50. No additional fees are to be imposed on registrations for which no fee is presently collected, on registrations for certain farm vehicles or on registrations of persons who are eligible for pharmaceutical assistance for the aged and disabled (PAAD). Any additional registration fees collected prior to October 1, 1991 are to be remitted by the Division of Motor Vehicles directly to the JUA.

Member insurers of the New Jersey Property-Liability Guaranty Association are precluded from imposing a surcharge on the premiums of any policy to recoup the assessments imposed for the purposes of the loans made by the association. The bill also provides that, upon certification by the commissioner that monies collected under the New Jersey Merit Rating Plan are no longer necessary to fund the JUA debt, those monies be forwarded to the New Jersey Property-Liability Guaranty Fund to aid in payment of loans made by that fund to the New Jersey Automobile Insurance Guaranty Fund. In addition, the bill provides that the Commissioner of Insurance is to take such action as is necessary to ensure that private passenger automobile insurance policyholders do not pay for the surtax imposed on automobile insurers to help defray the JUA debt.

The bill provides for the suspension of an insurer's obligation to insure eligible persons under the essential insurance provision, to insure drivers who are not eligible persons as assigned-risks or to insure any driver in the voluntary market if the assigned risk plan reaches 10% of marketshare or for the exemption, abatement or deferral, in whole or in part, of any assessments payable by the insurer to the Property-Liability Guaranty Association for loans made to the Automobile Insurance Guaranty Fund and of the surtax payable on automobile insurance premiums, if the insurer is in an unsafe or unsound financial condition. An insurer is to be deemed to

be in an unsafe or unsound financial condition if the commissioner finds the insurer to have a ratio of annual net premiums to policyholder surplus that threatens the financial health of the insurer. In addition, the bill provides a mechanism under which the commissioner may suspend an insurer's obligation to provide insurance under any of the above provisions, or exempt abate or defer the payment of assessments or the surtax, if it is determined that compliance will result in an insurer's financial condition becoming unsafe or unsound. In making this determination the commissioner is to consider: the insurer's ratio of annual net premiums written to insurer's surplus and whether compliance with these provisions would adversely change the insurer's rating by A.M. Best and Company, Dun and Bradstreet, Moody's or Standard and Poor's, result in the insurer experiencing financial ratios outside the acceptable range as established by the National Association of Insurance Commissioners or the Department of Insurance or result in a net reduction to the insurer's surplus as to policyholders greater than 25% during a period of two years or less.

The bill contains several provisions concerning automobile insurance ratemaking. It provides new criteria on which private passenger automobile insurance rates may be based and specifically precludes the use of age, sex or marital status in setting automobile insurance rates. Automobile insurance rates and premiums are to be determined by the following factors, in decreasing order of importance: the insured's driving safety record, including motor vehicle points, at-fault accidents, and convictions for driving while under the influence of drugs or alcohol; the number of miles the insured drives annually; the number of years of driving experience the insured has had; the type of automobile driven; and such other factors as determined by the commissioner to have a substantial relationship to the risk of loss. The commissioner is to promulgate a plan providing for the implementation of the new ratemaking criteria no later than January 1, 1992, which is to take effect within one year of the date of promulgation.

The bill prohibits the use of rating organizations and advisory organizations by insurers in setting automobile insurance rates except for the purposes of the collection, compilation and dissemination of historical data for two or more insurers. However, rating organizations and advisory organizations are expressly prohibited from trending loss data for claims. In addition, the bill provides a mechanism for the Public Advocate to challenge a rate change made under flex-rating after such a rate change becomes effective. Finally, the bill removes automobile insurers from the exemption from the State's anti-trust law (N.J.S.A.56:9-1 et seq.).

The bill contains several provisions designed to locate and penalize uninsured drivers and cut down on fraud and other unnecessary costs to the automobile insurance system. Among these provisions are the establishment of a new program to be administered by the Department of Insurance under which vehicles, other than new vehicles and other vehicles exempted by the

commissioner, are to be inspected, either by photograph or otherwise, prior to the issuance of automobile physical damage insurance coverage; the establishment of a cancellation-notification program to be administered by the Division of Motor Vehicles providing for the suspension of motor vehicle registrations and the surrender of registration plates, and ultimately driver's licenses, when automobile insurance has been cancelled for nonpayment of premium and new coverage has not been obtained; establishment of a towing and storage fee schedule; the provision of rate discounts to insureds whose vehicles have approved anti-theft or safety devices; requiring insurers writing private passenger automobile insurance to create and file plans for the prevention of fraudulent insurance applications and claims and for the prevention of automobile theft; and granting the commissioner the authority to implement any procedure or practice he deems necessary to control the cost of providing personal injury protection coverage, to increase the efficiency of insurers or to prevent fraudulent practices. The bill also provides an amnesty period from October 1, 1990 through January 31, 1991, for uninsured drivers who would be first offenders under the mandatory automobile liability insurance law and provides for the reduction of two motor vehicle points, no more than once every five years, for persons who complete a defensive driving course approved by the Director of the Division of Motor Vehicles. The bill provides that no insurer may cease transacting any line of property-casualty insurance in this State, unless such cessation is accomplished pursuant to a plan of orderly withdrawal approved by the commissioner.

Finally, the bill also increases the premium tax currently imposed on all insurers, and dedicates the revenues from this increase to the Department of Insurance for payment of administrative costs related to its statutory duties. The general 2 percent tax is increased by the imposition of an additional 0.1 percent tax; the 1 percent tax on group accident and health policies is increased by the imposition of an additional 0.05 percent tax, and; the 5 percent tax on marine insurance is increased by the imposition of an additional 0.25 percent tax.

