ENGROSSED SENATE BILL 6591

State of Washington 60th Legislature 2008 Regular Session

By Senators Benton and Berkey; by request of Insurance Commissioner Referred to Committee on Financial Read first time 01/18/08. Institutions Insurance.

AN ACT Relating to insurance producers; amending RCW 48.03.020, 2 48.05.140, 48.05.180, 48.05.465, 48.14.020, 48.14.040, 48.13.220, 3 48.14.095, 48.15.080, 48.15.140, 48.15.160, 48.18.100, 48.18.180, 48.18.220, 4 48.18.240, 48.18.289, 48.18.292, 48.18.543, 48.18A.035, 5 48.18A.060, 48.20.013, 48.20.042, 48.20.072, 48.21A.040, 48.23.380, 48.23.420, 48.23A.040, 48.23A.070, 48.23A.080, 48.24.080, 48.25.140, 6 7 48.30.100, 48.30.140, 48.30.150, 48.30.157, 48.30.170, 48.30.200, 48.30.240, 48.30.270, 48.31.111, 48.31.141, 48.36A.310, 8 48.30.260, 48.44.020, 48.36A.330, 48.41.060, 48.43.105, 48.43.335, 9 48.44.011, 48.44.164, 48.44.230, 48.46.023, 48.46.170, 48.46.243, 48.46.260, 10 48.46.340, 11 48.50.070, 48.56.020, 48.56.080, 48.62.121, 48.62.151, 48.66.055, 48.66.120, 48.76.090, 48.84.060, 48.92.040, 12 48.84.050, 13 48.92.090, 48.92.095, 48.92.120, 48.94.005, 48.94.040, 48.97.005, 48.97.900, 14 48.97.015, 48.97.020, 48.97.025, 48.98.010, 48.98.015, 48.98.020, 48.98.030, 48.99.030, 48.115.001, 48.115.005, 48.115.010, 15 16 48.115.015, 48.115.020, 48.115.025, 48.115.030, 48.115.035, 48.115.040, 48.120.005, 48.120.010, 48.125.030, 51.12.020, 17 48.135.010, 70.47.015; reenacting and amending RCW 82.04.260; adding a new section 18 to chapter 48.20 RCW; adding a new section to chapter 48.23A RCW; and 19 providing an effective date. 20

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For the purpose of ascertaining its condition, or compliance with this code, the commissioner may as often as he <u>or she</u> deems advisable examine the accounts, records, documents, and transactions of:

- 7 (1) Any insurance ((agent, solicitor, broker or adjuster))
 8 producer, adjuster, or title insurance agent.
- 9 (2) Any person having a contract under which he <u>or she</u> enjoys in 10 fact the exclusive or dominant right to manage or control a stock or 11 mutual insurer.
 - (3) Any person holding the shares of capital stock or policyholder proxies of a domestic insurer for the purpose of control of its management either as voting trustee or otherwise.
 - (4) Any person engaged in or proposing to be engaged in or assisting in the promotion or formation of a domestic insurer, or an insurance holding corporation, or a stock corporation to finance a domestic mutual insurer or the production of its business, or a corporation to be attorney-in-fact for a domestic reciprocal insurer.
- 20 **Sec. 2.** RCW 48.05.140 and 1973 1st ex.s. c 152 s 1 are each 21 amended to read as follows:

The commissioner may refuse, suspend, or revoke an insurer's certificate of authority, in addition to other grounds therefor in this code, if the insurer:

- (1) Fails to comply with any provision of this code other than those for violation of which refusal, suspension, or revocation is mandatory, or fails to comply with any proper order or regulation of the commissioner.
- (2) Is found by the commissioner to be in such condition that its further transaction of insurance in this state would be hazardous to policyholders and the people in this state.
- 32 (3) Refuses to remove or discharge a director or officer who has 33 been convicted of any crime involving fraud, dishonesty, or like moral 34 turpitude.
- 35 (4) Usually compels claimants under policies either to accept less

than the amount due them or to bring suit against it to secure full payment of the amount due.

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- (5) Is affiliated with and under the same general management, or interlocking directorate, or ownership as another insurer which transacts insurance in this state without having a certificate of authority therefor, except as is permitted by this code.
- (6) Refuses to be examined, or if its directors, officers, employees or representatives refuse to submit to examination or to produce its accounts, records, and files for examination by the commissioner when required, or refuse to perform any legal obligation relative to the examination.
- (7) Fails to pay any final judgment rendered against it in this state upon any policy, bond, recognizance, or undertaking issued or guaranteed by it, within thirty days after the judgment became final or within thirty days after time for taking an appeal has expired, or within thirty days after dismissal of an appeal before final determination, whichever date is the later.
- (8) Is found by the commissioner, after investigation or upon receipt of reliable information, to be managed by persons, whether by its directors, officers, or by any other means, who are incompetent or untrustworthy or so lacking in insurance company managerial experience as to make a proposed operation hazardous to the insurance-buying public; or that there is good reason to believe it is affiliated directly or indirectly through ownership, control, reinsurance or other insurance or business relations, with any person or persons whose business operations are or have been marked, to the detriment of policyholders or stockholders or investors or creditors or of the public, by bad faith or by manipulation of assets, or of accounts, or of reinsurance.
- (9) Does business through ((agents or brokers)) insurance producers or title insurance agents in this state or in any other state who are not properly licensed under applicable laws and duly enacted regulations adopted pursuant thereto.
- **Sec. 3.** RCW 48.05.180 and 1947 c 79 s .05.18 are each amended to read as follows:
- 36 Upon the suspension, revocation or refusal of an insurer's 37 certificate of authority, the commissioner shall give notice thereof to

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- 1 the insurer and shall likewise suspend, revoke or refuse the authority
- 2 of its appointed insurance producers or title insurance agents to
- 3 represent it in this state and give notice thereof to ((the)) these
- 4 <u>insurance producers or title insurance</u> agents.

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- 5 **Sec. 4.** RCW 48.05.465 and 1995 c 83 s 8 are each amended to read 6 as follows:
 - (1) All RBC reports, to the extent the information is not required to be set forth in a publicly available annual statement schedule, and RBC plans, including the results or report of any examination or analysis of an insurer and any corrective order issued by the commissioner, with respect to any domestic insurer or foreign insurer that are filed with the commissioner constitute information that might be damaging to the insurer if made available to its competitors, and therefore shall be kept confidential by the commissioner. This information shall not be made public or be subject to subpoena, other than by the commissioner and then only for the purpose of enforcement actions taken by the commissioner.
 - (2) The comparison of an insurer's total adjusted capital to any of its RBC levels is a regulatory tool that may indicate the need for possible corrective action with respect to the insurer, and is not a Therefore, except as otherwise means to rank insurers generally. required under the provisions of RCW 48.05.430 through ((48.05.490))48.05.485, the making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly to be made, published, disseminated, circulated, or placed before the public, in a newspaper, magazine, or other publication, or in the form of a notice, circular, pamphlet, letter, or poster, or over any radio or television station, or in any other way, an advertisement, announcement, or statement containing an assertion, representation, or statement with regard to the RBC levels of any insurer, or of any component derived in the calculation, by any insurer, insurance producer, title insurance agent, ((broker,)) or other person engaged in any manner in the insurance business would be misleading and is therefore prohibited. However, if any materially false statement with respect to the comparison regarding an insurer's total adjusted capital to its RBC levels, or any of them, or an inappropriate comparison of any other amount to the insurer's RBC levels is published in any

written publication and the insurer is able to demonstrate to the commissioner with substantial proof the falsity of such statement, or the inappropriateness, as the case may be, then the insurer may publish an announcement in a written publication if the sole purpose of the announcement is to rebut the materially false statement.

- (3) The RBC instructions, RBC reports, adjusted RBC reports, RBC plans, and revised RBC plans are solely for use by the commissioner in monitoring the solvency of insurers and the need for possible corrective action with respect to insurers and shall not be used by the commissioner for ratemaking nor considered or introduced as evidence in any rate proceeding nor used by the commissioner to calculate or derive any elements of an appropriate premium level or rate of return for any line of insurance that an insurer or any affiliate is authorized to write.
- **Sec. 5.** RCW 48.13.220 and 1982 c 218 s 3 are each amended to read 16 as follows:
 - (1) After satisfying the requirements of RCW 48.13.260, an insurer may invest any of its funds in common shares of stock in solvent United States corporations that qualify as a sound investment; except, that as to life insurers such investments shall further not aggregate an amount in excess of fifty percent of the insurer's surplus over its minimum required surplus.
 - (2) The insurer shall not invest in or loan upon the security of more than ten percent of the outstanding common shares of any one such corporation, subject further to the aggregate investment limitation of RCW 48.13.030.
 - (3) The limitations of subsection (2) of this section shall not apply to investment in the securities of any subsidiary corporations of the insurer which are engaged or organized to engage exclusively in one or more of the following businesses:
 - (a) Acting as an insurance <u>producer or title insurance</u> agent for its parent or for any of its parent's insurer subsidiaries or affiliates;
 - (b) Investing, reinvesting, or trading in securities or acting as a securities broker or dealer for its own account, that of its parent, any subsidiary of its parent, or any affiliate or subsidiary;

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- 1 (c) Rendering management, sales, or other related services to any 2 investment company subject to the Federal Investment Company Act of 3 1940, as amended;
 - (d) Rendering investment advice;

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- 5 (e) Rendering services related to the functions involved in the 6 operation of an insurance business including, but not limited to, 7 actuarial, loss prevention, safety engineering, data processing, 8 accounting, claims appraisal, and collection services;
 - (f) Acting as administrator of employee welfare benefit and pension plans for governments, government agencies, corporations, or other organizations or groups;
 - (g) Ownership and management of assets which the parent could itself own and manage: PROVIDED, That the aggregate investment by the insurer and its subsidiaries acquired pursuant to this paragraph shall not exceed the limitations otherwise applicable to such investments by the parent;
 - (h) Acting as administrative agent for a government instrumentality which is performing an insurance function or is responsible for a health or welfare program;
 - (i) Financing of insurance premiums;
- 21 (j) Any other business activity reasonably ancillary to an 22 insurance business;
 - (k) Owning one or more subsidiary (i) insurers to the extent permitted by this chapter, or (ii) businesses specified in paragraphs (a) through (k) of this subsection inclusive, or (iii) other businesses the stock of which is eligible under RCW 48.13.240 or 48.13.250, or any combination of such insurers and businesses.
 - (4) No acquisition of a majority of the total outstanding common shares of any corporation shall be made pursuant to this section unless a notice of intention of such proposed acquisition shall have been filed with the commissioner not less than ninety days, or such shorter period as may be permitted by the commissioner, in advance of such proposed acquisition, nor shall any such acquisition be made if the commissioner at any time prior to the expiration of the notice period finds that the proposed acquisition is contrary to law, or determines that such proposed acquisition would be contrary to the best interests of the parent insurer's policyholders or of the people of this state.

The following shall be the only factors to be considered in making the foregoing determination:

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- (a) The availability of the funds or assets required for such acquisition;
- (b) The fairness of any exchange of stock, assets, cash, or other consideration for the stock or assets to be received;
- (c) The impact of the new operation on the parent insurer's surplus and existing insurance business and the risks inherent in the parent insurer's investment portfolio and operations;
- (d) The fairness and adequacy of the financing proposed for the subsidiary;
 - (e) The likelihood of undue concentration of economic power;
- (f) Whether the effect of the acquisition may be substantially to lessen competition in any line of commerce in insurance or to tend to create a monopoly therein; and
- (g) Whether the acquisition might result in an excessive proliferation of subsidiaries which would tend to unduly dilute management effectiveness or weaken financial strength or otherwise be contrary to the best interests of the parent insurer's policyholders or of the people of this state. At any time after an acquisition, the commissioner may order its disposition if he or she finds, after notice and hearing, that its continued retention is hazardous or prejudicial to the interests of the parent insurer's policyholders. The contents of each notice of intention of a proposed acquisition filed hereunder and information pertaining thereto shall be kept confidential, shall not be subject to subpoena, and shall not be made public unless after notice and hearing the commissioner determines that the interests of policyholders, stockholders, or the public will be served by the publication thereof.
- (5) A domestic insurance company may, provided that it maintains books and records which separately account for such business, engage directly in any business referred to in paragraphs (d), (e), (h), and (j) of subsection (3) of this section either to the extent necessarily or properly incidental to the insurance business the insurer is authorized to do in this state or to the extent approved by the commissioner and subject to any limitations he or she may prescribe for the protection of the interests of the policyholders of the insurer after taking into account the effect of such business on the insurer's

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- 1 existing insurance business and its surplus, the proposed allocation of
- 2 the estimated cost of such business, and the risks inherent in such
- 3 business as well as the relative advantages to the insurer and its
- 4 policyholders of conducting such business directly instead of through
- 5 a subsidiary.

- **Sec. 6.** RCW 48.14.020 and 1986 c 296 s 1 are each amended to read 7 as follows:
 - (1) Subject to other provisions of this chapter, each authorized insurer except title insurers shall on or before the first day of March of each year pay to the state treasurer through the commissioner's office a tax on premiums. Except as provided in subsection (2) of this section, such tax shall be in the amount of two percent of all premiums, excluding amounts returned to or the amount of reductions in premiums allowed to holders of industrial life policies for payment of premiums directly to an office of the insurer, collected or received by the insurer during the preceding calendar year other than ocean marine and foreign trade insurances, after deducting premiums paid to policyholders as returned premiums, upon risks or property resident, situated, or to be performed in this state. For the purposes of this section the consideration received by an insurer for the granting of an annuity shall not be deemed to be a premium.
 - (2) In the case of insurers which require the payment by their policyholders at the inception of their policies of the entire premium thereon in the form of premiums or premium deposits which are the same in amount, based on the character of the risks, regardless of the length of term for which such policies are written, such tax shall be in the amount of two percent of the gross amount of such premiums and premium deposits upon policies on risks resident, located, or to be performed in this state, in force as of the thirty-first day of December next preceding, less the unused or unabsorbed portion of such premiums and premium deposits computed at the average rate thereof actually paid or credited to policyholders or applied in part payment of any renewal premiums or premium deposits on one-year policies expiring during such year.
 - (3) Each authorized insurer shall with respect to all ocean marine and foreign trade insurance contracts written within this state during the preceding calendar year, on or before the first day of March of

each year pay to the state treasurer through the commissioner's office a tax of ninety-five one-hundredths of one percent on its gross underwriting profit. Such gross underwriting profit ascertained by deducting from the net premiums (i.e., gross premiums less all return premiums and premiums for reinsurance) on such ocean marine and foreign trade insurance contracts the net losses paid (i.e., gross losses paid less salvage and recoveries on reinsurance ceded) during such calendar year under such contracts. In the case of insurers issuing participating contracts, such gross underwriting profit shall not include, for computation of the tax prescribed by this subsection, the amounts refunded, or paid as participation dividends, by such insurers to the holders of such contracts.

(4) The state does hereby preempt the field of imposing excise or privilege taxes upon insurers or their ((agents)) appointed insurance producers, other than title insurers, and no county, city, town or other municipal subdivision shall have the right to impose any such taxes upon such insurers or ((their agents)) these insurance producers.

- (5) If an authorized insurer collects or receives any such premiums on account of policies in force in this state which were originally issued by another insurer and which other insurer is not authorized to transact insurance in this state on its own account, such collecting insurer shall be liable for and shall pay the tax on such premiums.
- **Sec. 7.** RCW 48.14.040 and 2007 c 153 s 4 are each amended to read 24 as follows:
 - (1) If pursuant to the laws of any other state or country, any taxes, licenses, fees, deposits, or other obligations or prohibitions, in the aggregate, or additional to or at a net rate in excess of any such taxes, licenses, fees, deposits or other obligations or prohibitions imposed by the laws of this state upon like foreign or alien insurers and their ((agents and solicitors)) appointed insurance producers or title insurance agents, are imposed on insurers of this state and their ((agents)) appointed insurance producers or title insurance agents doing business in such other state or country, a like rate, obligation or prohibition may be imposed by the commissioner, as to any item or combination of items involved, upon all insurers of such other state or country and their ((agents)) appointed insurance

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producers or title insurance agents doing business in this state, so long as such laws remain in force or are so applied.

