

Review Requirements Checklist

Communication Equipment (Cellular Telephones)

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Line(s) of Insurance/Business:

Communication Equipment (Cellular Telephones); filing code 9.0007

Links:

- [Illinois Compiled Statutes Online](#)
- [Administrative Regulations Online](#)
- [Product Coding Matrix](#)

All filings are public record in accordance with 215 ILCS 5/404 except where another provision of the Insurance Code says otherwise. The only code section that allows for a filing to be a trade secret or confidential is 215 ILCS 157/40 Use of Credit Information in Personal Insurance Act.

The Department's checklists include summaries that do not provide detailed information about all laws, regulations and bulletins. Therefore, the insurers should review the actual laws, regulations and bulletins to ensure forms are fully compliant before filing with the Department.

A form filing fee is required pursuant to 215 ILCS 5/408 (1)(jj).

LINE OF AUTHORITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Must have proper Class and Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write Inland Marine insurance in Illinois, companies must be licensed to write: Class 3, Clause (d)
SERFF FILING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
SERFF filing must contain specific information.	50 IL Adm. Code 753	<p>All companies must file using the System for Electronic Rate and Form Filing (SERFF):</p> <p>Copies of all policy forms for mutual companies, a separate proxy signature line for the insured to sign, if applicable;</p> <p>Copies of generally used endorsement forms on these kinds of business;</p> <p>Copies of all application forms used on these kinds of business, including a separate proxy signature line for the insured to sign if applicable;</p> <p>A copy of the declaration page, in non-individualized, template form, absent personal policyholder information; and</p> <p>A copy of the policy jacket, if used by the company.</p> <p>All filings must be accompanied by a forms submission letter that includes:</p>

		<p>The name of the advisory organization or company making the filing;</p> <p>Title, form number, and edition identification of the forms;</p> <p>Information as to what Class and Clause coverage is written under:</p> <p>Identification of all applicable endorsements and applications as to the policy forms for which the endorsements and applications are used;</p> <p>Notification as to whether the filing is new or supersedes a present filing. Identification of all changes in all superseding filings, as well as identification of all superseded forms, is required; and</p> <p>Effective date of use.</p>
FILING SUBMISSION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
When forms must be filed.	50 IL Adm. Code 753	Forms must be received by the Department no later than their effective date of use.
Requirements for company FEIN numbers.	Company Bulletin 88-53	Company must include all Federal Employer Identification Numbers (FEINs) for companies making the filing.
Forms under one filing number must have common coverage relationship.	Company Bulletin 88-53	<p>All forms under an assigned filing number must have some common coverage relationship (e.g. all forms in an auto filing must pertain only to auto, etc.).</p> <p>Please refer to Company Bulletin 88-53 for specific information and guidance.</p>

NO FILE OR FILING EXEMPTIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Manuscript endorsements are not required to be filed.</p>	<p>215 ILCS 5/143(3) CB 2015-09</p>	<p>Insurance policies issued to those qualifying as industrial insureds are not subject to the policy form filing requirements of 215 ILCS 5/143(3).</p> <p>Effective January 1, 2015, the standard for the industrial insured exemption has changed due to the passage of Public Act 98-0978 ("Act"). The Act now conforms to the definition of industrial insured as it is defined in section 5/445(1) regarding the surplus lines commercial insured exemption. The Department intends to follow this new standard when determining applicability of the industrial insured exemption to the policy form filing requirements.</p> <p>Please refer to Company Bulletin 2015-09 for specific information and guidance.</p>
SIDE BY SIDE COMPARISON	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Form changes must be highlighted.</p>	<p>50 IL Adm. Code 753</p>	<p>Changes from currently filed forms must be highlighted.</p>
THIRD PARTY FILERS AUTHORITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Insurer may authorize an advisory organization to make a form filing</p>	<p>50 IL Adm. Code 753</p>	<p>Insurer may authorize an advisory organization, of which it is a member or subscriber, to file forms on its behalf, as</p>