The committee made the following significant amendments to the bill:

Place a cap of \$250,000 on medical expense benefits available under automobile insurance personal injury protection (PIP) coverage with Unsatisfied Claim and Judgment Fund (UCJF) pooling losses between \$75,000 and \$250,000.

To assure orderly access to the voluntary market for 90% of all drivers:

• Create a Market Transition Facility which may provide insurance through existing servicing carriers during a two-year period beginning October 1, 1990. The automobile insurance industry will bear any losses incurred by the facility.

- Continue mandated depopulation utilizing six-month quotas.
- Begin "take-all-comers" on April 1, 1992.

Provide mechanisms to exempt financially troubled insurers from the "take-all-comers" and assigned-risk requirements and to exempt, abate or defer the payment by financially troubled insurers of certain Property-Liability Guaranty Association assessments and the automobile insurer premium surtax.

Dedicated minimal, proportional increase in insurance premium tax to fund the Department of Insurance.

Provide an assigned-risk credit for increased voluntary market writings in designated urban areas.

Program for the assignment of certain urban producers to voluntary market companies.

Prohibiting eligible persons ("good drivers") from being insured under assigned-risk plan.

Permitting Public Advocate to challenge flex-rate change after it becomes effective.

Exempt new cars from photo-inspection law; apply cancellation-notification program to cancellations for nonpayment of premium.

Additional registration fees to be imposed as follows:

- \$15 on all non-commercial vehicles that are three or more years old:
- \$40 on all non-commercial vehicles that less than three years old;
- \$75 on all commercial vehicles:
- \$15 on all motorcycles;
- \$50 on all trucks registered as noncommercial vehicles;
- No additional fee on certain farm vehicles or on registrants who are PAAD eligible.

FISCAL IMPACT:

Among the bill's provisions which will or may have a fiscal effect include: increases in existing fees and imposition of new ones, imposition of surtaxes and dedication of already collected funds to retire or liquidate the JUA debt; administrative costs to collect the new fees and surtaxes and to implement new programs to locate and penalize uninsured drivers; and changes in the medical expense benefits to the injured. The bill provides for a variety of revenues to enable the State to liquidate the estimated \$3.0 billion debt of the JUA. The major points include: a new assessment on property-casualty insurers; a surtax on automobile insurance premiums written during 1990 through 1992; dedication of the

current insurance premiums tax attributable to JUA policies to the Guaranty Fund instead of the General Fund; continuation of the existing Merit Rating Plan surcharges; additional \$100 license fees for physicians, podiatrists, etc. physical therapists, auto body repair facilities and attorneys for seven calendar years; and additional motor vehicle registration fees for six and one-half years, with the exception of PAAD recipients and certain farm vehicles.

MINORITY STATEMENT Submitted by Assemblymen Frelinghuysen, Kamin and Assemblywoman Farragher

There is general agreement that New Jersey's automobile insurance system needs to be changed, in order to reduce the excessive cost to motorists. However, this bill is an inadequate response to the problem, for the following reasons:

There is no ironclad guarantee against the insurance industry passing through the added taxes, assessments and other costs imposed by the bill, in the form of increased rates;

There is no real attempt to deal with the fundamental causes of high insurance costs. Limitations are needed on unnecessary and frivolous lawsuits, which overburden our legal system;

The mainstay of this legislation is cost shifting rather than cost savings. Any savings will be largely offset by higher vehicle registration fees and other increased costs to motorists;

The rising costs of health care and health insurance will be aggravated by the option to shift medical coverage from automobile insurance to health insurance. This change may also create a further drain on the Uncompensated Care Trust Fund;

Low risk drivers will subsidize high risk drivers under this bill. Within two years, age, gender, and residence will be eliminated from rate-setting criteria. This is in conflict with sound actuarial data;

Senior citizens will not receive rate relief from removal of the residual market equalization charge (RMEC); they are already exempt from this charge. Most senior citizens will, in fact, face increases in their vehicle registration fees. Also, senior citizens on Medicare will not be able to use the option to shift medical coverage from automobile insurance to health insurance;

Shifting medical coverage from automobile insurance to health insurance may leave certain catastrophic costs, including rehabilitation, unpaid. Health insurance policies do not provide the same breadth or extent of coverage as automobile insurance, and only part of this gap may be covered by automobile insurance.

Solving New Jersey's automobile insurance problems requires careful study and deliberation. This bill has moved too rapidly through the legislative process for proper consideration of its implications.

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LEGISLATIVE FISCAL ESTIMATE TO

Assembly, No. 1

STATE OF NEW JERSEY

Assembly Bill No. 1 of 1990, with proposed amendments, changes many aspects of the motor vehicle insurance system in New Jersey. It requires that the New Jersey Automobile Full Insurance Underwriting Association (JUA) stop issuing and renewing automobile policies as of October 1, 1990. It creates a Market Transition Facility to issue and renew automobile insurance policies between October 1, 1990 and September 30, 1992. An insolvency trustee would be appointed to manage the JUA. To fund the debt of the JUA, the bill creates the New Jersey Automobile Insurance Guaranty Fund. This fund will receive monies from various sources including: assessments on property-casualty insurers, a surtax on automobile insurance premiums, increased fees on certain occupations and professions, and increased registration fees on motor vehicles. The policy constant and residual market equalization charge (RMEC) would be eliminated as of April 1, 1991.

