

Minnesota Workers' Compensation Insurers Association, Inc. 7701 France Avenue South • Suite 450 Minneapolis, MN 55435-3200

October 16, 2007

### **ALL ASSOCIATION MEMBERS**

Circular Letter No. 07-1521

RE: Amended Minnesota Statute 60A.351

The Minnesota Department of Commerce has approved the above filing to become effective 12:01 a.m., October 9, 2007.

During the 2007 Legislative session, the Legislature amended Minnesota Statute 60A.351, Renewal of Insurance Policy with Altered Rates, effective August 1, 2007. The revision that the Legislature passed was to change the number of days notice insurers need to give the policyholder when renewing a commercial liability and/or property policy at less favorable terms from 60 to <u>30 days</u>. It is acceptable if an insurer continues to give 60 days notice.

Minnesota Statute 60A.351 now reads as follows:

"If an insurance company licensed to do business in this state offers or purports to offer to renew any commercial liability and/or property insurance policy at less favorable terms as to the dollar amount of coverage or deductibles, higher rates, and/or higher rating plan, the new terms, the new rates and/or rating plan may take effect on the renewal date of the policy if the insurer has sent to the policyholder notice of the new terms, new rates and/or rating plan at least **30 days** prior to the expiration date. If the insurer has not so notified the policyholder, the policyholder may elect to cancel the renewal policy within the 60-day period after receipt of the notice. Earned premium for the period of coverage, if any, shall be calculated pro rata upon the prior rate. This section does not apply to ocean marine insurance, accident and health insurance, reinsurance, and coverage under the federal Terrorism Risk Insurance Act.

This section does not apply if the change relates to guide "a" rates or excess rates also known as 'consent to rates' or if there has been any change in the risk insured."

Exhibit I illustrates the changes necessary to the *Minnesota Basic Manual* to implement this revision. Exhibits II, III, IV and V illustrate the necessary changes to the *Minnesota Forms Manual* to implement this revision.

As you review the exhibits, please note that strikethroughs indicate deleted text while underlining indicates new or added text.

If you have any questions regarding this filing item direct them to MWCIA's Member & Customer Services staff at 952.897.1737 (Option 1) or via email at <a href="mailto:info@mwcia.org">info@mwcia.org</a>.

### **A NOTICE TO MEMBERSHIP:**

MWCIA would like to remind our members that no materials referenced in this Circular Letter are required to be independently filed with the Minnesota Department of Commerce.

## Exhibit I

## Minnesota Basic Manual

# Rule 3

# Effective August XX, 2007

CURRENT PHRASEOLOGY:	PROPOSED PHRASEOLOGY:
B. THREE-YEAR FIXED-RATE POLICY OPTION	SAME
1. Explanation	SAME
a. If the estimated premium is less than the premium eligibility amount for experience rating, a policy may be issued for a period of three years at a fixerate, provided the risk is not otherwise eligible for the <i>Experience Rating Plan</i> on the effective date of the policy.	d
b. If a policy is issued as a Three-Year Fixed-Rate Policy, it must be designated on the Information Page of the policy.	SAME
c. This rule is not applicable in the State of Minnesota. Modification of rates at less favorable terms without 60 days notice prior to the normal renewal date is restricted under Minnesota Statute 60A.351.	c. This rule is not applicable in the State of Minnesota. Modification of rates at less favorable terms without 30 days notice prior to the normal renewal date is restricted under Minnesota Statute 60A.351.