- (2) For the purposes of this section, an alien insurer may be deemed to be domiciled in the state wherein it has established its principal office or agency in the United States. If no such office or agency has been established, the domicile of the alien insurer shall be deemed to be the country under the laws of which it is formed.
- (3) For the purposes of this section, the regulatory surcharge imposed by RCW 48.02.190 shall not be included in the calculation of any retaliatory taxes, licenses, fees, deposits, or other obligations or prohibitions imposed under this section.
- **Sec. 8.** RCW 48.14.095 and 2003 c 341 s 3 are each amended to read 13 as follows:
- 14 (1) This section applies to any insurer or taxpayer, as defined in RCW 48.14.0201, violating or failing to comply with RCW 48.05.030(1), 48.17.060 $((\frac{1}{1}) \text{ or } (\frac{2}{1}))$, 48.36A.290(1), 48.44.015(1), or 48.46.027(1).
 - (2) Except as provided in subsection (7) of this section, RCW 48.14.020, 48.14.0201, and 48.14.060 apply to insurers or taxpayers identified in subsection (1) of this section.
 - (3) If an insurance contract, health care services contract, or health maintenance agreement covers risks or exposures, or enrolled participants only partially in this state, the tax payable is computed on the portion of the premium that is properly allocated to a risk or exposure located in this state, or enrolled participants residing in this state.
 - (4) In determining the amount of taxable premiums under subsection (3) of this section, all premiums, other than premiums properly allocated or apportioned and reported as taxable premiums of another state, that are written, procured, or received in this state, or that are for a policy or contract negotiated in this state, are considered to be written on risks or property resident, situated, or to be performed in this state, or for health care services to be provided to enrolled participants residing in this state.
 - (5) Insurance on risks or property resident, situated, or to be performed in this state, or health coverage for the provision of health care services for residents of this state, is considered to be

- insurance procured, continued, renewed, or performed in this state, regardless of the location from which the application is made, the negotiations are conducted, or the premiums are remitted.
- 4 (6) Premiums on risks or exposures that are properly allocated to 5 federal waters or international waters or under the jurisdiction of a 6 foreign government are not taxable by this state.
- 7 (7) This section does not apply to premiums on insurance procured 8 by a licensed surplus line broker under chapter 48.15 RCW.
- 9 **Sec. 9.** RCW 48.15.080 and 1947 c 79 s .15.08 are each amended to read as follows:
- 11 A licensed surplus line broker may accept and place surplus line 12 business for any insurance ((agent or broker)) producer licensed in 13 this state for the kind of insurance involved, and may compensate 14 ((such agent or broker)) that insurance producer therefor.
- 15 **Sec. 10.** RCW 48.15.140 and 1980 c 102 s 6 are each amended to read 16 as follows:

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- (1) The commissioner may revoke, suspend, or refuse to renew any surplus line broker's license:
- (a) If the surplus line broker fails to file ((his)) the licensee's annual statement or to remit the tax as required by this chapter; or
- (b) If the surplus line broker fails to maintain an office in this state, or to keep the records, or to allow the commissioner to examine ((his)) the licensee's records as required by this chapter; or
- (c) For any of the causes for which ((a broker's)) an insurance producer's license may be revoked under chapter 48.17 RCW.
- (2) The commissioner may suspend or revoke any such license whenever he <u>or she</u> deems suspension or revocation to be for the best interests of the people of this state.
- 29 (3) The procedures provided by this code for the suspension or 30 revocation of ((general brokers')) insurance producers' licenses shall 31 be applicable to suspension or revocation of a surplus line broker's 32 license.
- (4) ((No)) A surplus line broker whose license has been so revoked shall not again be so licensed within one year thereafter, nor until any fines or delinquent taxes owing by ((him)) the formal licensee have been paid.

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- **Sec. 11.** RCW 48.15.160 and 1987 c 185 s 23 are each amended to read as follows:
 - (1) The provisions of this chapter controlling the placing of insurance with unauthorized insurers shall not apply to reinsurance or to the following insurances when so placed by licensed ((agents or brokers)) insurance producers of this state:
 - (a) Ocean marine and foreign trade insurances.
 - (b) Insurance on subjects located, resident, or to be performed wholly outside of this state, or on vehicles or aircraft owned and principally garaged outside this state.
 - (c) Insurance on operations of railroads engaged in transportation in interstate commerce and their property used in such operations.
 - (d) Insurance of aircraft owned or operated by manufacturers of aircraft, or of aircraft operated in schedule interstate flight, or cargo of such aircraft, or against liability, other than workers' compensation and employer's liability, arising out of the ownership, maintenance or use of such aircraft.
 - (2) ((Agents and brokers)) Insurance producers so placing any such insurance with an unauthorized insurer shall keep a full and true record of each such coverage in detail as required of surplus line insurance under this chapter and shall meet the requirements imposed upon a surplus line broker pursuant to RCW 48.15.090 and any regulations adopted thereunder. The record shall be preserved for not less than five years from the effective date of the insurance and shall be kept available in this state and open to the examination of the commissioner. The ((agent or broker)) insurance producer shall furnish to the commissioner at the commissioner's request and on forms as designated and furnished by him or her a report of all such coverages so placed in a designated calendar year.
- **Sec. 12.** RCW 48.18.100 and 2006 c 8 s 214 are each amended to read 31 as follows:
- 32 (1) No insurance policy form or application form where written 33 application is required and is to be attached to the policy, or printed 34 life or disability rider or endorsement form may be issued, delivered, 35 or used unless it has been filed with and approved by the commissioner. 36 This section does not apply to:
- of this section does not apply

37 (a) Surety bond forms;

(b) Forms filed under RCW 48.18.103;

- (c) Forms exempted from filing requirements by the commissioner under RCW 48.18.103;
 - (d) Manuscript policies, riders, or endorsements of unique character designed for and used with relation to insurance upon a particular subject; or
 - (e) Contracts of insurance procured under the provisions of chapter $48.15\ \mbox{RCW}$.
 - (2) Every such filing containing a certification, in a form approved by the commissioner, by either the chief executive officer of the insurer or by an actuary who is a member of the American academy of actuaries, attesting that the filing complies with Title 48 RCW and Title 284 of the Washington Administrative Code, may be used by the insurer immediately after filing with the commissioner. The commissioner may order an insurer to cease using a certified form upon the grounds set forth in RCW 48.18.110. This subsection does not apply to certain types of policy forms designated by the commissioner by rule.
 - (3) Except as provided in RCW 48.18.103, every filing that does not contain a certification pursuant to subsection (2) of this section must be made not less than thirty days in advance of issuance, delivery, or use. At the expiration of the thirty days, the filed form shall be deemed approved unless prior thereto it has been affirmatively approved or disapproved by order of the commissioner. The commissioner may extend by not more than an additional fifteen days the period within which he or she may affirmatively approve or disapprove any form, by giving notice of the extension before expiration of the initial thirty-day period. At the expiration of the period that has been extended, and in the absence of prior affirmative approval or disapproval, the form shall be deemed approved. The commissioner may withdraw any approval at any time for cause. By approval of any form for immediate use, the commissioner may waive any unexpired portion of the initial thirty-day waiting period.
 - (4) The commissioner's order disapproving any form or withdrawing a previous approval must state the grounds for disapproval.
- (5) No form may knowingly be issued or delivered as to which the commissioner's approval does not then exist.

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- (6) The commissioner may, by rule, exempt from the requirements of 1 2 this section any class or type of insurance policy forms if filing and approval is not desirable or necessary for the protection of the 3 public. 4
- (7) Every member or subscriber to a rating organization must adhere 5 to the form filings made on its behalf by the organization. Deviations 7 from the organization are permitted only when filed with the commissioner in accordance with this chapter. 8
- 9 (8) Medical malpractice insurance form filings are subject to the provisions of this section. 10
- (9) Variable contract forms; disability insurance policy forms; 11 individual life insurance policy forms; life insurance policy 12 13 illustration forms; industrial life insurance contract, individual medicare supplement insurance policy, and long-term care insurance 14 policy forms, which are amended solely to comply with the changes in 15 nomenclature required by RCW 48.18A.035, 48.20.013, 48.20.042, 16 48.20.072, 48.23.380, 48.23A.040, 48.23A.070, 48.25.140, 48.66.120, and 17 48.76.090 are exempt from this section. 18
- Sec. 13. RCW 48.18.180 and 2007 c 153 s 2 are each amended to read 19 as follows: 20
- 21 (1) The premium stated in the policy shall be inclusive of all fees, charges, premiums, or other consideration charged for the 22 insurance or for the procurement thereof. 23
- 24 (2) No insurer or its officer, employee, ((agent, solicitor)) appointed insurance producer, or other representative shall charge or 25 26 receive any fee, compensation, or consideration for insurance which is not included in the premium specified in the policy. 27
 - (3) Each violation of this section is a gross misdemeanor.
 - (4) This section does not apply to:

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- 30 (a) A fee paid to ((a broker)) an insurance producer by an insured 31 as provided in RCW 48.17.270; or
- (b) A regulatory surcharge imposed by RCW 48.02.190. 32
- Sec. 14. RCW 48.18.220 and 1967 ex.s. c 12 s 2 are each amended to 33 34 read as follows:
- 35 Where an insurance producer, title insurance agent, or other 36 representative of an insurer receipts premium money at the time that

- 1 the insurance producer, title insurance agent, or representative
- 2 purports to bind coverage, the receipt shall state: (a) That it is a
- 3 binder, (b) a brief description of the coverage bound, and (c) the
- 4 identity of the insurer in which the coverage is bound. This section
- 5 does not apply as to life and disability insurances.
- 6 **Sec. 15.** RCW 48.18.240 and 1947 c 79 s .18.24 are each amended to read as follows:
- 8 The commissioner may suspend or revoke the license of any <u>insurance</u>
- 9 producer or title insurance agent issuing or purporting to issue any
- 10 binder as to any insurer named therein as to which he or she is not
- 11 then authorized so to bind.
- 12 Sec. 16. RCW 48.18.289 and 2000 c 220 s 1 are each amended to read
- 13 as follows:

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- 14 Whenever a notice of cancellation or nonrenewal or an offer to
- 15 renew is furnished to an insured in accord with any provision of this
- 16 chapter, a copy of such notice or offer shall be provided within five
- 17 working days to the <u>insurance producer or title insurance</u> agent on the
- 18 account ((or to the broker of record for the insured)). When possible,
- 19 the copy to the <u>insurance producer or title insurance</u> agent ((or
- 20 broker)) may be provided electronically.
- 21 **Sec. 17.** RCW 48.18.292 and 1985 c 264 s 19 are each amended to 22 read as follows:
- 23 (1) Each insurer shall be required to renew any contract of 24 insurance subject to RCW 48.18.291 unless one of the following 25 situations exists:
 - (a) The insurer gives the named insured at least twenty days' notice in writing as provided for in RCW 48.18.291(1), that it proposes to refuse to renew the insurance contract upon its expiration date; and sets forth therein the actual reason for refusing to renew; or
 - (b) At least twenty days prior to its expiration date, the insurer has communicated its willingness to renew in writing to the named insured, and has included therein a statement of the amount of the premium or portion thereof required to be paid by the insured to renew the policy, including the amount by which the premium or deductibles have changed from the previous policy period, and the date by which

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such payment must be made, and the insured fails to discharge when due his <u>or her</u> obligation in connection with the payment of such premium or portion thereof; or

- (c) The insured's ((agent or broker)) insurance producer has procured other coverage acceptable to the insured prior to the expiration of the policy period.
- (2) Renewal of a policy shall not constitute a waiver or estoppel with respect to grounds for cancellation which existed before the effective date of such renewal.
- (3) "Renewal" or "to renew" means the issuance and delivery by an insurer of a contract of insurance replacing at the end of the contract period a contract of insurance previously issued and delivered by the same insurer, or the issuance and delivery of a certificate or notice extending the term of a contract beyond its policy period or term: PROVIDED, HOWEVER, That any contract of insurance with a policy period or term of six months or less whether or not made continuous for successive terms upon the payment of additional premiums shall for the purpose of RCW 48.18.291 through 48.18.297 be considered as if written for a policy period or term of six months: PROVIDED, FURTHER, That any policy written for a term longer than one year or any policy with no fixed expiration date, shall, for the purpose of RCW 48.18.291 through 48.18.297, be considered as if written for successive policy periods or terms of one year.
- 24 (4) On and after January 1, 1980, no policy of insurance subject to RCW 48.18.291 shall be issued for a policy period or term of less than six months.
 - (5) No insurer shall refuse to renew the liability and/or collision coverage of an automobile insurance policy on the basis that an insured covered by the policy of the insurer has submitted one or more claims under the comprehensive, road service, or towing coverage of the policy. Nothing in this subsection shall prohibit the nonrenewal of comprehensive, road service, or towing coverage on the basis of one or more claims submitted by an insured.
- **Sec. 18.** RCW 48.18.543 and 2003 c 116 s 1 are each amended to read 35 as follows:
 - (1) For the purposes of this section:

1 (a) "Licensee" means every insurance ((agent, broker, or solicitor)) producer licensed under chapter 48.17 RCW.

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- (b) "Residential mortgage loan" means any loan primarily for personal, family, or household use secured by a mortgage or deed of trust on residential real estate upon which is constructed or intended to be constructed a single-family dwelling or multiple family dwelling of four or less units.
- 8 (c) "Single premium credit insurance" means credit insurance 9 purchased with a single premium payment at inception of coverage.
- 10 (2) An insurer or licensee may not issue or sell any single premium 11 credit insurance product in connection with a residential mortgage loan 12 unless:
- 13 (a) The term of the single premium credit insurance policy is the same as the term of the loan;
- 15 (b) The debtor is given the option to buy credit insurance paid 16 with monthly premiums; and
 - (c) The single premium credit insurance policy provides for a full refund of premiums to the debtor if the credit insurance is canceled within sixty days of the date of the loan.
 - (3) This section does not apply to residential mortgage loans if:
- 21 (a) The loan amount does not exceed ten thousand dollars, exclusive 22 of fees;
 - (b) The repayment term of the loan does not exceed five years; and
- 24 (c) The term of the single premium credit insurance does not exceed 25 the repayment term of the loan.
- 26 **Sec. 19.** RCW 48.18A.035 and 1983 1st ex.s. c 32 s 7 are each 27 amended to read as follows:
 - (1) Every individual variable contract issued shall have printed on its face or attached thereto a notice stating in substance that the policy owner shall be permitted to return the policy within ten days after it is received by the policy owner and to have the market value of the assets purchased by its premium, less taxes and investment brokerage commissions, if any, refunded, if, after examination of the policy, the policy owner is not satisfied with it for any reason. An additional ten percent penalty shall be added to any premium refund due which is not paid within thirty days of return of the policy to the insurer or ((agent)) insurance producer. If a policy owner pursuant to

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- such notice returns the policy to the insurer at its home or branch office or to the ((agent)) insurance producer through whom it was purchased, it shall be void from the beginning and the parties shall be in the same position as if no policy had been issued.
- (2) No later than January 1, 2010, or when the insurer has used all of its existing paper variable contract forms which were in its possession on July 1, 2009, whichever is earlier, the notice required by subsection (1) of this section shall use the term insurance producer in place of agent.
- **Sec. 20.** RCW 48.18A.060 and 1994 c 92 s 502 are each amended to 11 read as follows:

No person shall be or act as an ((agent)) insurance producer for the solicitation or sale of variable contracts except while duly appointed and licensed under the insurance code as a ((life insurance agent)) variable life and variable annuity products insurance producer with respect to the insurer, and while duly licensed as a security salesman or securities broker under a license issued by the director of financial institutions pursuant to the securities act of this state; except that any person who participates only in the sale or offering for sale of variable contracts which fund corporate plans meeting the requirements for qualification under sections 401 or 403 of the United States internal revenue code need not be licensed pursuant to the securities act of this state.