Automobile insurers would be required to insure "good" drivers in the voluntary market. Other drivers would be written in the residual market pursuant to the implementation of an automobile insurance plan. No more than 10 percent of the private passenger automobiles are to be written in the residual market. The required medical expense benefits coverage would be limited to \$250,000 per person per accident and insurers would be required to offer higher limits, up to unlimited coverage. The Unsatisfied Claim and Judgment Fund will continue to be used to pool losses in excess of \$75,000 up to \$250,000. Insureds would also have the option of making their health insurance coverage primary for personal injury.

The bill also introduces measures designed to decrease fraud and other costs in the system, to increase safety and compliance with certain motor vehicle insurance laws, and to apply the State's anti-trust law to automobile insurers.

Some of the proposed changes will have a fiscal impact on the State and, in some cases, on municipalities, counties and school boards. Certain changes will result in increased revenues while others may require increased expenditures.

The following departments and agencies of the Executive Branch were asked for a fiscal note: the departments of Education, Health, Insurance, Law and Public Safety, Public Advocate and Treasury along with the Divisions of Motor Vehicles and Consumer Affairs in the Department of Law and Public Safety and the Division of Taxation and the Office of Management and Budget in the Treasury Department. They have not yet responded. A few agencies did respond to informal inquiries from the Office of Legislative Services (OLS). Therefore, this Legislative Fiscal Estimate has been prepared by OLS based on analyses of available information and responses to informal inquiries of executive departments.

Among the bills' many provisions, those which have, or may have, a fiscal effect are the following:

- Increases in existing and imposition of new fees, imposition of surtaxes, and dedication of already collected funds for the purpose of retiring the New Jersey Automobile Full Insurance Underwriting Association's (JUA) debt of an estimated \$3.0 billion over a six and a half year period of 1990 through 1996. The proposals include the following:
 - 1) an assessment on the premiums of all property casualty insurers to be paid into the New Jersey Automobile Guaranty Fund which in turn will loan \$160 million per year to the trustee to help liquidate the JUA debt: these loans are to be repaid from the surcharges of the Merit Rating Plan after the JUA debt has been eliminated:
 - 2) a surtax on automobile insurance premiums (excluding JUA and Market Transition Facility premiums) written during calendar years 1990 through 1992, at a rate of up to 5 percent, so that total revenues from the surtax do not exceed \$300 million over the three years:
 - 3) continuation of the existing Merit Rating Plan surcharges, with the funds, collected on or after October 1, 1991 in excess of the administrative costs of the Division of Motor Vehicles, going to help defray the JUA debt;

- 4) payment of an annual fee of \$100 for the years 1990 through 1996 by physicians, podiatrists, chiropractors, physical therapists, auto body repair facilities and attorneys, with at least one year of practice, with the monies going to the New Jersey Automobile Insurance Guaranty Fund, and
- 5) imposition of additional registration fees for six and one-half years of \$75 for commercial vehicles, \$50 for non-commercial trucks used as passenger vehicles, \$15 or \$40 for non-commercial vehicles, depending on age of the vehicle, and \$15 for motorcycles.
- Administrative costs to collect the new fees and surtaxes and to implement new programs to locate and penalize uninsured drivers and reduce fraud and other costs to the automobile insurance system including:
 - 1) a program, administered by the Department of Insurance, under which vehicles are to be inspected, either by photograph or otherwise, prior to the issuance of automobile physical damage insurance coverage;
 - 2) a cancellation-notification program to be administered by the Division of Motor Vehicles providing for the suspension of motor vehicle registrations, the surrender of registration plates and ultimately driver's licenses, when insurance has been cancelled.
- Changes in the medical expense benefits to persons injured in automobile accidents. The present provision for unlimited medical expense benefits would be eliminated. After January 1, 1991, mandatory benefits would be capped at \$250,000, although insureds may elect coverage in excess of \$250,000 with a resulting increase in premiums. As an alternative, the bill provides that insureds have the option, as of January 1, 1991, to make their health insurance coverage or other health benefits primary for automobile related injuries. These changes of capping medical benefits at \$250,000 and providing the option to permit insureds to have their health insurance coverage be primary might result in shifting costs from automobile insurance to health insurance with ramifications for some public employers in \$2 the \$100.000 and \$100.000

uncompensated care program for the State's hospitals, and the State's Medicaid program in the Department of Human Services.

INCREASED AND DEDICATED REVENUES

The bill provides for a variety of revenues to enable the State to liquidate the estimated \$3.0 billion debt of the Joint Underwriting Association (JUA) over the period 1990 to 1996.

First, assessments on property-casualty insurers (Section 74 of the bill. The bill establishes a new assessment on property-casualty insurers in amounts necessary to loan \$160 million per calendar year, for seven years, beginning in 1990 and continuing through 1997, for a total of \$1.120 billion. The assessments will be paid into the New Jersey Property - Liability Guaranty Association which will loan the monies to the Guaranty Fund. About half of the assessment will fall on non-automobile lines of insurance, not including workers compensation, life and health insurers. In 1988, the total premiums were \$3.8 billion; thus, to generate \$160 million in revenue would have required an assessment rate of 2.75 percent. Assuming that total premiums increase due to inflation and new construction, among other factors, the assessment rate would decline slightly each year while the total raised would remain \$160 million under the terms of the bill. After the JUA debt is eliminated, the loan of this \$1.120 billion will be repaid to the association from the Merit Rating Plan surcharges which will continue to be imposed.