<p>on its behalf.</p> <p>Insurer may change or delay the effective date of an advisory organization form filing by properly notifying the Department.</p> <p>Insurer may authorize attorneys, consulting firms, etc. to submit form filings to the Department, as long as the filing includes proper authorization.</p>		<p>long as the insurer has on file with the Department a forms authorization letter, in duplicate, which includes:</p> <ol style="list-style-type: none"> 1) the name of the authorized advisory organization. 2) the kinds of business for which filings will be made. 3) authorization clause or language. 4) effective date of authorization. <p>Insurer may change or delay the effective date of an advisory organization form filing by notifying the Department. The notice shall include the insurer name, FEIN number, line of insurance, advisory organization name and filing number, and effective date desired.</p> <p>Insurer may authorize attorneys, consulting firms, etc. to submit form filings to the Department, as long as the filing includes a notice, signed by an authorized company officer, giving authority for the entity to act on the insurer's behalf on any issues related to the filing.</p>
<p>AMBIGUOUS & MISLEADING</p>	<p>REFERENCE</p>	<p>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</p>
<p>The Director may disapprove a form filing if it contains inconsistent, ambiguous, or misleading clauses.</p>	<p>215 ILCS 5/143(2)</p>	<p>Director may disapprove any form that contains inconsistent, ambiguous, or misleading clauses.</p>
<p>ARBITRATION</p>	<p>REFERENCE</p>	<p>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</p>
<p>Requirements for arbitration provisions.</p>	<p>710 ILCS 5/1</p> <p>215 ILCS 5/143(2)</p>	<p>Any controversy or claim arising out of or relating to the contract, or the breach thereof, may be settled within a reasonable time limit by arbitration administered by the American Arbitration Association in accordance with the Uniform Arbitration Act 710 ILCS 5/1.</p>

		The arbitration may be binding on both parties, or non-binding upon the insured, but in all instances must be entered into on a voluntary basis, as the insured must have the option of filing a lawsuit. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
CANCELLATION & NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not refuse to issue a policy on sole basis of previous refusal, cancellation or nonrenewal by any insurer.	215 ILCS 5/143.10	No company shall refuse to issue a policy on the sole basis that the insured or applicant for such policy was previously refused issuance or renewal of a policy by an insurer, or such insured's policy was cancelled on a prior date by any insurer.
Policy must contain cancellation provision.	215 ILCS 5/143.11	Policy must include a cancellation provision setting out the manner in which the policy may be cancelled.
May not refuse to issue certain policies solely due to hate crimes.	215 ILCS 5/143.24c Title 26 U.S.C. Sections 170(b)(1)(A)(i), (ii), and (vi).	Insurers may not refuse to issue a policy solely on the basis that one or more claims have been made against any policy during the preceding 60 months, for a loss that is the result of a hate crime, if the insured provides evidence to the insurer that the act causing the loss is identified as a hate crime on a police report. Applies to policies issued to an individual, a religious organization described in Section 170(b)(1)(A)(i) of Title

		26 of the United States Code, or an educational organization described in Section 170(b)(1)(A)(ii) of Title 26 of the United States Code, or any other nonprofit organization described in Section 170(b)(1)(A)(vi) of Title 26 of the United States Code that is organized and operated for religious, charitable, or educational purposes.
60 day notice required for changes to terms and conditions.	215 ILCS 136/30	Insurer may terminate or otherwise change the terms and conditions of a portable electronics policy only upon providing the policyholder and enrolled customer with at least 60 days notice.
15 day termination notice	215 ILCS 136/30	An insurer may terminate an enrolled customer's portable electronics policy upon 15 days notice for discovery of fraud or material misrepresentation in obtaining coverage or in the presentation of a claim thereunder. An insurer may immediately terminate an enrolled customer's policy for (1) nonpayment of premium, (2) if the enrolled customer ceases to have an active service with the vendor, or (3) if an enrolled customer exhausts the aggregate limit of liability, if any, and the insurer had sent notice to the enrolled customer within 30 days after exhaustion of the limit.
30 day termination to enrolled customer	215 ILCS 136/30(5)	A master policyholder shall mail or deliver written notice at least 30 days prior to termination to each enrolled customer advising of the termination and the effective date of such.
Number of days notice required for cancellation of policies and	215 ILCS 136/30	When a portable electronics insurance policy is terminated by a policyholder, the policyholder shall mail

<p>notice requirements.</p>		<p>or deliver written notice to each enrolled customer advising the enrolled customer of the termination of the policy and the effective date of termination. The written notice shall be mailed or delivered to the enrolled customer at least 30 days prior to the termination. All notices shall include a specific explanation of the reason(s) for cancellation.</p>
<p>Cancellation notice mailing requirements.</p>	<p>215 ILCS 136/30</p>	<p>Notices and correspondence may be sent either by mail or by electronic means.</p> <p>If the notice or correspondence is mailed, it shall be sent to the vendor of portable electronics at the vendor's mailing address specified for such purpose and to its affected enrolled customers' last known mailing addresses on file with the insurer. The insurer or vendor of portable electronics shall maintain proof of mailing in a form authorized or accepted by the United States Postal Service or other commercial mail delivery service.</p> <p>If the notice or correspondence is sent by electronic means, it shall be sent to the vendor of portable electronics at the vendor's electronic mail address specified for such purpose and to its affected enrolled customer's last known electronic mail address as provided by each enrolled customer to the insurer or vendor of portable electronics, as the case may be. An enrolled customer's provision of an electronic mail address to the insurer or vendor of portable electronics, as</p>