Sec. 21. RCW 48.20.013 and 1983 1st ex.s. c 32 s 9 are each 25 amended to read as follows:

Every individual disability insurance policy issued after January 1, 1968, except single premium nonrenewable policies, shall have printed on its face or attached thereto a notice stating in substance that the person to whom the policy is issued shall be permitted to return the policy within ten days of its delivery to the purchaser and to have the premium paid refunded if, after examination of the policy, the purchaser is not satisfied with it for any reason. An additional ten percent penalty shall be added to any premium refund due which is not paid within thirty days of return of the policy to the insurer or ((agent)) insurance producer. If a policy holder or purchaser pursuant to such notice, returns the policy to the insurer at its home or branch

- 1 office or to the ((agent)) insurance producer through whom it was
- 2 purchased, it shall be void from the beginning and the parties shall be
- 3 in the same position as if no policy had been issued.

4 **Sec. 22.** RCW 48.20.042 and 1951 c 229 s 5 are each amended to read 5 as follows:

There shall be a provision as follows:

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ENTIRE CONTRACTS; CHANGES: This policy, including the endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No ((agent)) insurance producer has authority to change this policy or to waive any of its provisions.

13 **Sec. 23.** RCW 48.20.072 and 1951 c 229 s 8 are each amended to read 14 as follows:

There shall be a provision as follows:

REINSTATEMENT: If any renewal premium be not paid within the time granted the insured for payment, a subsequent acceptance of premium by the insurer or by any ((agent)) insurance producer duly authorized by the insurer to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy: PROVIDED, HOWEVER, That if the insurer or such ((agent)) insurance producer requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless the insurer has previously notified the insured in writing of its disapproval of such application. reinstated policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than ten days after such date. all other respects the insured and insurer shall have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. accepted in connection with a reinstatement shall be applied to a

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period for which premium has not been previously paid, but not to any 1 2 period more than sixty days prior to the date of reinstatement.

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(The last sentence of the above provision may be omitted from any policy which the insured has the right to continue in force subject to its terms by the timely payment of premiums (1) until at least age 50 or, (2) in the case of a policy issued after age 44, for at least five years from its date of issue.)

8 NEW SECTION. Sec. 24. A new section is added to chapter 48.20 RCW to read as follows: 9

No later than January 1, 2010, or when the insurer has used all of 10 its existing paper disability insurance policy forms which were in its 11 possession on July 1, 2009, whichever is earlier, the provisions 12 required by RCW 48.20.013, 48.20.042, and 48.20.072 shall use the term 13 14 insurance producer in place of agent.

- 15 Sec. 25. RCW 48.21A.040 and 1965 ex.s. c 70 s 30 are each amended 16 to read as follows:
- 17 ((Notwithstanding the provisions of RCW 48.17.200,)) Any person 18 licensed to transact disability insurance as an ((agent, broker or solicitor)) insurance producer may transact extended health insurance 19 20 and may be paid a commission thereon.
- Sec. 26. RCW 48.23.380 and 1983 1st ex.s. c 32 s 10 are each 21 amended to read as follows: 22
- (1) Every individual life insurance policy issued after September 1, 1977, shall have printed on its face or attached thereto a notice stating in substance that the policy owner shall be permitted to return 25 the policy within ten days after it is received by the policy owner and to have the premium paid refunded if, after examination of the policy, 27 the policy owner is not satisfied with it for any reason. additional ten percent penalty shall be added to any premium refund due which is not paid within thirty days of return of the policy to the insurer or ((agent)) insurance producer. If a policy owner pursuant to such notice, returns the policy to the insurer at its home or branch 32 office or to the ((agent)) insurance producer through whom it was 33 purchased, it shall be void from the beginning and the parties shall be in the same position as if no policy had been issued.

(2) This section shall not apply to individual life insurance policies issued in connection with a credit transaction or issued under a contractual policy change or conversion privilege provision contained in a policy.

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- (3) No later than January 1, 2010, or when the insurer has used all of its existing paper individual life insurance policy forms which were in its possession on July 1, 2009, whichever is earlier, the notice required by subsection (1) of this section shall use the term insurance producer in place of agent.
- 10 **Sec. 27.** RCW 48.23.420 and 1982 1st ex.s. c 9 s 22 are each 11 amended to read as follows:
- 12 RCW 48.23.420 through 48.23.520 do not apply to any reinsurance; 13 group annuity purchased under a retirement plan or plan of deferred compensation established or maintained by an employer (including a 14 15 partnership or sole proprietorship) or by an employee organization, or 16 by both, other than a plan providing individual retirement accounts or 17 individual retirement annuities under Section 408 of the Internal Revenue Code, as now or hereafter amended; premium deposit fund; 18 variable annuity; investment annuity; immediate annuity; any deferred 19 20 annuity contract after annuity payments have commenced; or reversionary 21 annuity; nor to any contract which is delivered outside this state 22 through an ((agent)) insurance producer or other representative of the 23 company issuing the contract.
- 24 Sec. 28. RCW 48.23A.040 and 1997 c 313 s 6 are each amended to 25 read as follows:
- 26 (1) A basic illustration shall conform with the following 27 requirements:
- 28 (a) The illustration shall be labeled with the date on which it was 29 prepared.
- 30 (b) Each page, including any explanatory notes or pages, shall be 31 numbered and show its relationship to the total number of pages in the 32 illustration (for example, the fourth page of a seven-page illustration 33 shall be labeled "page 4 of 7 pages").
- 34 (c) The assumed dates of payment receipt and benefit payout within 35 a policy year shall be clearly identified.

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1 (d) If the age of the proposed insured is shown as a component of 2 the tabular detail, it shall be issue age plus the numbers of years the 3 policy is assumed to have been in force.

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- (e) The assumed payments on which the illustrated benefits and values are based shall be identified as premium outlay or contract premium, as applicable. For policies that do not require a specific contract premium, the illustrated payments shall be identified as premium outlay.
- 9 (f) Guaranteed death benefits and values available upon surrender, 10 if any, for the illustrated premium outlay or contract premium shall be 11 shown and clearly labeled guaranteed.
 - (g) If the illustration shows any nonguaranteed elements, they cannot be based on a scale more favorable to the policy owner than the insurer's illustrated scale at any duration. These elements shall be clearly labeled nonguaranteed.
 - (h) The guaranteed elements, if any, shall be shown before corresponding nonguaranteed elements and shall be specifically referred to on any page of an illustration that shows or describes only the nonguaranteed elements (for example, "see page one for guaranteed elements").
 - (i) The account or accumulation value of a policy, if shown, shall be identified by the name this value is given in the policy being illustrated and shown in close proximity to the corresponding value available upon surrender.
 - (j) The value available upon surrender shall be identified by the name this value is given in the policy being illustrated and shall be the amount available to the policy owner in a lump sum after deduction of surrender charges, policy loans, and policy loan interest, as applicable.
- 30 (k) Illustrations may show policy benefits and values in graphic or 31 chart form in addition to the tabular form.
- 32 (1) Any illustration of nonguaranteed elements shall be accompanied 33 by a statement indicating that:
 - (i) The benefits and values are not guaranteed;
- 35 (ii) The assumptions on which they are based are subject to change 36 by the insurer; and
 - (iii) Actual results may be more or less favorable.

(m) If the illustration shows that the premium payer may have the option to allow policy charges to be paid using nonguaranteed values, the illustration must clearly disclose that a charge continues to be required and that, depending on actual results, the premium payer may need to continue or resume premium outlays. Similar disclosure shall be made for premium outlay of lesser amounts or shorter durations than the contract premium. If a contract premium is due, the premium outlay display shall not be left blank or show zero unless accompanied by an asterisk or similar mark to draw attention to the fact that the policy is not paid up.

- (n) If the applicant plans to use dividends or policy values, guaranteed or nonguaranteed, to pay all or a portion of the contract premium or policy charges, or for any other purpose, the illustration may reflect those plans and the impact on future policy benefits and values.
 - (2) A basic illustration shall include the following:
- (a) A brief description of the policy being illustrated, including a statement that it is a life insurance policy;
 - (b) A brief description of the premium outlay or contract premium, as applicable, for the policy. For a policy that does not require payment of a specific contract premium, the illustration shall show the premium outlay that must be paid to guarantee coverage for the term of the contract, subject to maximum premiums allowable to qualify as a life insurance policy under the applicable provisions of the internal revenue code;
 - (c) A brief description of any policy features, riders, or options, guaranteed or nonguaranteed, shown in the basic illustration and the impact they may have on the benefits and values of the policy;
 - (d) Identification and a brief definition of column headings and key terms used in the illustration; and
 - (e) A statement containing in substance the following: "This illustration assumes that the currently illustrated, nonguaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown."
 - (3)(a) Following the narrative summary, a basic illustration shall include a numeric summary of the death benefits and values and the premium outlay and contract premium, as applicable. For a policy that

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- 1 provides for a contract premium, the guaranteed death benefits and
- 2 values shall be based on the contract premium. This summary shall be
- 3 shown for at least policy years five, ten, and twenty and at age
- 4 seventy, if applicable, on the three bases shown below. For multiple
- 5 life policies the summary shall show policy years five, ten, twenty,
- 6 and thirty.

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- (i) Policy guarantees;
- (ii) Insurer's illustrated scale;
- 9 (iii) Insurer's illustrated scale used but with the nonguaranteed 10 elements reduced as follows:
- 11 (A) Dividends at fifty percent of the dividends contained in the 12 illustrated scale used;
 - (B) Nonguaranteed credited interest at rates that are the average of the guaranteed rates and the rates contained in the illustrated scale used; and
 - (C) All nonguaranteed charges, including but not limited to, term insurance charges and mortality and expense charges, at rates that are the average of the guaranteed rates and the rates contained in the illustrated scale used.
 - (b) In addition, if coverage would cease prior to policy maturity or age one hundred, the year in which coverage ceases shall be identified for each of the three bases.
 - (4) Statements substantially similar to the following shall be included on the same page as the numeric summary and signed by the applicant, or the policy owner in the case of an illustration provided at time of delivery, as required in this chapter.
 - (a) A statement to be signed and dated by the applicant or policy owner reading as follows: "I have received a copy of this illustration and understand that any nonguaranteed elements illustrated are subject to change and could be either higher or lower. The ((agent)) insurance producer has told me they are not guaranteed."
 - (b) A statement to be signed and dated by the insurance producer or other authorized representative of the insurer reading as follows: "I certify that this illustration has been presented to the applicant and that I have explained that any nonguaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration."

(5)(a) A basic illustration shall include the following for at least each policy year from one to ten and for every fifth policy year thereafter ending at age one hundred, policy maturity, or final expiration; and except for term insurance beyond the twentieth year, for any year in which the premium outlay and contract premium, if applicable, is to change:

- (i) The premium outlay and mode the applicant plans to pay and the contract premium, as applicable;
- 9 (ii) The corresponding guaranteed death benefit, as provided in the 10 policy; and
- 11 (iii) The corresponding guaranteed value available upon surrender, 12 as provided in the policy.
 - (b) For a policy that provides for a contract premium, the guaranteed death benefit and value available upon surrender shall correspond to the contract premium.
 - (c) Nonguaranteed elements may be shown if described in the contract. In the case of an illustration for a policy on which the insurer intends to credit terminal dividends, they may be shown if the insurer's current practice is to pay terminal dividends. If any nonguaranteed elements are shown, they must be shown at the same durations as the corresponding guaranteed elements, if any. If no guaranteed benefit or value is available at any duration for which a nonguaranteed benefit or value is shown, a zero shall be displayed in the guaranteed column.
- **Sec. 29.** RCW 48.23A.070 and 1997 c 313 s 9 are each amended to 26 read as follows:
 - (1) In the case of a policy designated as one for which illustrations will be used, the insurer shall provide each policy owner with an annual report on the status of the policy that shall contain at least the following information:
- 31 (a) For universal life policies, the report shall include the 32 following:
 - (i) The beginning and end date of the current report period;
- 34 (ii) The policy value at the end of the previous report period and 35 at the end of the current report period;
- 36 (iii) The total amounts that have been credited or debited to the

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- policy value during the current report period, identifying each type, such as interest, mortality, expense, and riders;
- 3 (iv) The current death benefit at the end of the current report 4 period on each life covered by the policy;
 - (v) The net cash surrender value of the policy as of the end of the current report period;
 - (vi) The amount of outstanding loans, if any, as of the end of the current report period; and
 - (vii) For fixed premium policies: If, assuming guaranteed interest, mortality, and expense loads and continued scheduled premium payments, the policy's net cash surrender value is such that it would not maintain insurance in force until the end of the next reporting period, a notice to this effect shall be included in the report; or
 - (viii) For flexible premium policies: If, assuming guaranteed interest, mortality, and expense loads, the policy's net cash surrender value will not maintain insurance in force until the end of the next reporting period unless further premium payments are made, a notice to this effect shall be included in the report.
 - (b) For all other policies, where applicable:
- 20 (i) Current death benefit;
- 21 (ii) Annual contract premium;
- 22 (iii) Current cash surrender value;
- 23 (iv) Current dividend;

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- (v) Application of current dividend; and
- 25 (vi) Amount of outstanding loan.
 - (c) Insurers writing life insurance policies that do not build nonforfeiture values shall only be required to provide an annual report with respect to these policies for those years when a change has been made to nonguaranteed policy elements by the insurer.
- 30 (2) If the annual report does not include an in-force illustration, 31 shall contain the following notice displayed prominently: 32 "IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform 33 in the future. You should not consider replacement of your policy or 34 in your coverage without 35 make changes requesting a current You may annually request, without charge, such an 36 illustration. 37 illustration by calling (insurer's phone number), writing to (insurer's 38 name) at (insurer's address) or contacting your ((agent)) insurance

- producer. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department." The insurer may vary the sequential order of the methods for obtaining an in-force illustration.
 - (3) Upon the request of the policy owner, the insurer shall furnish an in-force illustration of current and future benefits and values based on the insurer's present illustrated scale. This illustration shall comply with the requirements of RCW 48.23A.030 (1) and (2) and 48.23A.040 (1) and (5). No signature or other acknowledgment of receipt of this illustration shall be required.
- 11 (4) If an adverse change in nonguaranteed elements that could 12 affect the policy has been made by the insurer since the last annual 13 report, the annual report shall contain a notice of that fact and the 14 nature of the change prominently displayed.
- 15 **Sec. 30.** RCW 48.23A.080 and 1997 c 313 s 10 are each amended to read as follows:
 - (1) The board of directors of each insurer shall appoint one or more illustration actuaries.
 - (2) The illustration actuary shall certify that the disciplined current scale used in illustrations is in conformity with the actuarial standard of practice for compliance with the national association of insurance commissioners model regulation on life insurance illustrations adopted by the actuarial standards board, and that the illustrated scales used in insurer-authorized illustrations meet the requirements of this chapter.
 - (3) The illustration actuary shall:

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- 27 (a) Be a member in good standing of the American academy of 28 actuaries;
- 29 (b) Be familiar with the standard of practice regarding life 30 insurance policy illustrations;
- 31 (c) Not have been found by the commissioner, following appropriate 32 notice and hearing to have:
- 33 (i) Violated any provision of, or any obligation imposed by, the 34 insurance law or other law in the course of his or her dealings as an 35 illustration actuary;
 - (ii) Been found guilty of fraudulent or dishonest practices;