Second. automobile insurance premium surtax (Sections 76 through 79 of the bill). The bill imposes a surtax on automobile insurance premiums (excluding JUA and Market Transition Facility insurance premiums) written during calendar years 1990 through 1992, with the proceeds to be paid to the New Jersey Automobile Insurance Guaranty Fund. The rate of this surtax is set at 3 percent. but the Director of the Division of Taxation, in consultation with the Commissioner of Insurance, is authorized to adjust the tax rate so that total revenues over the three years do not exceed \$300 million. In addition, the bill provides that current premium taxes on the premiums of JUA policies and policies of the proposed Market Transition Facility be paid to the New Jersey Automobile Guaranty Fund, rather than the General Fund.

The surtax is structured so that it will generate \$300 million in revenues to the special fund over three years; because of the director's rate adjustment authority, and uncertainties about developments in the insurance market which will prompt these adjustments, it is not known how much revenue will be received each year.

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Third, current premium tax (Section 73 of the bill). Revenues attributable to current premium taxes on the premiums of JUA policies are estimated at approximately \$4 million for FY 1990; under the bill, these revenues will be dedicated to and deposited in the Guaranty Fund instead of the State's General Fund. Under the current law's JUA depopulation program, JUA premiums and premium tax revenues would decline over several years; under this bill, the JUA will write no new policies after October 1, 1990. In both cases, the voluntary market will absorb the insureds shifted out of the JUA. Therefore, there will be declining General Fund revenue losses from this provision in Fiscal Years 1991 and FY 1992 which will be partially offset by increased General Fund revenues from voluntary market premium taxes. In FY 1993 and thereafter, there will be no General Fund revenue loss. In terms of net revenues to the Guaranty Fund, this dedication should generate a total of approximately \$3 million in Fiscal Years 1991 and 1992.

Fourth, continuation of the existing Merit Rating Plan surcharges under the new assigned-risk plan (Section 35 of the bill). The bill provides that the Division of Motor Vehicles may retain up to 15 percent of the funds it collects from motor vehicle violation surcharges and shall remit the remainder to the Guaranty Fund to defray the JUA debt. In FY 1991, an estimated \$112.4 million in surcharges will be collected after refunds. Therefore, \$95.6 million would be provided for the Guaranty Fund and up to \$16.8 million to DMV for administrative purposes (\$11.2 million for surcharge revenue collection and \$5.6 for the cancellation notification system). DMV is estimating an increase in surcharge revenue of 10 percent between FY 1990 and 1991. Whether this rate of increase will continue in future years in questionable. Nevertheless, assuming an 8 percent growth rate in receipts, OLS estimates the following amounts that would be provided to the JUA and retained by DMV for administrative purposes:

	[SMillion]		
FY	Net Receipts	JUA	<u>DMV*</u>
1991	\$112.4	\$95.6	\$16.8
1992	125.8	106.9	18.9
1993	135.9	115.5	20.4
1994	146.7	124.7	22.0
1995	158.5	134.7	23.8
1996	171.1	145.4	25.7
1997	184.8	<u> 157.1</u>	27.7
Total	\$1.035.2	\$879.9	\$155.3

^{* 15} percent of net receipts;

Fifth. the payment of \$100 annual fees by physicians and podiatrists, chimpractors, physical therapists, auto body repair facilities and attorneys for seven calendar years of 1990 through 1996 (Sections 63 through 67). These fees are to be paid to the respective licensing boards in the Department of Law and Public Safety, Division of Consumer Affairs, and the Department of the Treasury and remitted to the New Jersey Automobile Insurance Guaranty Fund. The OLS estimates that approximately \$66.2 million will be generated over the seven years, as follows:

		(SMillion)	· .	· ·
		1990	1991	1992
	15.	1st Yr.	2nd Yr.	3rd Yr.
Physicians .	100	\$3.5	\$3.8	\$4.0
Chiropractors		.3	.3	.3
Physical Therapists	13.	.5	.5	.5
Auto Body Repairs		.2	.2	.2
Attomeys		3.2	3.4	<u>3.7</u>
Total	, No.	\$7.7	\$8.2	\$8.7
	, ,	*** . *		
		1993 4th Yr.	1994 5th Yr.	1995 6th Yr.
Physicians		\$4.3	\$4.6	\$4.9
Chiropractors	• 1	.4	4	.4
Physical Therapists		.6	.6	.7
Auto Body Repairs		.2	.2	.2
Attorneys		3.0	4.2	4.5
Total		\$9.4	\$10.0	\$10.7
		1996		
Physicians		7th Yr. S5.3	•	<u>Total</u> \$30.4
Chiropractors		.5		2.6
Physical Therapists		.7		4.1
Auto Body Repairs		.2		1.4
Attomeys	٠	. <u> </u>		<u>27.7</u>
Total	* F	\$11.5	· · · · · · · · · · · · · · · · · · ·	\$66.2

Sixth. imposition of additional registration fees for six and one-half years (Section 68). The bill would increase the registration fees paid by motorists. The increased fees would be imposed from July 1, 1990 through December 31, 1996. To accomplish the various proposed fee changes, the bill requires a significant reorientation of the way in which New Jersey presently registers and operates the motor vehicles registration system, shifting from a passenger and nonpassenger format to a commercial and non-commercial use based format.