		the case may be, shall be deemed consent to receive notices and correspondence by electronic means. The insurer or vendor of portable electronics shall maintain proof that the notice or correspondence was sent.
CONTENT OF POLICIES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Reasons for which the Director may disapprove a form filing.	215 ILCS 5/143(2)	The Director may disapprove any form that (i) violates any provision of the Illinois Insurance Code, (ii) contains inconsistent, ambiguous, or misleading clauses, or (iii) contains exceptions and conditions that will unreasonably or deceptively affect the risks that are purported to be assumed by the policy.
Requirements for form content and readability.	50 IL Adm. Code 753	There must be printed at the head of the policy the name of the insurer or insurers issuing the policy, the location of the Home Office thereof; a statement of whether the insurer is a stock, mutual, reciprocal, Lloyds, alien insurer, or an insurer operating under a charter by Special Act of the Legislature of any state. There may be added thereto such devices, emblems or designs and dates as are appropriate for the insurer issuing the policy. All forms must be identified by a descriptive title, form number and edition identification.

		All forms must be printed in not less than eight-point type.
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OTHER INSURANCE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for "Other Insurance" provisions.	215 ILCS 5/143(2)	Other Insurance" provisions must state that coverage under the policy will share proportionately with other similar coverages the insured may have. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.

REFUNDS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Unearned premium must be refunded within 15 days	215 ILCS 136/15	The enrolled customer may cancel enrollment for such coverage at any time and the person paying the premium shall receive a refund or credit of any applicable unearned premium. Any refund or credit due to an enrolled customer shall be issued within 15 days after receipt of the refund by the vendor.

EXCLUSIONS & LIMITATIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
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Intentional acts exclusion -- exception for innocent co-insured.	215 ILCS 5/155.22b	If a policy excludes property damage coverage for intentional acts, the insurers may not deny payment to an innocent co-insured who did not cooperate in or contribute to the creation of the loss if the loss arose out of a pattern of criminal domestic violence and the perpetrator of the loss is criminally prosecuted for the act causing the loss.
Electromagnetic exclusions are prohibited.	215 ILCS 5/143(2)	Electromagnetic exclusions are prohibited. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
ACTION AGAINST COMPANY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Periods of limitation tolled.	215 ILCS 5/143.1	If the form contains a provision limiting the period of time within which the insured may bring suit, the provision must state that the

		running of such period is tolled from the date proof of loss is filed until the date the claim is denied in whole or in part.
PAYMENT OF LOSS TIME PERIOD	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
If a form states when a claim will be paid, the language must conform to this Rule.	50 IL Adm. Code 919.50	If a form contains a provision stating when a claim shall be paid, the provision must comply with this Rule that states that the insurer shall affirm or deny liability on claims within a reasonable time and shall offer payment within 30 days of affirmation of liability if the amount of the claim is determined and not in dispute. For those portions of the claim which are not in dispute and the payee is known, the insurer shall tender payment within said 30 days.

RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Communication Equipment rates and rules are not required to be filed in Illinois.	50 IL Adm. Code 754	Communication Equipment rates and rules are not required to be filed in Illinois.
OTHER	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

<p>Unfair methods of competition or unfair or deceptive acts or practices defined.</p>	<p>215 ILCS 5/424(3)</p>	<p>It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.</p>
<p>Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.</p>	<p>215 ILCS 5/429</p>	<p>Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.</p>
<p>REBATES</p>	<p>REFERENCE</p>	<p>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</p>
<p>Payments or acceptance of rebates prohibited.</p> <p>Rebates -- penalties</p>	<p>215 ILCS 5/151</p> <p>215 ILCS 5/152</p>	<p>No insurer, agent or broker shall offer, give, etc., any rebate of premium, agent's commission, profits, dividends, or any special advantage in date of policy or age of issue, or any other valuable consideration or inducement, upon issuance or renewal, which is not specified in the policy contract of insurance.</p> <p>However, insurers may pay a bonus to policyholders or abate their premiums, in whole or in part, out of surplus accumulated from nonparticipating insurance.</p> <p>Insurers may also offer a child passenger restraint system, or a discount from the purchase price of a child passenger restraining system to policyholders, when the purpose of such system is the safety of a child and compliance with the "Child Passenger Protection Act."</p> <p>No insured or applicant shall directly or indirectly receive or accept any rebate of premium or agent's or broker's commission, or any favor or advantage, or any valuable consideration or inducement, other than</p>

such as is specified in the policy.

Any company or person violating any provision of Section 151 shall be guilty of a Class B misdemeanor.