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- 1 (iii) Demonstrated his or her incompetence, lack of cooperation, or untrustworthiness to act as an illustration actuary; or
 - (iv) Resigned or been removed as an illustration actuary within the past five years as a result of acts or omissions indicated in any adverse report on examination or as a result of a failure to adhere to generally acceptable actuarial standards;
 - (d) Not fail to notify the commissioner of any action taken by a commissioner of another state similar to that under (c) of this subsection;
 - (e) Disclose in the annual certification whether, since the last certification, a currently payable scale applicable for business issued within the previous five years and within the scope of the certification has been reduced for reasons other than changes in the experience factors underlying the disciplined current scale. If nonguaranteed elements illustrated for new policies are not consistent with those illustrated for similar in-force policies, this must be disclosed in the annual certification. If nonguaranteed elements illustrated for both new and in-force policies are not consistent with the nonguaranteed elements actually being paid, charged, or credited to the same or similar forms, this must be disclosed in the annual certification; and
- 22 (f) Disclose in the annual certification the method used to 23 allocate overhead expenses for all illustrations:
 - (i) Fully allocated expenses;
 - (ii) Marginal expenses; or

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- (iii) A generally recognized expense table based on fully allocated expenses representing a significant portion of insurance companies and approved by the national association of insurance commissioners.
- 29 (4)(a) The illustration actuary shall file a certification with the 30 board of directors and with the commissioner:
- 31 (i) Annually for all policy forms for which illustrations are used; 32 and
 - (ii) Before a new policy form is illustrated.
- 34 (b) If an error in a previous certification is discovered, the 35 illustration actuary shall notify the board of directors of the insurer 36 and the commissioner promptly.
- 37 (5) If an illustration actuary is unable to certify the scale for

- any policy form illustration the insurer intends to use, the actuary shall notify the board of directors of the insurer and the commissioner promptly of his or her inability to certify.
 - (6) A responsible officer of the insurer, other than the illustration actuary, shall certify annually:

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- (a) That the illustration formats meet the requirements of this chapter and that the scales used in insurer-authorized illustrations are those scales certified by the illustration actuary; and
- 9 (b) That the company has provided its ((agents)) insurance 10 producers with information about the expense allocation method used by 11 the company in its illustrations and disclosed as required in 12 subsection (3)(f) of this section.
- 13 (7) The annual certifications shall be provided to the commissioner 14 each year by a date determined by the insurer.
- 15 (8) If an insurer changes the illustration actuary responsible for 16 all or a portion of the company's policy forms, the insurer shall 17 notify the commissioner of that fact promptly and disclose the reason 18 for the change.
- NEW SECTION. **Sec. 31.** A new section is added to chapter 48.23A RCW to read as follows:
- No later than January 1, 2010, or when the insurer has used all of its existing paper life insurance policy illustration forms which were in its possession on July 1, 2009, whichever is earlier, the provisions required by RCW 48.23A.040 and 48.23A.070 shall use the term insurance producer in place of agent.
- 26 **Sec. 32.** RCW 48.24.080 and 1949 c 190 s 33 are each amended to read as follows:
 - The lives of a group of individuals may be insured under a policy issued to a principal, or if such principal is a life insurer, by or to such principal, covering when issued not less than twenty-five ((agents)) insurance producers of such principal, subject to the following requirements:
- 33 (1) The ((agents)) <u>insurance producers</u> eligible for insurance under 34 the policy shall be those who are under contract to render personal 35 services for such principal for a commission or other fixed or 36 ascertainable compensation.

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(2) The policy must insure either all of the ((agents)) insurance producers or all of any class or classes thereof, determined by conditions pertaining to the services to be rendered by such ((agents)) insurance producers, except that if a policy is intended to insure several such classes it may be issued to insure any such class of which seventy-five percent are covered and extended to other classes as seventy-five percent thereof express the desire to be covered.

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- (3) The premium on the policy shall be paid by the principal or by the principal and the ((agents)) insurance producers jointly. When the premium is paid by the principal and ((agents)) insurance producers jointly and the benefits of the policy are offered to all eligible ((agents)) insurance producers, the policy, when issued, must insure not less than seventy-five percent of such ((agents)) insurance producers.
- 15 (4) The amounts of insurance shall be based upon some plan which 16 will preclude individual selection.
- 17 (5) The insurance shall be for the benefit of persons other than 18 the principal.
 - (6) Such policy shall terminate if, subsequent to issue, the number of ((agents)) insurance producers insured falls below twenty-five lives or seventy-five percent of the number eligible and the contribution of the ((agents)) insurance producers, if the premiums are on a renewable term insurance basis, exceed one dollar per month per one thousand dollars of insurance coverage plus any additional premium per one thousand dollars of insurance coverage charged to cover one or more hazardous occupations.
- 27 (((7) For the purposes of this section "agents" shall be deemed to 28 include agents, subagents, solicitors, and salesmen.))
- 29 **Sec. 33.** RCW 48.25.140 and 1947 c 79 s .25.14 are each amended to 30 read as follows:
- 31 (1) There shall be a provision that no ((agent)) insurance producer 32 shall have the power or authority to waive, change, or alter any of the 33 terms or conditions of any policy; except that, at the option of the 34 insurer, the terms or conditions may be changed by an endorsement 35 signed by a duly authorized officer of the insurer.
- 36 (2) No later than January 1, 2010, or when the insurer has used all
 37 of its existing paper industrial life insurance contract forms which

- 1 were in its possession on July 1, 2009, whichever is earlier, the
- 2 <u>notice required by subsection (1) of this section shall use the term</u>
- 3 <u>insurance producer in place of agent.</u>

- **Sec. 34.** RCW 48.30.100 and 1947 c 79 s .30.10 are each amended to read as follows:
 - No insurer, <u>insurance producer</u>, <u>title insurance</u> agent, (($\frac{broker}{solicitor}$,)) or other person((-)) shall guarantee or agree to the payment of future dividends or future refunds of unused premiums or savings in any specific or approximate amounts or percentages on account of any insurance contract.
- **Sec. 35.** RCW 48.30.140 and 1994 c 203 s 3 are each amended to read 12 as follows:
 - (1) Except to the extent provided for in an applicable filing with the commissioner then in effect, no insurer, ((general agent, agent, broker, or solicitor)) insurance producer, or title insurance agent shall, as an inducement to insurance, or after insurance has been effected, directly or indirectly, offer, promise, allow, give, set off, or pay to the insured or to any employee of the insured, any rebate, discount, abatement, or reduction of premium or any part thereof named in any insurance contract, or any commission thereon, or earnings, profits, dividends, or other benefit, or any other valuable consideration or inducement whatsoever which is not expressly provided for in the policy.
 - (2) Subsection (1) of this section shall not apply as to commissions paid to a licensed ((agent, general agent, broker, or solicitor)) insurance producer, or title insurance agent for insurance placed on that person's own property or risks.
 - (3) This section shall not apply to the allowance by any marine insurer, or marine insurance ((agent, general agent, broker, or solicitor)) producer, to any insured, in connection with marine insurance, of such discount as is sanctioned by custom among marine insurers as being additional to the ((agent's or broker's)) insurance producer's commission.
- 34 (4) This section shall not apply to advertising or promotional 35 programs conducted by insurers, <u>insurance producers</u>, or <u>title insurance</u> 36 agents((, or brokers)) whereby prizes, goods, wares, or merchandise,

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- not exceeding twenty-five dollars in value per person in the aggregate in any twelve month period, are given to all insureds or prospective insureds under similar qualifying circumstances.
- 4 (5) This section does not apply to an offset or reimbursement of all or part of a fee paid to ((a broker)) an insurance producer as provided in RCW 48.17.270.
- 7 Sec. 36. RCW 48.30.150 and 1990 1st ex.s. c 3 s 9 are each amended 8 to read as follows:

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- No insurer, ((general agent, agent, broker, solicitor)) insurance producer, title insurance agent, or other person shall, as an inducement to insurance, or in connection with any insurance transaction, provide in any policy for, or offer, or sell, buy, or offer or promise to buy or give, or promise, or allow to, or on behalf of, the insured or prospective insured in any manner whatsoever:
- 15 (1) Any shares of stock or other securities issued or at any time 16 to be issued on any interest therein or rights thereto; or
 - (2) Any special advisory board contract, or other contract, agreement, or understanding of any kind, offering, providing for, or promising any profits or special returns or special dividends; or
 - (3) Any prizes, goods, wares, or merchandise of an aggregate value in excess of twenty-five dollars.
 - This section shall not be deemed to prohibit the sale or purchase of securities as a condition to or in connection with surety insurance insuring the performance of an obligation as part of a plan of financing found by the commissioner to be designed and operated in good faith primarily for the purpose of such financing, nor shall it be deemed to prohibit the sale of redeemable securities of a registered investment company in the same transaction in which life insurance is sold.
- 30 **Sec. 37.** RCW 48.30.157 and 1988 c 248 s 17 are each amended to read as follows:
- Notwithstanding the provisions of RCW 48.30.140, 48.30.150, and 48.30.155, the commissioner may permit an ((agent or broker)) insurance producer to enter into reasonable arrangements with insureds and prospective insureds to charge a reduced fee in situations where services that are charged for are provided beyond the scope of services

- customarily provided in connection with the solicitation and procurement of insurance, so that an overall charge to an insured or prospective insured is reasonable taking into account receipt of commissions and fees and their relation, proportionally, to the value of the total work performed.
- 6 **Sec. 38.** RCW 48.30.170 and 1994 c 203 s 4 are each amended to read 7 as follows:
- 8 (1) No insured person shall receive or accept, directly or 9 indirectly, any rebate of premium or part thereof, or any favor, advantage, share in dividends, or other benefits, or any valuable 10 11 consideration or inducement not specified or provided for in the policy, or any commission on any insurance policy to which he or she is 12 not lawfully entitled as a licensed insurance producer or title 13 <u>insurance</u> agent((, broker, or solicitor)). The retention by the 14 15 nominal policyholder in any group life insurance contract of any part 16 of any dividend or reduction of premium thereon contrary to the provisions of RCW 48.24.260, shall be deemed the acceptance and receipt 17 of a rebate and shall be punishable as provided by this code. 18

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- (2) The amount of insurance whereon the insured has so received or accepted any such rebate or any such commission, other than as to life or disability insurances, shall be reduced in the proportion that the amount or value of the rebate or commission bears to the premium for such insurance. In addition to such reduction of insurance, if any, any such insured shall be liable to a fine of not more than two hundred dollars.
- 26 (3) This section shall not apply to an offset or reimbursement of 27 all or part of a fee paid to ((a broker)) an insurance producer as 28 provided in RCW 48.17.270.
- 29 **Sec. 39.** RCW 48.30.200 and 1947 c 79 s .30.20 are each amended to read as follows:
- It shall be unlawful for any insurer or its representative, or any ((agent or broker)) insurance producer, to hypothecate, sell, or dispose of any promissory note, received in payment for any premium or part thereof on any contract of life insurance or of disability insurance applied for, prior to delivery of the policy to the applicant.

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Sec. 40. RCW 48.30.240 and 1947 c 79 s .30.24 are each amended to 2 read as follows:

- (1) Any insurer which precipitates, or aids in precipitating or conducting a rate war and by so doing writes or issues a policy of insurance at a less rate than permitted under its schedules filed with the commissioner, or below the rate deemed by him or her to be proper and adequate to cover the class of risk insured, shall have its certificate of authority to do business in this state suspended until such time as the commissioner is satisfied that it is charging a proper rate of premium.
- (2) Any insurer which has precipitated, or aided in precipitating or conducting a rate war for the purpose of punishing or eliminating competitors or stifling competition, or demoralizing the business, or for any other purpose, and has ordered the cancellation or rewriting of policies at a rate lower than that provided by its rating schedules where such rate war is not in operation, and has paid or attempted to pay to the insured any return premiums, on any risk so to be rewritten, on which its ((agent)) appointed insurance producer has received or is entitled to receive ((his)) a regular commission, such insurer shall not be allowed to charge back to such ((agent)) appointed insurance producer any portion of ((his)) a commission on the ground that the same has not been earned.
- **Sec. 41.** RCW 48.30.260 and 1990 1st ex.s. c 3 s 13 are each 24 amended to read as follows:
 - (1) Every debtor or borrower, when property insurance of any kind is required in connection with the debt or loan, shall have reasonable opportunity and choice in the selection of the ((agent, broker,)) insurance producer and insurer through whom such insurance is to be placed; but only if the insurance is properly provided for the protection of the creditor or lender, whether by policy or binder, not later than at commencement of risk as to such property as respects such creditor or lender, and in the case of renewal of insurance, only if the renewal policy, or a proper binder therefor containing a brief description of the coverage bound and the identity of the insurer in which the coverage is bound, is delivered to the creditor or lender not later than thirty days prior to the renewal date.

- (2) Every person who lends money or extends credit and who solicits insurance on real and personal property must explain to the borrower in prominently displayed writing that the insurance related to such loan or credit extension may be purchased from an insurer or ((agent)) insurance producer of the borrower's choice, subject only to the lender's right to reject a given insurer or ((agent)) insurance producer as provided in subsection (3)(b) of this section.
 - (3) No person who lends money or extends credit may:

- (a) Solicit insurance for the protection of property, after a person indicates interest in securing a loan or credit extension, until such person has received a commitment from the lender as to a loan or credit extension;
- (b) Unreasonably reject a contract of insurance furnished by the borrower for the protection of the property securing the credit or lien. A rejection shall not be deemed unreasonable if it is based on reasonable standards, uniformly applied, relating to the extent of coverage required and the financial soundness and the services of an insurer. Such standards shall not discriminate against any particular type of insurer, nor shall such standards call for rejection of an insurance contract because the contract contains coverage in addition to that required in the credit transaction;
- (c) Require that any borrower, mortgagor, purchaser, insurer, ((broker, or agent)) or insurance producer pay a separate charge, in connection with the handling of any contract of insurance required as security for a loan, or pay a separate charge to substitute the insurance policy of one insurer for that of another. This subsection does not include the interest which may be charged on premium loans or premium advancements in accordance with the terms of the loan or credit document;
- (d) Use or disclose, without the prior written consent of the borrower, mortgagor, or purchaser taken at a time other than the making of the loan or extension of credit, information relative to a contract of insurance which is required by the credit transaction, for the purpose of replacing such insurance;
- (e) Require any procedures or conditions of duly licensed ((agents, brokers,)) insurance producers or insurers not customarily required of those ((agents, brokers,)) insurance producers or insurers affiliated

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or in any way connected with the person who lends money or extends credit; or

- (f) Require property insurance in an amount in excess of the amount which could reasonably be expected to be paid under the policy, or combination of policies, in the event of a loss.
- (4) Nothing contained in this section shall prevent a person who lends money or extends credit from placing insurance on real or personal property in the event the mortgagor, borrower, or purchaser has failed to provide required insurance in accordance with the terms of the loan or credit document.
- 11 (5) Nothing contained in this section shall apply to credit life or 12 credit disability insurance.
- **Sec. 42.** RCW 48.30.270 and 2005 c 352 s 1 are each amended to read 14 as follows:
 - (1) No officer or employee of this state, or of any public agency, public authority or public corporation except a public corporation or public authority created pursuant to agreement or compact with another state, and no person acting or purporting to act on behalf of such officer or employee, or public agency or public authority or public corporation, shall, with respect to any public building or construction contract which is about to be, or which has been competitively bid, require the bidder to make application to, or to furnish financial data to, or to obtain or procure, any of the surety bonds or contracts of insurance specified in connection with such contract, or specified by any law, general, special or local, from a particular insurer or ((agent or broker)) insurance producer.
 - (2) No such officer or employee or any person, acting or purporting to act on behalf of such officer or employee shall negotiate, make application for, obtain or procure any of such surety bonds or contracts of insurance, except contracts of insurance for builder's risk or owner's protective liability, which can be obtained or procured by the bidder, contractor or subcontractor.
- 33 (3) This section shall not be construed to prevent the exercise by 34 such officer or employee on behalf of the state or such public agency, 35 public authority, or public corporation of its right to approve the 36 form, sufficiency or manner or execution of the surety bonds or

contracts of insurance furnished by the insurer selected by the bidder to underwrite such bonds, or contracts of insurance.