- Commercial Registrations. The fee increase for commercial vehicles would be \$75 levied at the time of a first registration or upon each annual renewal that occurs during the period July 1, 1990 to December 31, 1996. OLS estimates that this increase would produce \$28.8 million of additional revenue during the first full 12 months of operation. It is estimated that 385,000 commercial motor vehicles would pay the fee.
- Non-commercial Registrations. For the fee increase proposal affecting approximately 5.4 million vehicles, two large groups of non-commercial motor vehicles would be created based on model years. One group would be all vehicles designated by the manufacturers as model years 1988 and earlier and the fee would be \$15. The second grouping would be model years 1989 and forward and the fee would be \$40 until the vehicle is three years old, when the fee would drop to \$15. Also, additional registration fees would be imposed on motorcycles and on private passenger non-commercial trucks at \$15 and \$50, respectively. These additional registration fees will not be imposed on registrations for which no fee is presently collected or on registrations of persons who are eligible for pharmaceutical assistance for the aged and disabled (PAAD).

OLS estimates the proposed non-commercial fee increase would produce \$115.2 million in the first twelve months it is actually collected. The estimate is qualified because there is no way of knowing at this time how soon the Division of Motor Vehicles could reprogram its computer systems to implement the proposed increases or the number of months the State could count in the fiscal year starting July 1, 1990.

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Altogether, OLS estimates that the proposed registration fee increases for both commercial and non-commercial vehicles would produce a total of \$144 million of gross revenue in the first full 12 months of operation. It is expected, however, that the net revenue gain would be less in the first year due to the added operational costs above current levels to revise the computer systems to accommodate the proposed modification. Revenues in future years will depend in part on changes in the number of commercial and non-commercial registrations which is influenced by economic conditions in the State.

For the six and one-half years that these additional registration fees would be imposed. OLS estimates that they will generate \$935 million.

SUMMARY OF ESTIMATED REVENUES

OLS estimates that the proposed surcharges and fees would generate the following revenues during the period 1990-1997:

Revenue Source		(\$Million)
•	Assessments on Property - Casualty Insurers	\$1.120
	(1990-1992) <u>(1990-1992)</u>	
•	Automobile Premium Surtax (1990-1992)	300
•	JUA Premium Tax (1990-1992)	3
•	Merit Rating Plan Surcharges (1991-1997)	. 880
•	\$100 Fees on Occupations & Professions (1990-1996)	. 66
•	Registration Fees (1990-1996)	<u>935</u>
	Total (1990-1997)	\$3,304

ADMINISTRATIVE COSTS

The bill increases the administrative responsibilities of the Department of Insurance and the agencies responsible for collecting proposed fees and taxes.

Department of Insurance. Among its more significant provisions. the bill requires the Commissioner of Insurance to: (a) appoint an insolvency trustee for the JUA; (b) set forth a plan of operation that will be administered by the trustee; (c) promulgate a schedule of automobile insurance eligibility points that would assess a point valuation to driving experience related violations; (d) establish an assigned risk plan in which drivers who cannot secure automobile insurance in the voluntary market may secure that coverage under the plan; (e) require that insurers make known the rights and obligations of insured and insurers; (f) provide a copy of any filing made under the flex-rate statute to the Public Advocate, who may in turn challenge any rate change: (g) hear any rate change challenge and render a final determination on said challenge; (h) review the financial status of certain insurers for the purpose of determining the feasibility of enforcing certain requirements placed upon them regarding insuring "good drivers:" (i) facilitate the shift of brokers who do JUA business into the voluntary market by creating a producer assignment plan and encouraging these brokers to expand their authorities: (j) introduce measures to decrease fraud and other costs in the system and increase safety and compliance with certain motor vehicle insurance laws: (k) study the feasibility of continuing the current system of mandatory motor vehicle insurance coverage, (1) promulgate towing and storage fee schedules on a regional basis for reimbursement of towing charges and storage charges for automobiles that are damaged in accidents or recovered after being stolen, and (m) create a Market Transition Facility (MFT), which is to be operated by the commissioner, and an advisory board for the facility. The MTF will

a temporary insurance market for those insureds in the JUA who cannot be immediately placed in the voluntary market. It would arrange for the issuance and renewal of automobile insurance policies beginning October 1, 1990 and ending September 30, 1992. At the end of those two years, it will cease to function and all automobile insureds will be placed into either the voluntary market, which would consist of the standard and non-standard plans, or the assigned-risk plan.

The preliminary informal estimate by the Department of Insurance of the costs of implementing the bill before it was amended was \$1.529.000 representing: \$1.079,000 in salaries for 39 positions, the majority of which would be involved with actuarial services, and approximately \$350.000 to update the computer system to handle the new and increased workload. There was no estimate for space, furniture, supplies and fringe benefits. As noted, these are preliminary cost estimates which the department is reviewing. This bill would require the department to perform several new functions that it does not currently perform, and, thus, it is difficult to estimate the costs that will result when the provisions are fully implemented.

The bill also increases the premium tax currently imposed on all insurers and dedicates the revenues from this increase to the department for payment of administrative expenses. The general 2 percent tax is increased by the imposition of an additional 0.1 percent tax; the 1 percent tax on group accident and health policies is increased by the imposition of an additional 0.05 percent tax, and the 5 percent tax on marine insurance is increased by the imposition of an additional 0.25 percent tax. OLS estimates that, based on FY 1990 data, the fractional increases in the current insurance premium taxes will generate approximately \$7.0 million for the department's, administrative costs in FY 1991.

OLS is unable to reach a conclusion on the adequacy of the proposed \$7.0 million to cover the department's increased administrative costs absent more information from the department.

Division of Motor Vehicles (DMV). Department of Law and Public Safety. The bill gives the division two additional responsibilities. The first is a cancellation notification program. Motor vehicle insurers are required to notify DMV within 30 days of a cancellation of a motor vehicle liability insurance policy. DMV would then notify the policyholder that, unless proof of insurance is filed within 30 days. sanctions and penalties may apply, including

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suspension of the vehicle's registration, fines and suspension of the registrant's driver's license. The second new responsibility is administering the registration fee increase for commercial and non-commercial vehicles; for the latter, there are different fees depending on the age and type of vehicle.