First Reprint

Effective January 1, 2002

#### MINNESOTA POLICY CHANGE ENDORSEMENT

Policy No.: Endorsements Changed: Insured's Name (WC 22 06 02)   Item 3.A. States (WC 22 06 11)   Calci Number (WC 22 06 03)   Item 3.B. Limits (WC 22 06 12)   Effective Date (WC 22 06 04)   Item 3.B. Limits (WC 22 06 13)   Expiration Date (WC 22 06 05)   Item 3.D. Endorsement Numbers (WC 22 06 14)   Insured's Mailing Address (WC 22 06 06)   Item 3.D. Endorsement Numbers (WC 22 06 15)   Experience Modification (WC 22 06 07)   Interin Adjustment of Premium (WC 22 06 15)   Producer's Name (WC 22 06 08)   Interin Adjustment of Premium (WC 22 06 16)   Change in Workplace of Insured (WC 22 06 09)   Interinstate Risk (ID Number (WC 22 06 18)   Insured's Legal Status (WC 22 06 10)   Carrier Number (WC 22 06 19)   Description of Change  *Item 4. Class, Rate, Other:    Classifications   Code No.   Premium Basis Total Estimated Annual Remuneration   Remunerat	NAMED INSURED AND MAILING ADDRESS		AGENCY	AGENCY AND MAILING ADDRESS		
Endorsements Changed:    Item 3.A. States (WC 22 06 11)   Policy Number (WC 22 06 03)   Item 3.B. Limits (WC 22 06 12)   Effective Date (WC 22 06 04)   Item 3.B. Limits (WC 22 06 13)   Expiration Date (WC 22 06 05)   Item 3.D. Endorsement Numbers (WC 22 06 14)   Item 3.D. Endorsement Numbers (WC 22 06 15)   Item 3.D. Endorsement Numbers (WC 22 06 15)   Experience Modification (WC 22 06 07)   Interin Adjustment of Premium (WC 22 06 15)   Producer's Name (WC 22 06 08)   Carrier Servicing Office (WC 22 06 16)   Insured's Legal Status (WC 22 06 10)   Carrier Number (WC 22 06 19)   Description of Change						
Endorsements Changed:    Item 3.A. States (WC 22 06 11)   Policy Number (WC 22 06 03)   Item 3.B. Limits (WC 22 06 12)   Effective Date (WC 22 06 04)   Item 3.B. Limits (WC 22 06 13)   Expiration Date (WC 22 06 05)   Item 3.D. Endorsement Numbers (WC 22 06 14)   Item 3.D. Endorsement Numbers (WC 22 06 15)   Item 3.D. Endorsement Numbers (WC 22 06 15)   Experience Modification (WC 22 06 07)   Interin Adjustment of Premium (WC 22 06 15)   Producer's Name (WC 22 06 08)   Carrier Servicing Office (WC 22 06 16)   Insured's Legal Status (WC 22 06 10)   Carrier Number (WC 22 06 19)   Description of Change						
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Insured's Name (WC 22 06 02)	Policy No.:		Policy Effect	tive:		
Policy Number (WC 22 06 03)	Endorsements Changed:					
Effective Date (WC 22 06 04)	☐ Insured's Name (WC 22 06 02)		□ Ite	m 3.A. States (WC 22 0	06 11)	
Expiration Date (WC 22 06 05)	□ Policy Number (WC 22 06 03)		□ Ite	☐ Item 3.B. Limits (WC 22 06 12)		
Insured's Mailing Address (WC 22 06 06)   Item 4.* Class, Rate, Other (WC 22 06 15)     Experience Modification (WC 22 06 07)   Interim Adjustment of Premium (WC 22 06 16)     Producer's Name (WC 22 06 08)   Carrier Servicing Office (WC 22 06 17)     Change in Workplace of Insured (WC 22 06 09)   Interstate/Intrastate Risk ID Number (WC 22 06 18)     Insured's Legal Status (WC 22 06 10)   Carrier Number (WC 22 06 19)     Description of Change	☐ Effective Date (WC 22 06 04)		□ Ite	☐ Item 3.C. States (WC 22 06 13)		
Experience Modification (WC 22 06 07)   Interim Adjustment of Premium (WC 22 06 16)   Producer's Name (WC 22 06 08)   Carrier Servicing Office (WC 22 06 17)   Change in Workplace of Insured (WC 22 06 09)   Insured's Legal Status (WC 22 06 10)   Carrier Number (WC 22 06 18)   Description of Change   Carrier Number (WC 22 06 19)    Tem 4. Class, Rate, Other:    Classifications   Code No.   Premium Basis Total Estimated Annual Remuneration   Code Remuneration   Remunera	☐ Expiration Date (WC 22 06 05)		□ Ite	m 3.D. Endorsement N	lumbers (WC 22 06 14)	
Producer's Name (WC 22 06 08)	□ Insured's Mailing Address (WC 22 06	06)	□ Ite	m 4.* Class, Rate, Oth	er (WC 22 06 15)	
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Insured's Legal Status (WC 22 06 10)  Description of Change  *Item 4. Class, Rate, Other:  Classifications  Code No. Total Estimated Annual Remuneration  Total Estimated Annual Premium \$  Minimum Premium \$  Deposit Premium \$  Consideration for Change, if any:  Countersigned by:	□ Producer's Name (WC 22 06 08)		□ Ca	arrier Servicing Office (\	NC 22 06 17)	
*Item 4. Class, Rate, Other:  Classifications  Code No.  Premium Basis Total Estimated Annual Remuneration  Total Estimated Annual Premium \$  Minimum Premium \$  Deposit Premium \$  Consideration for Change, if any:	□ Change in Workplace of Insured (WC	22 06 09)	□ <b>In</b> t	erstate/Intrastate Risk	ID Number (WC 22 06 18)	
*Item 4. Class, Rate, Other:  Classifications  Code No. Total Estimated Annual Remuneration  Total Estimated Annual Premium \$  Minimum Premium \$  Deposit Premium \$  Change Effective date:  Consideration for Change, if any:	□ Insured's Legal Status (WC 22 06 10)		□ Ca	arrier Number (WC 22 0	06 19)	
*Item 4. Class, Rate, Other:  Classifications  Code No. Total Estimated Annual Remuneration  Total Estimated Annual Premium \$  Minimum Premium \$  Deposit Premium \$  Change Effective date:  Consideration for Change, if any:	Description of Change					
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Classifications  Code No. Premium Basis Total Estimated Annual Remuneration  Remuneration  Total Estimated Annual Premium \$  Minimum Premium \$  Deposit Premium \$  Change Effective date:  Consideration for Change, if any:	*Item 4. Class. Rate. Other:					
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Change Effective date:  Consideration for Change, if any:  Countersigned by:			·			
Consideration for Change, if any:  Countersigned by:	Minimum Premium \$		Deposit Pr	emium \$		
Countersigned by:	Change Effective date:					
Countersigned by:	Consideration for Change, if any:					
	Notes:	Counter	rsigned by:			