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- (4) Any provisions in any invitation for bids, or in any of the contract documents, in conflict with this section are declared to be contrary to the public policy of this state.
- (5) A violation of this section shall be subject to the penalties provided by RCW 48.01.080.
- (6) This section shall not apply to public construction projects, when the actual or estimated aggregate value of the project, exclusive of insurance and surety costs, exceeds two hundred million dollars. For purposes of applying the two hundred million dollar threshold set forth in this subsection, the term "public construction project" means a project that has a public owner and has phases, segments, or component parts relating to a common geographic site or public transportation system, but does not include the aggregation of unrelated construction projects.
- 17 (7) The exclusions specified in subsection (6) of this section do not apply to surety bonds.
- **Sec. 43.** RCW 48.31.111 and 2003 c 248 s 11 are each amended to 20 read as follows:
 - (1) A delinquency proceeding may not be commenced under this chapter by anyone other than the commissioner of this state, and no court has jurisdiction to entertain a proceeding commenced by another person.
 - (2) No court of this state has jurisdiction to entertain a complaint praying for the dissolution, liquidation, rehabilitation, sequestration, conservation, or receivership of an insurer, or praying for an injunction or restraining order or other relief preliminary to, incidental to, or relating to the proceedings, other than in accordance with this chapter.
 - (3) In addition to other grounds for jurisdiction provided by the law of this state, a court of this state having jurisdiction of the subject matter has jurisdiction over a person served under the rules of civil procedure or other applicable provisions of law in an action brought by the receiver of a domestic insurer or an alien insurer domiciled in this state:

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(a) If the person served is an ((agent, broker)) insurance producer, title insurance agent, or other person who has written policies of insurance for or has acted in any manner on behalf of an insurer against which a delinquency proceeding has been instituted, in an action resulting from or incident to such a relationship with the insurer;

- (b) If the person served is a reinsurer who has entered into a contract of reinsurance with an insurer against which a delinquency proceeding has been instituted, or is an ((agent or broker)) insurance producer of or for the reinsurer, in an action on or incident to the reinsurance contract;
- (c) If the person served is or has been an officer, director, manager, trustee, organizer, promoter, or other person in a position of comparable authority or influence over an insurer against which a delinquency proceeding has been instituted, in an action resulting from or incident to such a relationship with the insurer;
- (d) If the person served is or was at the time of the institution of the delinquency proceeding against the insurer holding assets in which the receiver claims an interest on behalf of the insurer, in an action concerning the assets; or
- 21 (e) If the person served is obligated to the insurer in any way, in 22 an action on or incident to the obligation.
 - (4) If the court on motion of a party finds that an action should as a matter of substantial justice be tried in a forum outside this state, the court may enter an appropriate order to stay further proceedings on the action in this state.
- **Sec. 44.** RCW 48.31.141 and 1993 c 462 s 65 are each amended to 28 read as follows:
 - (1)(a) An ((agent, broker)) insurance producer, title insurance agent, premium finance company, or any other person, other than the policy owner or the insured, responsible for the payment of a premium is obligated to pay any unpaid premium for the full policy term due the insurer at the time of the declaration of insolvency, whether earned or unearned, as shown on the records of the insurer. The liquidator also has the right to recover from the person a part of an unearned premium that represents commission of the person. Credits or setoffs or both may not be allowed to an ((agent, broker)) insurance producer, title

<u>insurance agent</u>, or premium finance company for amounts advanced to the insurer by the ((agent,)) <u>insurance producer</u>, <u>title insurance agent</u>, <u>surplus line</u> broker, or premium finance company on behalf of, but in the absence of a payment by, the policy owner or the insured.

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- 5 (b) Notwithstanding (a) of this subsection, the ((agent, broker)) insurance producer, title insurance agent, premium finance company, or 6 7 other person is not liable for uncollected unearned premium of the A presumption exists that the premium as shown on the books 8 of the insurer is collected, and the burden is upon the ((agent, 9 broker)) insurance producer, title insurance agent, premium finance 10 company, or other person to demonstrate by a preponderance of the 11 12 evidence that the unearned premium was not actually collected. 13 purposes of this subsection, "unearned premium" means that portion of 14 an insurance premium covering the unexpired term of the policy or the unexpired period of the policy period. 15
- 16 (c) An insured is obligated to pay any unpaid earned premium due 17 the insurer at the time of the declaration of insolvency, as shown on 18 the records of the insurer.
 - (2) Upon a violation of this section, the commissioner may pursue either one or both of the following courses of action:
 - (a) Suspend or revoke or refuse to renew the licenses of the offending party or parties;
- 23 (b) Impose a penalty of not more than one thousand dollars for each violation.
 - (3) Before the commissioner may take an action as set forth in subsection (2) of this section, he or she shall give written notice to the person accused of violating the law, stating specifically the nature of the alleged violation, and fixing a time and place, at least ten days thereafter, when a hearing on the matter shall be held. After the hearing, or upon failure of the accused to appear at the hearing, the commissioner, if he or she finds a violation, shall impose those penalties under subsection (2) of this section that he or she deems advisable.
- 34 (4) When the commissioner takes action in any or all of the ways 35 set out in subsection (2) of this section, the party aggrieved has the 36 rights granted under the Administrative Procedure Act, chapter 34.05 37 RCW.

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- 1 **Sec. 45.** RCW 48.36A.310 and 1996 c 236 s 3 are each amended to read as follows:
- 3 (1) The commissioner may refuse, suspend, or revoke a fraternal 4 benefit society's license, if the society:
 - (a) Has exceeded its powers;

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- 6 (b) Has failed to comply with any of the provisions of this 7 chapter;
 - (c) Is not fulfilling its contracts in good faith;
- 9 (d) Is conducting its business fraudulently;
- 10 (e) Has a membership of less than four hundred after an existence 11 of one year or more;
- (f) Is found by the commissioner to be in such a condition that its further transaction of insurance in this state would be hazardous to certificate holders and the people in this state;
 - (g) Refuses to remove or discharge a trustee, director, or officer who has been convicted of any crime involving fraud, dishonesty, or like moral turpitude;
 - (h) Refuses to be examined, or if its trustees, directors, officers, employees, or representatives refuse to submit to examination or to produce its accounts, records, and files for examination by the commissioner when required, or refuse to perform any legal obligation relative to the examination;
 - (i) Fails to pay any final judgment rendered against it in this state upon any certificate, or undertaking issued by it, within thirty days after the judgment became final or within thirty days after time for taking an appeal has expired, or within thirty days after dismissal of an appeal before final determination, whichever date is the later;
 - (j) Is found by the commissioner, after investigation or upon receipt of reliable information, to be managed by persons, whether by its trustees, directors, officers, or by any other means, who are incompetent or untrustworthy or so lacking in fraternal benefit society managerial experience as to make a proposed operation hazardous to its members; or that there is good reason to believe it is affiliated directly or indirectly through ownership, control, or business relations, with any person or persons whose business operations are or have been found to be in violation of any law or rule, to the detriment of the members of the society or of the public, by bad faith or by

manipulation of the assets, or of accounts, or of reinsurance of the society; or

- (k) Does business through ((agents)) <u>insurance producers</u> or other representatives in this state or in any other state who are not properly licensed under applicable laws and rules.
- (2) Nothing in this section shall prevent a society from continuing, in good faith, all contracts made in this state during the time the society was legally authorized to transact business herein.
- **Sec. 46.** RCW 48.36A.330 and 1987 c 366 s 33 are each amended to 10 read as follows:
 - (1) ((Agents)) <u>Insurance producers</u> of societies shall be licensed in accordance with the applicable provisions of chapter 48.17 RCW regulating the licensing, revocation, suspension, or termination of licenses of resident and nonresident ((agents. Persons who are so authorized by a fraternal benefit society for a period of one year immediately prior to June 13, 1963, shall not be required to take and pass an examination as required by RCW 48.17.110)) insurance producers.
 - (2) The following individuals shall not be deemed an ((agent)) insurance producer of a fraternal benefit society within the provisions of subsection (1) of this section:
 - (a) Any regular salaried officer or employee of a licensed society who devotes substantially all of their services to activities other than the solicitation of fraternal insurance contracts from the public, and who receives for the solicitation of such contracts no commission or other compensation directly dependent upon the amount of business obtained; or
 - (b) Any ((agent)) insurance producer or representative of a society who devotes, or intends to devote, less than fifty percent of their time to the solicitation and procurement of insurance contracts for such society: PROVIDED, That any person who in the preceding calendar year has solicited and procured life insurance contracts on behalf of any society in an amount of insurance in excess of fifty thousand dollars shall be conclusively presumed to be devoting, or intending to devote, fifty percent of the person's time to the solicitation or procurement of insurance contracts for such society.

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Sec. 47. RCW 48.41.060 and 2005 c 7 s 2 are each amended to read 2 as follows:

- (1) The board shall have the general powers and authority granted under the laws of this state to insurance companies, health care service contractors, and health maintenance organizations, licensed or registered to offer or provide the kinds of health coverage defined under this title. In addition thereto, the board shall:
- (a) Designate or establish the standard health questionnaire to be used under RCW 48.41.100 and 48.43.018, including the form and content of the standard health questionnaire and the method of its application. The questionnaire must provide for an objective evaluation of an individual's health status by assigning a discreet measure, such as a system of point scoring to each individual. The questionnaire must not contain any questions related to pregnancy, and pregnancy shall not be a basis for coverage by the pool. The questionnaire shall be designed such that it is reasonably expected to identify the eight percent of persons who are the most costly to treat who are under individual coverage in health benefit plans, as defined in RCW 48.43.005, in Washington state or are covered by the pool, if applied to all such persons;
- (b) Obtain from a member of the American academy of actuaries, who is independent of the board, a certification that the standard health questionnaire meets the requirements of (a) of this subsection;
- (c) Approve the standard health questionnaire and any modifications needed to comply with this chapter. The standard health questionnaire shall be submitted to an actuary for certification, modified as necessary, and approved at least every eighteen months. The designation and approval of the standard health questionnaire by the board shall not be subject to review and approval by the commissioner. The standard health questionnaire or any modification thereto shall not be used until ninety days after public notice of the approval of the questionnaire or any modification thereto, except that the initial standard health questionnaire approved for use by the board after March 23, 2000, may be used immediately following public notice of such approval;
- (d) Establish appropriate rates, rate schedules, rate adjustments, expense allowances, claim reserve formulas and any other actuarial functions appropriate to the operation of the pool. Rates shall not be

unreasonable in relation to the coverage provided, the risk experience, and expenses of providing the coverage. Rates and rate schedules may be adjusted for appropriate risk factors such as age and area variation in claim costs and shall take into consideration appropriate risk factors in accordance with established actuarial underwriting practices consistent with Washington state individual plan rating requirements under RCW 48.44.022 and 48.46.064;

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- (e)(i) Assess members of the pool in accordance with the provisions of this chapter, and make advance interim assessments as may be reasonable and necessary for the organizational or interim operating expenses. Any interim assessments will be credited as offsets against any regular assessments due following the close of the year.
- (ii) Self-funded multiple employer welfare arrangements are subject to assessment under this subsection only in the event that assessments are not preempted by the employee retirement income security act of 1974, as amended, 29 U.S.C. Sec. 1001 et seq. The arrangements and the commissioner shall initially request an advisory opinion from the United States department of labor or obtain a declaratory ruling from a federal court on the legality of imposing assessments on these arrangements before imposing the assessment. Once the legality of the assessments has been determined, the multiple employer welfare arrangement certified by the insurance commissioner must begin payment of these assessments.
- (iii) If there has not been a final determination of the legality of these assessments, then beginning on the earlier of (A) the date the fourth multiple employer welfare arrangement has been certified by the insurance commissioner, or (B) April 1, 2006, the arrangement shall deposit the assessments imposed by this subsection into an interest bearing escrow account maintained by the arrangement. Upon a final determination that the assessments are not preempted by the employee retirement income security act of 1974, as amended, 29 U.S.C. Sec. 1001 et seq., all funds in the interest bearing escrow account shall be transferred to the board;
- (f) Issue policies of health coverage in accordance with the requirements of this chapter;
- 36 (g) Establish procedures for the administration of the premium 37 discount provided under RCW 48.41.200(3)(a)(iii);

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- (h) Contract with the Washington state health care authority for the administration of the premium discounts provided under RCW 48.41.200(3)(a) (i) and (ii);
 - (i) Set a reasonable fee to be paid to an insurance ((agent)) producer licensed in Washington state for submitting an acceptable application for enrollment in the pool; and
 - (j) Provide certification to the commissioner when assessments will exceed the threshold level established in RCW 48.41.037.
 - (2) In addition thereto, the board may:

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- (a) Enter into contracts as are necessary or proper to carry out the provisions and purposes of this chapter including the authority, with the approval of the commissioner, to enter into contracts with similar pools of other states for the joint performance of common administrative functions, or with persons or other organizations for the performance of administrative functions;
- (b) Sue or be sued, including taking any legal action as necessary to avoid the payment of improper claims against the pool or the coverage provided by or through the pool;
- (c) Appoint appropriate legal, actuarial, and other committees as necessary to provide technical assistance in the operation of the pool, policy, and other contract design, and any other function within the authority of the pool; and
- (d) Conduct periodic audits to assure the general accuracy of the financial data submitted to the pool, and the board shall cause the pool to have an annual audit of its operations by an independent certified public accountant.
- 27 (3) Nothing in this section shall be construed to require or authorize the adoption of rules under chapter 34.05 RCW.
- 29 **Sec. 48.** RCW 48.43.105 and 1996 c 312 s 5 are each amended to read 30 as follows:
- 31 (1) A public or private entity who exercises due diligence in 32 preparing a document of any kind that compares health carriers of any 33 kind is immune from civil liability from claims based on the document 34 and the contents of the document.
- 35 (2)(a) There is absolute immunity to civil liability from claims 36 based on such a comparison document and its contents if the information

was provided by the carrier, was substantially accurately presented, and contained the effective date of the information that the carrier supplied, if any.

- (b) Where due diligence efforts to obtain accurate information have been taken, there is immunity from claims based on such a comparison document and its contents if the publisher of the comparison document asked for such information from the carrier, was refused, and relied on any usually reliable source for the information including, but not limited to, carrier enrollees, customers, ((agents, brokers)) insurance producers, or providers. The carrier enrollees, customers, ((agents, brokers)) insurance producers, or providers are likewise immune from civil liability on claims based on information they provided if they believed the information to be accurate and had exercised due diligence in their efforts to confirm the accuracy of the information provided.
- 15 (3) The immunity from liability contained in this section applies 16 only if the comparison document contains the following in a conspicuous 17 place and in easy to read typeface:

This comparison is based on information believed to be reliable by its publisher, but the accuracy of the information cannot be guaranteed. Caution is suggested to all readers who are encouraged to confirm data of importance to the reader before any purchasing or other decisions are made.

- (4) The insurance commissioner is prohibited from adopting rules regarding this section.
- **Sec. 49.** RCW 48.43.335 and 1998 c 241 s 8 are each amended to read 26 as follows:
 - (1) All RBC reports, to the extent the information therein is not required to be set forth in a publicly available annual statement schedule, and RBC plans, including the results or report of any examination or analysis of a carrier and any corrective order issued by the commissioner, with respect to any domestic carrier or foreign carrier that are filed with the commissioner constitute information that might be damaging to the carrier if made available to its competitors, and therefore shall be kept confidential by the commissioner. This information shall not be made public or be subject to subpoena, other than by the commissioner and then only for the purpose of enforcement actions taken by the commissioner.