For the cancellation notification program, the bill provides that DMV receive the lesser of 5 percent of motor vehicle violation surcharges collected or the actual cost of administering the cancellation notification system. Based on an estimated \$112.4 million in surcharges collected in FY 1991. DMV would receive up to \$5.6 million for the cancellation notification system. However, this funding appears to be duplicative. DMV already receives funds to enforce the compulsory motor vehicle insurance laws under C.39:6B-1 et seq. In FY 1990, DMV received a \$1 million appropriation and a \$1 million reappropriation. The program also receives appropriated receipts from uninsured motorist fines and penalties. As of January 31, 1990, this program had spent none of its S2 million appropriation. These funds could be used to implement the cancellation notification program. Although DMV has not provided an estimate of implementation costs. OLS believes that the funds presently appropriated would be sufficient to offset all or part of DMV's cost to implement this program. To the extent this cost is offset from existing resources, revenues for JUA debt payment purposes would be increased.

However, the amount collected from uninsured motorist fines and penalties will be reduced in FY 1991 as a result of the amnesty period provided, in Section 49, from October 1, 1990 through January 31, 1991, to first time offenders who produce at the time of trial proof of motor vehicle insurance. This provision could reduce the estimated revenue from uninsured motorist fines and penalties for FY 1991 from S2.1 million to S1.4 million.

The increase in motor vehicle registration fees also changes the bases on which the State imposes registration fees. The present system distinguishes between passenger and non-passenger vehicles with many classes and different fee structures, but with variations added to meet changing conditions. The proposed changes to the system seeks to distinguish clearly between commercial and non-commercial registrations. Also, the proposed program seeks to impose a higher fee on new non-commercial vehicles based on age. These changes in the bases on which registration fees are calculated will add to DMV operational costs to revise its computer systems to

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accommodate the modification proposed. The number of changes needed is not clear nor is the cost per change, but it is noted that the division estimated, in a fiscal note to Assembly Bill No. 983 of 1988, that the cost of reprogramming its computer systems to introduceonly two factors, age and disability, into the registration system was \$150,000. The Office of Telecommunications and Information Systems (OTIS) in the Department of the Treasury concurred with that estimate. However, OTIS states that the more complicated reprogramming required by this bill could cost several times this amount. This would be a one-time cost. If this estimate by the division and OTIS is reasonable, OLS estimates that the one-time cost related to the proposed motor vehicle fee increase might be a few million dollars. No funds are appropriated to DMV for the costs of reprogramming.

Other duties associated with increasing motor vehicle registration fees are printing and distribution of DMV's "Motorist Guide" and other flyers notifying the public of the changes, responding to inquiries regarding the changes either through the mail or on the DMV's toll-free telephone line, and possible additional maintenance of the computer system. DMV will also be responsible for collecting the \$100 fee from auto body repair shops. DMV should be able to absorb the costs of these duties in its regular budget. OLS notes that the auto body licensing program receives appropriated receipts from civil penalties which could be used to cover the additional cost of collecting the \$100 annual fee.

Division of Consumer Affairs. Department of Law and Public Safety. OLS estimates that the first year costs to the various licensing boards in the division for collecting the \$100 annual fee would be: Medical Examiners - \$22.493: Chiropractors - \$1.911. and Physical Therapists - \$2.982. OLS notes that these costs would have no impact on the General Fund because the boards operate using licensing fees.

Division of Rate Counsel. Department of the Public Advocate. Under current law, the Division of Rate Counsel may represent insurance consumers in a challenge to an insurance rate change proposed by an insurance carrier. As provided in C.17:92A-14, the insurer must bear the costs of such a hearing. Since all costs incurred by the Rate Counsel are reimbursed, this function imposes virtually no additional cost to the State. The bill, as amended, provides that, the Rate Counsel could also challenge a rate implemented by an insurer according to the provisions of the bill. However, it only provides for reimbursement by the insurer in the

event that the Commissioner of Insurance reduces or rescinds a rate change as a result of a challenge by the Rate Counsel. Thus, if a challenge proves unsuccessful, i.e., the rate change request is granted, the State will be required to pay for all costs incurred by the Rate Counsel. Since it is impossible to predict the success rate of challenges to rate change proposals pursuant to the provisions of this bill, it is also not possible to estimate the additional cost to the State.

Department of the Treasury. The bill, as amended, provides that the proposed attorney fee of \$100 be collected by the Department of the Treasury. Currently, the Clients' Security Fund in the Administrative Office of the Courts (ACC) collects fees from attorneys. The ACC's FY 1990 budget request reveals that the expenses of the Clients' Security Fund totaled \$411,000 in FY 1989. Absent further information from the ACC on the costs of the billing operation, it can only be concluded that Treasury's cost of administering the bill's requirements should be a subset of total expenditures of the Clients' Security Fund in FY 1989.

COST SHIFTS TO THE STATE AND OTHER GOVERNMENTS

Registration Fees. Although buses owned by school districts are not subject to school bus registration fees, buses operated by private contractors will be subject to the increased \$75 per vehicle registration fee. It is estimated that there are approximately 8.700 school buses, both Type I and Type II, being operated by private contractors. Their total cost will be \$652.500. It is expected that these costs will be passed through to the school districts. OLS estimates that the additional amounts to be raised by local property taxes will be as follows: FY 1991 - \$652.500; FY 1992 \$630.968; and FY 1993 \$43.718. These amounts decrease as the State aid for transportation costs is phased in retroactively. The estimated increases in State Aid for School Transportation is as follows: FY 1991 - \$0: FY 1992 - \$21.533; and FY 1993 - \$608.783.