- 1. Pursuant to Minn. Stat. § 60A.351, a policy may not be renewed at less favorable terms unless notice of new terms is given at least 60 days prior to the expiration date. Minnesota statutes 60A.351 generally requires insurers renewing a workers' compensation policy at less favorable terms to provide the insured with notice of the changes not less than 6930 days prior to the expiration of the policy. For additional guidance please refer to Department of Commerce's annual filing Bulletin. That Bulletin is available by contacting the Minnesota Commerce Department or on the Web at www.commerce.state.mn.us.
- 2. The use of "Minnesota" in the endorsement title is optional.
- 3. This endorsement may be used in lieu of the endorsement forms listed above.

**First Reprint** 

Effective August XX, 2007

# MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT CLASS, RATE, OTHER CHANGE

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on	at 12:01 a.m. standard time			
For attachment to Policy No.				
NCCI Carrier Code		Issued to		
Policy Effective Date:		Policy Expiration [	Date:	
Premium		(If any)		
		Autl	horized Representat	ive
Item 4. Class, Rate, Other:				
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
Total Estimated Annual P	remium \$			
Minimum Premium \$		Deposit Pro	emium \$	
Change Effective Date:				
Consideration for Change, if any:				
Pursuant to Minn. Stat. § 60A.351, a police 6030 days prior to the expiration date.	y may not be	renewed at less favorab	ole terms unless notice	of new terms is given at least

All other terms and conditions of this policy remain unchanged.

#### Notes:

- 1. The use of "Minnesota" in the endorsement title is optional.
- 2. This endorsement need not be used if the Insured elects to use the Policy Change Endorsement WC 22 06 00.

First Reprint

Effective August XX, 2007

# MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT INTERIM ADJUSTMENT OF PREMIUM

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on			at 12:01 a.m.	standard time
For attachment to Policy No.				
NCCI Carrier Code		Issued to		
Policy Effective Date:		Policy Expiration D	Date:	
Premium		(If any)		
		Autl	horized Representa	tive
Interim Adjustment of Premium:				
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
Total Estimated Annual F	Premium \$			
Minimum Premium \$		Deposit Pro	emium \$	
Change Effective Date:				
Consideration for Change, if any:				
Pursuant to Minn. Stat. § 60A.351, a policy may not be renewed at less favorable terms unless notice of new terms is given at least 6030 days prior to the expiration date.				
All other to	erms and co	anditions of this policy	remain unchanged	

All other terms and conditions of this policy remain unchanged

#### Notes:

- 1. The use of "Minnesota" in the endorsement title is optional.
- 2. This endorsement need not be used if the Insured elects to use the Policy Change Endorsement WC 22 06 00.

## **EXHIBIT V**

## **INDEX**

## MINNESOTA FORMS MANUAL

The following forms and endorsements in this Minnesota Forms Manual have been approved by the Minnesota Commerce Department and are available for use in Minnesota.

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WC 00 01 06 A	Longshore and Harbor Workers' Compensation Act Coverage Endt.
WC 00 01 08 A	Nonappropriated Fund Instrumentalities Act Coverage Endorsement
WC 00 01 09 A	Outer Continental Shelf Lands Act Coverage Endorsement
WC 00 01 11	Migrant and Seasonal Agricultural Worker Protection Act Coverage Endorsement
WC 00 01 13	Terrorism Risk Insurance Extension Act Endorsement
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WC 00 03 03 C	Employers Liability Coverage Endorsement
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•	WC 00 04 10	Premium Determination Endorsement — Former Self-Insurers 2
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•	WC 22 00 01	Information Page
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•	WC 22 03 02	Minnesota Independent Contractors Coverage Endorsement
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•	WC 22 03 05	Minnesota Exclusion of Coverage for Leased Employees Endorsement
•	WC 22 04 01	Minnesota Contracting Premium Adjustment Program Endorsement
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•	WC 22 06 17	Minnesota Policy Information Page Endorsement — Carrier Servicing Office
•	WC 22 06 18	Minnesota Policy Information Page Endorsement — Interstate/Intrastate Risk ID Number
•	WC 22 06 19	Minnesota Policy Information Page Endorsement Carrier Number
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