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- (2) The comparison of a carrier's total adjusted capital to any of 1 2 its RBC levels is a regulatory tool that may indicate the need for possible corrective action with respect to the carrier, and is not a 3 means to rank carriers generally. Therefore, except as otherwise 4 required under the provisions of RCW 48.43.300 through 48.43.370, the 5 making, publishing, disseminating, circulating, or placing before the 6 7 public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a newspaper, 8 magazine, or other publication, or in the form of a notice, circular, 9 pamphlet, letter, or poster, or over any radio or television station, 10 or in any other way, an advertisement, announcement, or statement 11 containing an assertion, representation, or statement with regard to 12 the RBC levels of any carrier, or of any component derived in the 13 calculation, by any carrier, ((agent, broker)) insurance producer, or 14 other person engaged in any manner in the insurance business would be 15 16 misleading and is therefore prohibited. However, if any materially 17 false statement with respect to the comparison regarding a carrier's total adjusted capital to its RBC levels (or any of them) or an 18 inappropriate comparison of any other amount to the carrier's RBC 19 levels is published in any written publication and the carrier is able 20 21 to demonstrate to the commissioner with substantial proof the falsity 22 of such statement, or the inappropriateness, as the case may be, then 23 the carrier may publish an announcement in a written publication if the 24 sole purpose of the announcement is to rebut the materially false 25 statement.
 - (3) The RBC instructions, RBC reports, adjusted RBC reports, RBC plans, and revised RBC plans are intended solely for use by the commissioner in monitoring the solvency of carriers and the need for possible corrective action with respect to carriers and shall not be used by the commissioner for ratemaking nor considered or introduced as evidence in any rate proceeding nor used by the commissioner to calculate or derive any elements of an appropriate premium level or rate of return for any line of insurance that a carrier or any affiliate is authorized to write.
- 35 **Sec. 50.** RCW 48.44.011 and 1983 c 202 s 1 are each amended to read as follows:
- 37 (1) ((Agent)) <u>Insurance producer</u>, as used in this chapter, means

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any person appointed or authorized by a health care service contractor to solicit applications for health care service contracts on its behalf.

- (2) No person shall act as or hold himself <u>or herself</u> out to be an ((agent)) <u>appointed insurance producer</u> of a health care service contractor unless licensed as a disability insurance ((agent)) <u>producer</u> by this state and appointed by the health care service contractor on whose behalf solicitations are to be made.
- (3) Applications, appointments, and qualifications for licenses, the renewal thereof, the fees and issuance of a license, and the renewal thereof shall be in accordance with the provisions of chapter 48.17 RCW that are applicable to a disability insurance ((agent)) producer.
- 14 (4) ((A person holding a valid license in this state as a health 15 care service contractor agent on July 24, 1983, is not required to 16 requalify by an examination for the renewal of the license.
- (5)) The commissioner may revoke, suspend, or refuse to issue or renew any ((agent's)) insurance producer's license, or levy a fine upon the licensee, in accordance with those provisions of chapter 48.17 RCW that are applicable to a disability insurance ((agent)) producer.
- **Sec. 51.** RCW 48.44.020 and 2000 c 79 s 28 are each amended to read 22 as follows:
 - (1) Any health care service contractor may enter into contracts with or for the benefit of persons or groups of persons which require prepayment for health care services by or for such persons in consideration of such health care service contractor providing one or more health care services to such persons and such activity shall not be subject to the laws relating to insurance if the health care services are rendered by the health care service contractor or by a participating provider.
 - (2) The commissioner may on examination, subject to the right of the health care service contractor to demand and receive a hearing under chapters 48.04 and 34.05 RCW, disapprove any individual or group contract form for any of the following grounds:
 - (a) If it contains or incorporates by reference any inconsistent, ambiguous or misleading clauses, or exceptions and conditions which

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- unreasonably or deceptively affect the risk purported to be assumed in the general coverage of the contract; or
- 3 (b) If it has any title, heading, or other indication of its 4 provisions which is misleading; or
 - (c) If purchase of health care services thereunder is being solicited by deceptive advertising; or
 - (d) If it contains unreasonable restrictions on the treatment of patients; or
 - (e) If it violates any provision of this chapter; or

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- 10 (f) If it fails to conform to minimum provisions or standards 11 required by regulation made by the commissioner pursuant to chapter 12 34.05 RCW; or
 - (g) If any contract for health care services with any state agency, division, subdivision, board, or commission or with any political subdivision, municipal corporation, or quasi-municipal corporation fails to comply with state law.
 - (3) In addition to the grounds listed in subsection (2) of this section, the commissioner may disapprove any group contract if the benefits provided therein are unreasonable in relation to the amount charged for the contract.
 - (4)(a) Every contract between a health care service contractor and a participating provider of health care services shall be in writing and shall state that in the event the health care service contractor fails to pay for health care services as provided in the contract, the enrolled participant shall not be liable to the provider for sums owed by the health care service contractor. Every such contract shall provide that this requirement shall survive termination of the contract.
- 29 (b) No participating provider, ((agent,)) insurance producer, 30 trustee, or assignee may maintain any action against an enrolled 31 participant to collect sums owed by the health care service contractor.
- 32 **Sec. 52.** RCW 48.44.164 and 1969 c 115 s 10 are each amended to read as follows:
- 34 Upon the suspension, revocation or refusal of a health care service 35 contractor's registration, the commissioner shall give notice thereof 36 to such contractor and shall likewise suspend, revoke, or refuse the

- 1 authority of its ((agents)) appointed insurance producers to represent
- 2 it in this state and give notice thereof to the ((agents)) appointed
- 3 insurance producers.

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Sec. 53. RCW 48.44.230 and 1983 1st ex.s. c 32 s 11 are each amended to read as follows:

6 Every subscriber of an individual health care service plan contract 7 issued after September 1, 1973, may return the contract to the health care service contractor or the ((agent)) insurance producer through 8 9 whom it was purchased within ten days of its delivery to the subscriber if, after examination of the contract, he or she is not satisfied with 10 11 it for any reason, and the health care service contractor shall refund 12 promptly any fee paid for such contract. Upon such return of the contract it shall be void from the beginning and the parties shall be 13 in the same position as if no policy had been issued. Notice of the 14 substance of this section shall be printed on the face of each such 15 16 contract or be attached thereto. An additional ten percent penalty 17 shall be added to any premium refund due which is not paid within thirty days of return of the policy to the insurer or ((agent)) 18 insurance producer. 19

- 20 **Sec. 54.** RCW 48.46.023 and 1983 c 202 s 8 are each amended to read 21 as follows:
 - (1) ((Agent)) <u>Insurance producer</u>, as used in this chapter, means any person appointed or authorized by a health maintenance organization to solicit applications for health care service agreements on its behalf.
 - (2) No person shall act as or hold himself <u>or herself</u> out to be an ((agent)) <u>appointed insurance producer</u> of a health maintenance organization unless licensed as a disability insurance ((agent)) <u>producer</u> by this state and appointed or authorized by the health maintenance organization on whose behalf solicitations are to be made.
- 31 (3) Applications, appointments, and qualifications for licenses, 32 the renewal thereof, the fees and issuance of a license, and the 33 renewal thereof shall be in accordance with the provisions of chapter 34 48.17 RCW that are applicable to a disability insurance ((agent)) 35 producer.

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(4) ((A person holding a valid license in this state as a health maintenance organization agent on July 24, 1983, is not required to requalify by an examination for the renewal of the license.

- (5))) The commissioner may revoke, suspend, or refuse to issue or renew any ((agent's)) insurance producer's license, or levy a fine upon the licensee, in accordance with those provisions of chapter 48.17 RCW that are applicable to a disability insurance ((agent)) producer.
- **Sec. 55.** RCW 48.46.170 and 2003 c 248 s 17 are each amended to 9 read as follows:
 - (1) Solicitation of enrolled participants by a health maintenance organization granted a certificate of registration, or its ((agents)) appointed insurance producers or representatives, does not violate any provision of law relating to solicitation or advertising by health professionals.
 - (2) Any health maintenance organization authorized under this chapter is not violating any law prohibiting the practice by unlicensed persons of podiatric medicine and surgery, chiropractic, dental hygiene, opticianry, dentistry, optometry, osteopathic medicine and surgery, pharmacy, medicine and surgery, physical therapy, nursing, or psychology. This subsection does not expand a health professional's scope of practice or allow employees of a health maintenance organization to practice as a health professional unless licensed.
- 23 (3) This chapter does not alter any statutory obligation, or rule 24 adopted thereunder, in chapter 70.38 RCW.
- 25 (4) Any health maintenance organization receiving a certificate of registration pursuant to this chapter is exempt from chapter 48.05 RCW.
- **Sec. 56.** RCW 48.46.243 and 1990 c 119 s 7 are each amended to read 28 as follows:
 - (1) Subject to subsection (2) of this section, every contract between a health maintenance organization and its participating providers of health care services shall be in writing and shall set forth that in the event the health maintenance organization fails to pay for health care services as set forth in the agreement, the enrolled participant shall not be liable to the provider for any sums owed by the health maintenance organization. Every such contract shall

1 provide that this requirement shall survive termination of the 2 contract.

- (2) The provisions of subsection (1) of this section shall not apply to emergency care from a provider who is not a participating provider, to out-of-area services or, in exceptional situations approved in advance by the commissioner, if the health maintenance organization is unable to negotiate reasonable and cost-effective participating provider contracts.
- (3)(a) Each participating provider contract form shall be filed with the commissioner fifteen days before it is used.
- (b) Any contract form not affirmatively disapproved within fifteen days of filing shall be deemed approved, except that the commissioner may extend the approval period an additional fifteen days upon giving notice before the expiration of the initial fifteen-day period. The commissioner may approve such a contract form for immediate use at any time. Approval may be subsequently withdrawn for cause.
- (c) Subject to the right of the health maintenance organization to demand and receive a hearing under chapters 48.04 and 34.05 RCW, the commissioner may disapprove such a contract form if it is in any respect in violation of this chapter or if it fails to conform to minimum provisions or standards required by the commissioner by rule under chapter 34.05 RCW.
- (4) No participating provider, or ((agent)) insurance producer, trustee, or assignee thereof, may maintain an action against an enrolled participant to collect sums owed by the health maintenance organization.
- **Sec. 57.** RCW 48.46.260 and 1983 c 202 s 13 are each amended to 28 read as follows:

Every subscriber of an individual health maintenance agreement may return the agreement to the health maintenance organization or the ((agent)) insurance producer through whom it was purchased within ten days of its delivery to the subscriber if, after examination of the agreement, the subscriber is not satisfied with it for any reason. The health maintenance organization shall refund promptly any fee paid for the agreement. An additional ten percent penalty shall be added to any premium refund due which is not paid within thirty days of return of the policy to the health maintenance organization or ((agent))

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- 1 <u>insurance producer</u>. Upon such return of the agreement, it shall be
- 2 void from the beginning and the parties shall be in the same position
- 3 as if no agreement had been issued. Notice of the provisions of this
- 4 section shall be printed on the face of each such agreement or be
- 5 attached thereto.
- 6 **Sec. 58.** RCW 48.46.340 and 1983 c 106 s 12 are each amended to 7 read as follows:
- 8 Every subscriber of an individual health maintenance agreement may 9 return the agreement to the health maintenance organization or the 10 ((agent)) insurance producer through whom it was purchased within ten 11 days of its delivery to the subscriber if, after examination of the agreement, the subscriber is not satisfied with it for any reason. The 12 health maintenance organization shall refund promptly any fee paid for 13 the agreement. Upon such return of the agreement, it shall be void 14 15 from the beginning and the parties shall be in the same position as if 16 no agreement had been issued. Notice of the substance of this section 17 shall be printed on the face of each such agreement or be attached 18 thereto.
- 19 **Sec. 59.** RCW 48.50.070 and 2006 c 284 s 14 are each amended to 20 read as follows:
- Any licensed insurance producer, title insurance agent, ((any 21 licensed insurance broker, or any)) or insurer or person acting in the 22 23 insurer's behalf, health maintenance organization or person acting in behalf of the health maintenance organization, health care service 24 25 contractor or person acting in behalf of the health care service contractor, or any authorized agency which releases information, 26 27 whether oral or written, to the commissioner, the national insurance crime bureau, the national association of insurance commissioners, 28 29 other law enforcement agent or agency, or another insurer under RCW 30 48.50.030, 48.50.040, 48.50.050, 48.50.055, or 48.135.050 is immune from liability in any civil or criminal action, suit, or prosecution 31 arising from the release of the information, unless actual malice on 32 the part of the ((agent, broker)) insurance producer, title insurance 33 34 agent, insurer, health care maintenance organization, health care 35 service contractor, or authorized agency against the insured is shown.

Sec. 60. RCW 48.56.020 and 1969 ex.s. c 190 s 2 are each amended to read as follows:

As used in this chapter:

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- (1) "Insurance premium finance company" means a person engaged in the business of entering into insurance premium finance agreements.
- (2) "Premium finance agreement" means an agreement by which an insured or prospective insured promises to pay to a premium finance company the amount advanced or to be advanced under the agreement to an insurer or to an insurance ((agent or broker)) producer in payment of premiums on an insurance contract together with a service charge as authorized and limited by this chapter and as security therefor the insurance premium finance company receives an assignment of the unearned premium.
- 14 (3) "Licensee" means a premium finance company holding a license 15 issued by the insurance commissioner under this chapter.
- 16 **Sec. 61.** RCW 48.56.080 and 1975-'76 2nd ex.s. c 119 s 6 are each amended to read as follows:
- 18 (1) A premium finance agreement shall((--)):
- 19 (a) <u>Be</u> dated, signed by or on behalf of the insured, and the 20 printed portion thereof shall be in at least eight point type;
 - (b) Contain the name and place of business of the insurance ((agent)) producer negotiating the related insurance contract, the name and residence or the place of business of the premium finance company to which payments are to be made, a description of the insurance contracts involved and the amount of the premium therefor; and
 - (c) Set forth the following items where applicable ((--)):
 - (i) The total amount of the premiums((τ)):
- (ii) The amount of the down payment((-)):
- 29 (iii) The principal balance (the difference between items (i) and $(ii))((\tau))$:
 - (iv) The amount of the service charge ((-)):
- 32 (v) The balance payable by the insured (sum of items (iii) and 33 (iv))((τ)); and
- (vi) The number of installments required, the amount of each installment expressed in dollars, and the due date or period thereof.
- 36 (2) The items set out in ((paragraph (c) of)) subsection (1)<u>(c) of</u> 37 <u>this section</u> need not be stated in the sequence or order in which they

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appear in ((such paragraph (c))) that subsection, and additional items may be included to explain the computations made in determining the amount to be paid by the insured.

- (3) The information required by subsection (1) of this section shall only be required in the initial agreement where the premium finance company and the insured enter into an open end credit transaction, which is defined as follows: A plan prescribing the terms of credit transactions which may be made thereunder from time to time and under the terms of which a finance charge may be computed on the outstanding unpaid balance from time to time thereunder.
- (4) A copy of the premium finance agreement shall be given to the insured at the time or within ten days of its execution, except where the application has been signed by the insured and all the finance charges are one dollar or less per payment. In addition, the premium finance company shall deliver or mail a copy of the premium finance agreement or notice identifying policy, insured, and ((producing agent)) insurance producer to each insurer that has premiums involved in the transaction, within thirty days of the execution of the premium finance agreement.
- (5) It shall be illegal for a premium finance company to offset funds of an ((agent)) insurance producer with funds belonging to an insured. Premiums advanced by a premium finance company are funds belonging to the insured and shall be held in a fiduciary relationship.
- Sec. 62. RCW 48.62.121 and 1993 c 458 s 1 are each amended to read as follows:
- (1) No employee or official of a local government entity may directly or indirectly receive anything of value for services rendered in connection with the operation and management of a self-insurance program other than the salary and benefits provided by his or her employer or the reimbursement of expenses reasonably incurred in furtherance of the operation or management of the program. No employee or official of a local government entity may accept or solicit anything of value for personal benefit or for the benefit of others under circumstances in which it can be reasonably inferred that the employee's or official's independence of judgment is impaired with respect to the management and operation of the program.