Health Insurance Benefits. The bill's provisions for capping medical benefits at \$250,000 and providing the insured with an option to have their health insurance coverage become primary for costs related to vehicle accidents might result in shifting some costs from automobile insurance to health insurance. This, in turn, might increase the health insurance costs of some New Jersey public employers, or, if the costs are not paid by the employers, they will be paid by the individual employees.

The State is self-insured and in FY 1990 is spending an

estimated \$296.5 million for health benefits for its employees. The State's contracts with its unionized employees do not provide for the employee opting to have health insurance coverage be primary for private automobile injuries.

The other public employers in New Jorsey will spend the following estimated amounts in 1991 for health benefits for their employees:

	[SMillion
Counties:	\$211.6
Municipalities	332.3
School Districts	<u> 565.9</u>
Total	\$1,109.8

These estimates are based on 1987 data adjusted for subsequent increases in health benefits costs which, for the State, have been increasing at 29 percent annually for the last three years.

The bill reduces medical expense benefit coverage under no-fault personal injury protection coverage from an unlimited amount to \$250,000 per person per accident and provides that insureds may opt for coverage in excess of \$250,000. The bill also provides insureds with the option to have health insurance as the primary carrier for automobile related injuries. The above changes and options are applicable on policies issued or renewed on or after January 1, 1991.

Of the 567 municipalities. 284 participate in the State Health Benefits Plan (SHBP) as do 8 of the 21 counties. The municipalities and counties in SHBP, a self-insurance plan, would not be affected by the bill unless the SHBP provisions were to be changed to permit employees to have their health benefits pay for automobile related injuries.

OLS estimates that giving insureds the option to designate their health insurance coverage as their primary carrier in regard to medical expenses under the no-fault personal injury protection coverage could result in additional costs to those municipal and county governments, which do not participate the State Health Benefits Plan, and to school districts. However, information is not available at this time to estimate such additional costs.

• <u>Department of Health. Uncompensated Care Trust Fund.</u> What impact the bill may have on hospital costs is not known, as data are not routinely published regarding the number of hospital admissions due to automobile accidents or their associated costs. Similarly, the

amount of hospital uncompensated care generated by automobile accidents is not routinely available.

It is unlikely that the bill would have a significant impact on hospital finances or the Uncompensated Care Trust Fund as the usual cost of inpatient hospital admissions resulting from automobile accidents should be less than the \$250,000 cap included in the legislation. If inpatient hospital costs exceed the \$250,000 cap per admission, there may be an increase in uncompensated care, but data are not available on this point. (The \$250,000 cap may have a greater impact on post-hospital care for automobile accidents in nursing homes or rehabilitation hospitals, but the Department of Health is not involved in financing or regulating such costs).

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L. 1980, c.

'Approved:

Approved:

Introducer

Erald D. Silliphant

Legislative Budget and

Finance Officer

David

Remarks of Governor Jim Florio Joint Session of the Legislature Re: Car Insurance Trenton, New Jersey Monday, January 22, 1990

Mr. Speaker, Mr. President, members of the State Legislature, I want to thank you for agreeing to convening this joint session to hear my proposals for solving a problem that has plagued the people of New Jersey for too long.

I believe that you and I are going to have a productive four years together. We want the same things, and your willingness to meet so soon today tells me you are as eager as I am to get to work.

Everyone in New Jersey knows what our first order of business has to be -- car insurance. I was in New York over the weekend taping a television program. And it was interesting -- so characteristic -- two members of the studio crew came over to me, said that they live in New Jersey, and they provided me with the latest of the horror stories that I was able to add to the growing volume of legitimate complaints that people have.

Car insurance is a problem across the country. It's a problem in other states, too. But New Jersey drivers pay the highest rates of any state in the entire nation. So we should be in the vanguard of tackling this challenge. That's the kind of leadership that the people of New Jersey expect from their government. And that's the kind we're going to give to them.

People want representation from their government that represents the interests of the people -- not special interests. By solving this problem, as we're going to do, we not only bring down insurance rates -- but we will help to bring back the people's faith in those who serve them.

Our car insurance system is a disgrace. It costs drivers too much. It's too generous to the industry. It's unfair. To borrow a word used to describe a car wrecked beyond repair, our system of car insurance is "totaled." And we may as well start anew.

We're going to deal with first things first. And we're going to put the automobile insurance system in New Jersey where it belongs -- on the junk heap -- and start fresh.

I promised in my campaign to bring down this unfair tax on New Jersey drivers. We're going to give good drivers their due. And we're committed to do that. We're going to make sure that New Jersey drivers don't pay more just because they happen to be unmarried, and they don't pay more because they happen to be male or female, old or young. None of those things have anything to do with rationality.

In short, we're going to bring this system under control so that people think it's fair. And it will be fair.

Today I take the first formal step to make good on my promise.

I am not coming today with anything that is radical. We're not talking about radical proposals. I'm offering to you the best ideas that have been tried and tested in other states, and in other places around this nation. What I've done is to combine them all into a comprehensive, rational plan that is coherent.

I'm not going to spend a lot of time, because it's not productive, talking about how we got to this point. I'm not going to be spending time assigning blame. As far as I'm concerned the chief enemy today is time. Our system, if allowed to continue, just doesn't stay as bad as it's been -- it get worse.