(2)(a) No local government entity may participate in a joint self-insurance program in which local government entities do not retain complete governing control. This prohibition does not apply to:

- (i) Local government contribution to a self-insured employee health and welfare benefits plan otherwise authorized and governed by state statute;
- (ii) Local government participation in a multistate joint program where control is shared with local government entities from other states; or
- (iii) Local government contribution to a self-insured employee health and welfare benefit trust in which the local government shares governing control with their employees.
 - (b) If a local government self-insured health and welfare benefit program, established by the local government as a trust, shares governing control of the trust with its employees:
- 16 (i) The local government must maintain at least a fifty percent 17 voting control of the trust;
 - (ii) No more than one voting, nonemployee, union representative selected by employees may serve as a trustee; and
 - (iii) The trust agreement must contain provisions for resolution of any deadlock in the administration of the trust.
 - (3) Moneys made available and moneys expended by school districts and educational service districts for self-insurance under this chapter are subject to such rules of the superintendent of public instruction as the superintendent may adopt governing budgeting and accounting. However, the superintendent shall ensure that the rules are consistent with those adopted by the state risk manager for the management and operation of self-insurance programs.
 - (4) RCW 48.30.140, 48.30.150, 48.30.155, and 48.30.157 apply to the use of ((agents and brokers)) insurance producers by local government self-insurance programs.
 - (5) Every individual and joint local government self-insured health and welfare benefits program that provides comprehensive coverage for health care services shall include mandated benefits that the state health care authority is required to provide under RCW 41.05.170 and 41.05.180. The state risk manager may adopt rules identifying the mandated benefits.

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- 1 (6) An employee health and welfare benefit program established as 2 a trust shall contain a provision that trust funds be expended only for 3 purposes of the trust consistent with statutes and rules governing the 4 local government or governments creating the trust.
- 5 Sec. 63. RCW 48.62.151 and 1991 sp.s. c 30 s 15 are each amended to read as follows:

7 A joint self-insurance program approved in accordance with this chapter is exempt from insurance premium taxes, from fees assessed 8 under chapter 48.02 RCW, from chapters 48.32 and 48.32A RCW, from 9 business and occupations taxes imposed under chapter 82.04 RCW, and 10 11 from any assigned risk plan or joint underwriting association otherwise 12 required by law. This section does not apply to and no exemption is provided for insurance companies issuing policies to cover program 13 risks, nor does it apply to or provide an exemption for third-party 14 15 administrators or ((brokers)) insurance producers serving the self-16 insurance program.

- 17 **Sec. 64.** RCW 48.66.055 and 2005 c 41 s 5 are each amended to read 18 as follows:
 - (1) Under this section, persons eligible for a medicare supplement policy or certificate are those individuals described in subsection (3) of this section who, subject to subsection (3)(b)(ii) of this section, apply to enroll under the policy not later than sixty-three days after the date of the termination of enrollment described in subsection (3) of this section, and who submit evidence of the date of termination or disenrollment, or medicare part D enrollment, with the application for a medicare supplement policy.
 - (2) With respect to eligible persons, an issuer may not deny or condition the issuance or effectiveness of a medicare supplement policy described in subsection (4) of this section that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a medicare supplement policy.
 - (3) "Eligible persons" means an individual that meets the

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requirements of (a), (b), (c), (d), (e), or (f) of this subsection, as follows:

- (a) The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under medicare; and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual;
- (b)(i) The individual is enrolled with a medicare advantage organization under a medicare advantage plan under part C of medicare, and any of the following circumstances apply, or the individual is sixty-five years of age or older and is enrolled with a program of all inclusive care for the elderly (PACE) provider under section 1894 of the social security act, and there are circumstances similar to those described in this subsection (3)(b) that would permit discontinuance of the individual's enrollment with the provider if the individual were enrolled in a medicare advantage plan:
- 16 (A) The certification of the organization or plan has been 17 terminated;
 - (B) The organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides;
 - (C) The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the secretary of the United States department of health and human services, but not including termination of the individual's enrollment on the basis described in section 1851(g)(3)(B) of the federal social security act (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under section 1856 of the federal social security act), or the plan is terminated for all individuals within a residence area;
 - (D) The individual demonstrates, in accordance with guidelines established by the secretary of the United States department of health and human services, that:
 - (I) The organization offering the plan substantially violated a material provision of the organization's contract under this part in relation to the individual, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or

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- 1 (II) The organization, an ((agent)) insurance producer, or other 2 entity acting on the organization's behalf materially misrepresented 3 the plan's provisions in marketing the plan to the individual; or
 - (E) The individual meets other exceptional conditions as the secretary of the United States department of health and human services may provide.
 - (ii)(A) An individual described in (b)(i) of this subsection may elect to apply (a) of this subsection by substituting, for the date of termination of enrollment, the date on which the individual was notified by the medicare advantage organization of the impending termination or discontinuance of the medicare advantage plan it offers in the area in which the individual resides, but only if the individual disenrolls from the plan as a result of such notification.
 - (B) In the case of an individual making the election under (b)(ii)(A) of this subsection, the issuer involved shall accept the application of the individual submitted before the date of termination of enrollment, but the coverage under subsection (1) of this section is only effective upon termination of coverage under the medicare advantage plan involved;
 - (c)(i) The individual is enrolled with:

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- 21 (A) An eligible organization under a contract under section 1876 22 (medicare risk or cost);
 - (B) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999;
 - (C) An organization under an agreement under section 1833(a)(1)(A) (health care prepayment plan); or
 - (D) An organization under a medicare select policy; and
 - (ii) The enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under (b)(i) of this subsection;
- 31 (d) The individual is enrolled under a medicare supplement policy 32 and the enrollment ceases because:
- (i)(A) Of the insolvency of the issuer or bankruptcy of the nonissuer organization; or
- 35 (B) Of other involuntary termination of coverage or enrollment 36 under the policy;
- 37 (ii) The issuer of the policy substantially violated a material provision of the policy; or

(iii) The issuer, an ((agent)) <u>insurance producer</u>, or other entity acting on the issuer's behalf materially misrepresented the policy's provisions in marketing the policy to the individual;

- (e)(i) The individual was enrolled under a medicare supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any medicare advantage organization under a medicare advantage plan under part C of medicare, any eligible organization under a contract under section 1876 (medicare risk or cost), any similar organization operating under demonstration project authority, any PACE program under section 1894 of the social security act or a medicare select policy; and
- (ii) The subsequent enrollment under (e)(i) of this subsection is terminated by the enrollee during any period within the first twelve months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under section 1851(e) of the federal social security act);
- (f) The individual, upon first becoming eligible for benefits under part A of medicare at age sixty-five, enrolls in a medicare advantage plan under part C of medicare, or in a PACE program under section 1894, and disenrolls from the plan or program by not later than twelve months after the effective date of enrollment; or
- (g) The individual enrolls in a medicare part D plan during the initial enrollment period and, at the time of enrollment in part D, was enrolled under a medicare supplement policy that covers outpatient prescription drugs, and the individual terminates enrollment in the medicare supplement policy and submits evidence of enrollment in medicare part D along with the application for a policy described in subsection (4)(d) of this section.
- (4) An eligible person under subsection (3) of this section is entitled to a medicare supplement policy as follows:
- (a) A person eligible under subsection (3)(a), (b), (c), and (d) of this section is entitled to a medicare supplement policy that has a benefit package classified as plan A through F (including F with a high deductible), K, or L, offered by any issuer;
- (b)(i) Subject to (b)(ii) of this subsection, a person eligible under subsection (3)(e) of this section is entitled to the same medicare supplement policy in which the individual was most recently

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previously enrolled, if available from the same issuer, or, if not so available, a policy described in (a) of this subsection;

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- (ii) After December 31, 2005, if the individual was most recently enrolled in a medicare supplement policy with an outpatient prescription drug benefit, a medicare supplement policy described in this subsection (4)(b)(ii) is:
- (A) The policy available from the same issuer but modified to remove outpatient prescription drug coverage; or
- (B) At the election of the policyholder, an A, B, C, F (including F with a high deductible), K, or L policy that is offered by any issuer;
 - (c) A person eligible under subsection (3)(f) of this section is entitled to any medicare supplement policy offered by any issuer; and
 - (d) A person eligible under subsection (3)(g) of this section is entitled to a medicare supplement policy that has a benefit package classified as plan A, B, C, F (including F with a high deductible), K, or L and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's medicare supplement policy with outpatient prescription drug coverage.
 - (5)(a) At the time of an event described in subsection (3) of this section, and because of which an individual loses coverage or benefits due to the termination of a contract, agreement, policy, or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, must notify the individual of his or her rights under this section, and of the obligations of issuers of medicare supplement policies under subsection (1) of this section. The notice must be communicated contemporaneously with the notification of termination.
- (b) At the time of an event described in subsection (3) of this section, and because of which an individual ceases enrollment under a contract, agreement, policy, or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, must notify the individual of his or her rights under this section, and of the obligations of issuers of medicare supplement policies under subsection (1) of this section. The notice

must be communicated within ten working days of the issuer receiving notification of disenrollment.

(6) Guaranteed issue time periods:

- (a) In the case of an individual described in subsection (3)(a) of this section, the guaranteed issue period begins on the later of: (i) The date the individual receives a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of a termination or cessation), or (ii) the date that the applicable coverage terminates or ceases, and ends sixty-three days thereafter;
- (b) In the case of an individual described in subsection (3)(b),
 (c), (e), or (f) of this section whose enrollment is terminated involuntarily, the guaranteed issue period begins on the date that the individual receives a notice of termination and ends sixty-three days after the date the applicable coverage is terminated;
- (c) In the case of an individual described in subsection (3)(d)(i) of this section, the guaranteed issue period begins on the earlier of: (i) The date that the individual receives a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any, and (ii) the date that the applicable coverage is terminated, and ends on the date that is sixty-three days after the date the coverage is terminated;
- (d) In the case of an individual described in subsection (3)(b), (d)(ii) and (iii), (e), or (f) of this section, who disenrolls voluntarily, the guaranteed issue period begins on the date that is sixty days before the effective date of the disenrollment and ends on the date that is sixty-three days after the effective date;
- (e) In the case of an individual described in subsection (3)(g) of this section, the guaranteed issue period begins on the date the individual receives notice pursuant to section 1882(v)(2)(B) of the federal social security act from the medicare supplement issuer during the sixty-day period immediately preceding the initial part D enrollment period and ends on the date that is sixty-three days after the effective date of the individual's coverage under medicare part D; and
- (f) In the case of an individual described in subsection (3) of this section but not described in the preceding provisions of this

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subsection, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is sixty-three days after the effective date.

- (7) In the case of an individual described in subsection (3)(e) of this section whose enrollment with an organization or provider described in subsection (3)(e)(i) of this section is involuntarily terminated within the first twelve months of enrollment, and who, without an intervening enrollment, enrolls with another organization or provider, the subsequent enrollment is an initial enrollment as described in subsection (3)(e) of this section.
- (8) In the case of an individual described in subsection (3)(f) of this section whose enrollment with a plan or in a program described in subsection (3)(f) of this section is involuntarily terminated within the first twelve months of enrollment, and who, without an intervening enrollment, enrolls in another plan or program, the subsequent enrollment is an initial enrollment as described in subsection (3)(f) of this section.
- (9) For purposes of subsection (3)(e) and (f) of this section, an enrollment of an individual with an organization or provider described in subsection (3)(e)(i) of this section, or with a plan or in a program described in subsection (3)(f) of this section is not an initial enrollment under this subsection after the two-year period beginning on the date on which the individual first enrolled with such an organization, provider, plan, or program.
- Sec. 65. RCW 48.66.120 and 1983 1st ex.s. c 32 s 12 are each amended to read as follows:
- (1) Every individual medicare supplement insurance policy issued after January 1, 1982, and every certificate issued pursuant to a group medicare supplement policy after January 1, 1982, shall have prominently displayed on the first page of the policy form or certificate a notice stating in substance that the person to whom the policy or certificate is issued shall be permitted to return the policy or certificate within thirty days of its delivery to the purchaser and to have the premium refunded if, after examination of the policy or certificate, the purchaser is not satisfied with it for any reason. An additional ten percent penalty shall be added to any premium refund due which is not paid within thirty days of return of the policy to the

- insurer or ((agent)) insurance producer. If a policyholder or purchaser, pursuant to such notice, returns the policy or certificate to the insurer at its home or branch office or to the ((agent)) insurance producer through whom it was purchased, it shall be void from the beginning and the parties shall be in the same position as if no policy or certificate had been issued.
 - (2) No later than January 1, 2010, or when the insurer has used all of its existing paper individual medicare supplement insurance policy forms which were in its possession on July 1, 2009, whichever is earlier, the notice required by subsection (1) of this section shall use the term insurance producer in place of agent.
- 12 **Sec. 66.** RCW 48.76.090 and 1982 1st ex.s. c 9 s 18 are each 13 amended to read as follows:
 - This chapter does not apply to any of the following:
- 15 (1) Reinsurance;

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- 16 (2) Group insurance;
 - (3) A pure endowment;
- 18 (4) An annuity or reversionary annuity contract;
- 19 (5) A term policy of a uniform amount, which provides no guaranteed 20 nonforfeiture or endowment benefits, or renewal thereof, of twenty 21 years or less expiring before age seventy-one, for which uniform 22 premiums are payable during the entire term of the policy;
 - (6) A term policy of a decreasing amount, which provides no guaranteed nonforfeiture or endowment benefits, on which each adjusted premium, calculated as specified in RCW 48.76.050, is less than the adjusted premium so calculated, on a term policy of uniform amount, or renewal thereof, which provides no guaranteed nonforfeiture or endowment benefits, issued at the same age and for the same initial amount of insurance and for a term of twenty years or less expiring before age seventy-one, for which uniform premiums are payable during the entire term of the policy;
 - (7) A policy, which provides no guaranteed nonforfeiture or endowment benefits, for which no cash surrender value, if any, or present value of any paid-up nonforfeiture benefit, at the beginning of any policy year, calculated as specified in RCW 48.76.030 through 48.76.050, exceeds two and one-half percent of the amount of insurance at the beginning of the same policy year; nor

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1 (8) A policy which is delivered outside this state through an 2 ((agent)) insurance producer or other representative of the company 3 issuing the policy.

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For purposes of determining the applicability of this chapter, the age at expiration for a joint term life insurance policy is the age at expiration of the oldest life.

- 7 **Sec. 67.** RCW 48.84.050 and 1986 c 170 s 5 are each amended to read 8 as follows:
 - (1) The commissioner shall adopt rules requiring disclosure to consumers of the level, type, and amount of benefits provided and the limitations, exclusions, and exceptions contained in a long-term care insurance policy or contract. In adopting such rules the commissioner shall require an understandable disclosure to consumers of any cost for services that the consumer will be responsible for in utilizing benefits covered under the policy or contract.
 - (2) Each long-term care insurance policy or contract shall include a provision, prominently displayed on the first page of the policy or contract, stating in substance that the person to whom the policy or contract is sold shall be permitted to return the policy or contract within thirty days of its delivery. In the case of policies or contracts solicited and sold by mail, the person may return the policy or contract within sixty days. Once the policy or contract has been returned, the person may have the premium refunded if, after examination of the policy or contract, the person is not satisfied with it for any reason. An additional ten percent penalty shall be added to any premium refund due which is not paid within thirty days of return of the policy or contract to the insurer or ((agent)) insurance producer. If a person, pursuant to such notice, returns the policy or contract to the insurer at its branch or home office, or to the ((agent)) insurance producer from whom the policy or contract was purchased, the policy or contract shall be void from its inception, and the parties shall be in the same position as if no policy or contract had been issued.
- 34 (3) No later than January 1, 2010, or when the insurer has used all 35 of its existing paper long-term care insurance policy forms which were 36 in its possession on July 1, 2009, whichever is earlier, the notice

1 required by subsection (2) of this section shall use the term insurance

2 producer in place of agent.

Sec. 68. RCW 48.84.060 and 1986 c 170 s 6 are each amended to read 4 as follows:

No ((agent, broker,)) insurance producer or other representative of an insurer, contractor, or other organization selling or offering long-term care insurance policies or benefit contracts may: (1) Complete the medical history portion of any form or application for the purchase of such policy or contract; (2) knowingly sell a long-term care policy or contract to any person who is receiving medicaid; or (3) use or engage in any unfair or deceptive act or practice in the advertising, sale, or marketing of long-term care policies or contracts.