Just last week the insurance department informed me that New Jersey drivers face another increase in their already obscenely high rates, just to keep the Joint Underwriters Association afloat.

We can't let that happen.

My plan starts by keeping a simple promise I made through the course of this last year: the JUA should be, and will be, DOA.

Insurance companies have labeled up to 53 percent of New Jersey drivers as "bad drivers" and thrown them into the JUA, the bad driver fund. You and I know that half the drivers of our state should not be so categorized.

Last year those companies were audited. The state found the companies owed New Jersey drivers \$900 million, just short of a billion dollars. We will pursue that audit and we will go about the effort of recovering every penny that is owed one way or another.

Under my plan, the JUA will write no more policies after October 1st of this year. Surcharges will end within a year of enactment. The average policy will cost at least \$225 less.

Ladies and gentlemen, it's time to start telling the truth about the JUA. The JUA is more than \$3 billion in debt. It's bankrupt, and we ought to treat it that way.

Bloomingdale's is a model of fiscal restraint compared to the JUA. Under my plan, a trustee will be appointed and will liquidate the bankrupt JUA as it should be. The JUA deficit will be paid off, and those who prospered the most will pay pack the most. The insurance companies will be assessed at least \$1.4 billion. Doctors, lawyers, body shops -- they'll all pay too.

The second part of my plan is again something that is long overdue -- a "good driver guarantee." Good drivers will not be turned down for coverage by insurance companies in the arbitrary ways they have been in the past. How will we define a good driver? Well, how about a little bit of good common sense.

When rates are set for drivers, the questions they'll have to answer will be: What's your accident record? How many miles do you drive a year? What kind of car do you own? Not just where do you live; not just how old are you; are you married, are you single? Are you a male or female? We're going to have relevant considerations taken into account.

Third, there will be a place for bad drivers. Not everyone is a good driver and those who are not will be treated differently. That's fair, and that's what every other state in the Union does. But no more than 10 percent of New Jersey drivers will be allowed to be put into a bad driver system. And the new system won't look anything like the JUA. For one thing, insurance companies will be responsible for paying the claims against those drivers as they are in every other one of the 49 states.

For another thing, drivers won't have to be stuck forever in this high-risk group. When they clean up their records they can get out -- giving them strong financial incentives to be better, safer drivers. That incentive is clearly lacking in our current, crazy system.

Fourth, the insurance companies' exemption from anti-trust laws will end. No more price fixing. The companies will join the world of free enterprise and compete like everyone else does in business.

Fifth, drivers will be for the first time able to have the opportunity to get their choice of letting their health insurance policies cover them in car accidents. If you pay for health insurance anyway, why pay twice? Again this is the norm almost everywhere else. It saved drivers money in other states because health insurers have lower expenses than car insurers. They are more efficient. The drivers of the state should have the benefits of that efficiency.

My plan offers fairness that will spread through the system like the ripples on a pond. No longer will drivers of economy cars subsidize, as they currently do, the insurance of those who want to spend \$35,000 for what they drive. No longer will good drivers who happen to live in certain communities be denied affordable coverage just because of where it is that they live.

Now, ladies and gentlemen, I'm not going to pretend to you that these changes are going to be made easily. Those who have benefitted from New Jersey's car insurance boondoggle are not particularly eager for change. They may not realize right away that these changes really are in their interest, too.

But you, members of the Legislature, who represent the people of New Jersey, you'll be called upon to be courageous. The special interests will converge undoubtedly, perhaps even now, on Trenton to try to convince you this plan is a bad idea, because they like their piece of the status quo. I urge you, as I know you do, to always keep in mind that it is the people's interests we are here to protect.

And by the way, I'm not telling you anything I haven't-said to the faces of the insurance executives and the representatives of all of the other special interests who have been benefitting off of our system. I made it clear that if they stand in the way of the people's will, they'll lose. The people have had it too bad for too long. And they want, no, they demand, change. And if I have anything to say about it they're going to get it.

Ladies and gentlemen, let me conclude. Because through the course of this process we will take into account all dimensions of the problem. I know that this Legislature is intellectually committed to having full discussions and deliberations about each and every aspect of this proposal. And I just want to leave you with my firm belief and share with you my philosophical commitment to the proposition that we all are interested in having a healthy industry but we're also interested in fairness to New Jersey's drivers.

I'm not against fair profits and healthy competition. But I don't want to allow in this state, as I know you don't, an organized ripoff of the drivers of New Jersey.

Car insurance should not be an issue of class. Everyone has to have car insurance and everyone should be able to afford it. That's certainly not the case now. Cars are an essential part of life. Let's face it, Americans have a love affair with their automobiles and it's no different in New Jersey than anyplace else.

One of our distinguished citizens here in New Jersey, Bruce Springsteen has got a song, "Thunder Road," for those of you who happen to be fans, in which he talks about "rolling down the window and letting the wind roll back your hair." I'll always remember my first automobile. I was 17, I was in the Navy and I bought a 1949 Ford for \$300. It was a great feeling. I was on top of the world -- I owned the world.

Today people of New Jersey are paying more than three times that just for insurance much less the car. The cost of insurance has turned the joy of owning a car into a heartache.

And that's why I have asked the Legislature to introduce a bill this Thursday that will reflect my proposals. Study my plan. Consider it. And deliberate.

But let me remind you that time is of the essence. We have a commitment to the drivers of New Jersey. It's a commitment to fairness; a commitment to keeping promises. A commitment to working together. I'm confident that we're going to keep all of those commitments.

Thank you very much.