Sec. 69. RCW 48.92.040 and 1993 c 462 s 94 are each amended to 14 read as follows:

Risk retention groups chartered and licensed in states other than this state and seeking to do business as a risk retention group in this state shall comply with the laws of this state as follows:

- (1) Before offering insurance in this state, a risk retention group shall submit to the commissioner on a form prescribed by the National Association of Insurance Commissioners:
- (a) A statement identifying the state or states in which the risk retention group is chartered and licensed as a liability insurance company, date of chartering, its principal place of business, and any other information including information on its membership, as the commissioner of this state may require to verify that the risk retention group is qualified under RCW 48.92.020(11);
- (b) A copy of its plan of operations or a feasibility study and revisions of the plan or study submitted to its state of domicile: PROVIDED, HOWEVER, That the provision relating to the submission of a plan of operation or a feasibility study shall not apply with respect to any line or classification of liability insurance which: (i) Was defined in the federal Product Liability Risk Retention Act of 1981 before October 27, 1986; and (ii) was offered before that date by any risk retention group which had been chartered and operating for not less than three years before that date;

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1 (c) The risk retention group shall submit a copy of any revision to 2 its plan of operation or feasibility study required under RCW 3 48.92.030(3) at the same time that the revision is submitted to the 4 commissioner of its chartering state; and

- (d) A statement of registration which designates the commissioner as its agent for the purpose of receiving service of legal documents or process.
- (2) Any risk retention group doing business in this state shall submit to the commissioner:
- (a) A copy of the group's financial statement submitted to its state of domicile, which shall be certified by an independent public accountant and contain a statement of opinion on loss and loss adjustment expense reserves made by a member of the American academy of actuaries or a qualified loss reserve specialist under criteria established by the National Association of Insurance Commissioners;
- (b) A copy of each examination of the risk retention group as certified by the commissioner or public official conducting the examination;
- (c) Upon request by the commissioner, a copy of any information or document pertaining to an outside audit performed with respect to the risk retention group; and
- (d) Any information as may be required to verify its continuing qualification as a risk retention group under RCW 48.92.020(11).
- (3)(a) A risk retention group is liable for the payment of premium taxes and taxes on premiums of direct business for risks resident or located within this state, and shall report on or before March 1st of each year to the commissioner the direct premiums written for risks resident or located within this state. The risk retention group is subject to taxation, and applicable fines and penalties related thereto, on the same basis as a foreign admitted insurer.
- (b) To the extent ((agents or brokers)) insurance producers are utilized under RCW 48.92.120 or otherwise, they shall report to the commissioner the premiums for direct business for risks resident or located within this state that the licensees have placed with or on behalf of a risk retention group not chartered in this state.
- 36 (c) To the extent ((agents or brokers)) insurance producers are 37 used under RCW 48.92.120 or otherwise, an ((agent or broker)) insurance 38 producer shall keep a complete and separate record of all policies

- procured from each risk retention group. The record is open to examination by the commissioner, as provided in chapter 48.03 RCW.
- These records must include, for each policy and each kind of insurance provided thereunder, the following:
- 5 (i) The limit of liability;
 - (ii) The time period covered;
- 7 (iii) The effective date;

- 8 (iv) The name of the risk retention group that issued the policy;
- 9 (v) The gross premium charged; and
 - (vi) The amount of return premiums, if any.
 - (4) Any risk retention group, its ((agents)) appointed insurance producers and representatives, shall be subject to any and all unfair claims settlement practices statutes and regulations specifically denominated by the commissioner as unfair claims settlement practices regulations.
 - (5) Any risk retention group, its ((agents)) appointed insurance producers and representatives, shall be subject to the provisions of chapter 48.30 RCW pertaining to deceptive, false, or fraudulent acts or practices. However, if the commissioner seeks an injunction regarding such conduct, the injunction must be obtained from a court of competent jurisdiction.
 - (6) Any risk retention group must submit to an examination by the commissioner to determine its financial condition if the commissioner of the jurisdiction in which the group is chartered has not initiated an examination or does not initiate an examination within sixty days after a request by the commissioner of this state. The examination shall be coordinated to avoid unjustified repetition and conducted in an expeditious manner and in accordance with the National Association of Insurance Commissioners' examiner handbook.
 - (7) Every application form for insurance from a risk retention group and every policy issued by a risk retention group shall contain in ten-point type on the front page and the declaration page, the following notice:

34 NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

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1 (8) The following acts by a risk retention group are hereby 2 prohibited:

- (a) The solicitation or sale of insurance by a risk retention group to any person who is not eligible for membership in that group; and
- (b) The solicitation or sale of insurance by, or operation of, a risk retention group that is in a hazardous financial condition or is financially impaired.
- (9) No risk retention group shall be allowed to do business in this state if an insurance company is directly or indirectly a member or owner of the risk retention group, other than in the case of a risk retention group all of whose members are insurance companies.
- (10) The terms of an insurance policy issued by a risk retention group may not provide, or be construed to provide, coverage prohibited generally by statute of this state or declared unlawful by the highest court of this state.
- (11) A risk retention group not chartered in this state and doing business in this state shall comply with a lawful order issued in a voluntary dissolution proceeding or in a delinquency proceeding commenced by a state insurance commissioner if there has been a finding of financial impairment after an examination under subsection (6) of this section.
- **Sec. 70.** RCW 48.92.090 and 1993 c 462 s 98 are each amended to 23 read as follows:
 - (1) A purchasing group may not purchase insurance from a risk retention group that is not chartered in a state or from an insurer not admitted in the state in which the purchasing group is located, unless the purchase is effected through a licensed ((agent or broker)) insurance producer acting pursuant to the surplus lines laws and regulations of that state.
 - (2) A purchasing group that obtains liability insurance from an insurer not admitted in this state or a risk retention group shall inform each of the members of the group that have a risk resident or located in this state that the risk is not protected by an insurance insolvency guaranty fund in this state, and that the risk retention group or insurer may not be subject to all insurance laws and rules of this state.

(3) No purchasing group may purchase insurance providing for a deductible or self-insured retention applicable to the group as a whole; however, coverage may provide for a deductible or self-insured retention applicable to individual members.

- (4) Purchases of insurance by purchasing groups are subject to the same standards regarding aggregate limits that are applicable to all purchases of group insurance.
- **Sec. 71.** RCW 48.92.095 and 1993 c 462 s 99 are each amended to 9 read as follows:

Premium taxes and taxes on premiums paid for coverage of risks resident or located in this state by a purchasing group or any members of the purchasing groups must be:

- (1) Imposed at the same rate and subject to the same interest, fines, and penalties as those applicable to premium taxes and taxes on premiums paid for similar coverage from authorized insurers, as defined under chapter 48.05 RCW, or unauthorized insurers, as defined and provided for under chapter 48.15 RCW, by other insurers; and
- (2) The obligation of the insurer; and if not paid by the insurer, then the obligation of the purchasing group; and if not paid by the purchasing group, then the obligation of the ((agent or broker)) insurance producer for the purchasing group; and if not paid by the ((agent or broker)) insurance producer for the purchasing group, then the obligation of each of the purchasing group's members. The liability of each member of the purchasing group is several, not joint, and is limited to the tax due in relation to the premiums paid by that member.
- **Sec. 72.** RCW 48.92.120 and 2005 c 223 s 31 are each amended to 28 read as follows:
- (1) A person may not act or aid in any manner in soliciting, negotiating, or procuring liability insurance in this state from a risk retention group unless the person is licensed as an insurance ((agent or broker)) producer for casualty insurance in accordance with chapter 48.17 RCW and pays the fees designated for the license under RCW 48.14.010.
- 35 (2)(a) A person may not act or aid in any manner in soliciting, 36 negotiating, or procuring liability insurance in this state for a

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purchasing group from an authorized insurer or a risk retention group chartered in a state unless the person is licensed as an insurance ((agent or broker)) producer for casualty insurance in accordance with chapter 48.17 RCW and pays the fees designated for the license under RCW 48.14.010.

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- (b) A person may not act or aid in any manner in soliciting, negotiating, or procuring liability insurance coverage in this state for a member of a purchasing group under a purchasing group's policy unless the person is licensed as an insurance ((agent or broker)) producer for casualty insurance in accordance with chapter 48.17 RCW and pays the fees designated for the license under RCW 48.14.010.
- (c) A person may not act or aid in any manner in soliciting, negotiating, or procuring liability insurance from an insurer not authorized to do business in this state on behalf of a purchasing group located in this state unless the person is licensed as a surplus ((lines [line])) line broker in accordance with chapter 48.15 RCW and pays the fees designated for the license under RCW 48.14.010.
- (3) For purposes of acting as an ((agent or broker)) insurance producer for a risk retention group or purchasing group under subsections (1) and (2) of this section, the requirement of residence in this state does not apply.
- (4) Every person licensed under chapters 48.15 and 48.17 RCW, on business placed with risk retention groups or written through a purchasing group, must inform each prospective insured of the provisions of the notice required under RCW 48.92.040(7) in the case of a risk retention group and RCW 48.92.090(2) in the case of a purchasing group.
- 28 **Sec. 73.** RCW 48.94.005 and 1993 c 462 s 23 are each amended to 29 read as follows:
- The definitions set forth in this section apply throughout this chapter:
- 32 (1) "Actuary" means a person who is a member in good standing of 33 the American Academy of Actuaries.
- 34 (2) "Controlling person" means a person, firm, association, or 35 corporation who directly or indirectly has the power to direct or cause 36 to be directed, the management, control, or activities of the 37 reinsurance intermediary.

1 (3) "Insurer" means insurer as defined in RCW 48.01.050.

- (4) "Licensed producer" means an ((agent, broker,)) insurance producer or reinsurance intermediary licensed under the applicable provisions of this title.
 - (5) "Reinsurance intermediary" means a reinsurance intermediary-broker or a reinsurance intermediary-manager as these terms are defined in subsections (6) and (7) of this section.
 - (6) "Reinsurance intermediary-broker" means a person, other than an officer or employee of the ceding insurer, firm, association, or corporation who solicits, negotiates, or places reinsurance cessions or retrocessions on behalf of a ceding insurer without the authority or power to bind reinsurance on behalf of the insurer.
- (7) "Reinsurance intermediary-manager" means a person, firm, association, or corporation who has authority to bind or manages all or part of the assumed reinsurance business of a reinsurer, including the management of a separate division, department, or underwriting office, and acts as an ((agent)) insurance producer for the reinsurer whether known as a reinsurance intermediary-manager, manager, or other similar term. Notwithstanding this subsection, the following persons are not considered a reinsurance intermediary-manager, with respect to such reinsurer, for the purposes of this chapter:
 - (a) An employee of the reinsurer;
- 23 (b) A United States manager of the United States branch of an alien 24 reinsurer;
 - (c) An underwriting manager who, pursuant to contract, manages all the reinsurance operations of the reinsurer, is under common control with the reinsurer, subject to the Insurer Holding Company Act, chapter 48.31B RCW, and whose compensation is not based on the volume of premiums written;
 - (d) The manager of a group, association, pool, or organization of insurers that engages in joint underwriting or joint reinsurance and that are subject to examination by the insurance commissioner of the state in which the manager's principal business office is located.
 - (8) "Reinsurer" means a person, firm, association, or corporation licensed in this state under this title as an insurer with the authority to assume reinsurance.
 - (9) "To be in violation" means that the reinsurance intermediary,

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- insurer, or reinsurer for whom the reinsurance intermediary was acting failed to substantially comply with this chapter.
- 3 (10) "Qualified United States financial institution" means an 4 institution that:

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- (a) Is organized or, in the case of a United States office of a foreign banking organization, licensed, under the laws of the United States or any state thereof;
- 8 (b) Is regulated, supervised, and examined by United States federal 9 or state authorities having regulatory authority over banks and trust 10 companies; and
- 11 (c) Has been determined by either the commissioner, or the 12 securities valuation office of the National Association of Insurance 13 Commissioners, to meet such standards of financial condition and 14 standing as are considered necessary and appropriate to regulate the 15 quality of financial institutions whose letters of credit will be 16 acceptable to the commissioner.
 - Sec. 74. RCW 48.94.040 and 1993 c 462 s 30 are each amended to read as follows:
 - (1) A reinsurer may not engage the services of a person, firm, association, or corporation to act as a reinsurance intermediary-manager on its behalf unless the person is licensed as required by RCW 48.94.010(2).
 - (2) The reinsurer shall annually obtain a copy of statements of the financial condition of each reinsurance intermediary-manager that the reinsurer has had prepared by an independent certified accountant in a form acceptable to the commissioner.
 - (3) If a reinsurance intermediary-manager establishes loss reserves, the reinsurer shall annually obtain the opinion of an actuary attesting to the adequacy of loss reserves established for losses incurred and outstanding on business produced by the reinsurance intermediary-manager. This opinion is in addition to any other required loss reserve certification.
- 33 (4) Binding authority for all retrocessional contracts or 34 participation in reinsurance syndicates must rest with an officer of 35 the reinsurer who is not affiliated with the reinsurance intermediary-36 manager.

(5) Within thirty days of termination of a contract with a reinsurance intermediary-manager, the reinsurer shall provide written notification of the termination to the commissioner.

- (6) A reinsurer may not appoint to its board of directors an officer, director, employee, controlling shareholder, or subproducer of its reinsurance intermediary-manager. This subsection does not apply to relationships governed by the <u>insurer holding company act</u>, chapter 48.31B RCW, or, if applicable, the ((Broker controlled)) producer-controlled property and casualty insurer act, chapter 48.97 RCW.
- **Sec. 75.** RCW 48.97.005 and 1993 c 462 s 17 are each amended to 11 read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

- (1) "Accredited state" means a state in which the insurance department or regulatory agency has qualified as meeting the minimum financial regulatory standards promulgated and established from time to time by the National Association of Insurance Commissioners.
- (2) (("Broker" means an insurance broker or brokers or any other person, firm, association, or corporation, when, for compensation, commission, or other thing of value, the person, firm, association, or corporation acts or aids in any manner in soliciting, negotiating, or procuring the making of an insurance contract on behalf of an insured other than the person, firm, association, or corporation.
- (3)) "Control" or "controlled by" has the meaning ascribed in RCW 48.31B.005(2).
- ((4))) (3) "Controlled insurer" means a licensed insurer that is controlled, directly or indirectly, by a broker.
- 28 (((5))) <u>(4)</u> "Controlling producer" means a ((broker)) <u>producer</u> who, 29 directly or indirectly, controls an insurer.
 - $((\frac{(6)}{(6)}))$ "Licensed insurer" or "insurer" means a person, firm, association, or corporation licensed to transact property and casualty insurance business in this state. The following, among others, are not licensed insurers for purposes of this chapter:
 - (a) Risk retention groups as defined in the Superfund Amendments Reauthorization Act of 1986, P.L. 99-499, 100 Stat. 1613 (1986), the Risk Retention Act, 15 U.S.C. Sec. 3901 et seq. (1982 Supp. 1986), and chapter 48.92 RCW;

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- 1 (b) Residual market pools and joint underwriting associations; and
 - (c) Captive insurers. For the purposes of this chapter, captive insurers are insurance companies owned by another organization, whose exclusive purpose is to insure risks of the parent organization and affiliated companies or, in the case of groups and associations, insurance organizations owned by the insureds whose exclusive purpose is to insure risks to member organizations or group members, or both, and their affiliates.
 - (6) "Producer" means an insurance broker or brokers or any other person, firm, association, or corporation when, for compensation, commission, or other thing of value, the person, firm, association, or corporation acts or aids in any manner in soliciting, negotiating, or procuring the making of an insurance contract on behalf of an insured other than the person, firm, association, or corporation.
- **Sec. 76.** RCW 48.97.015 and 1993 c 462 s 19 are each amended to 16 read as follows:
 - (1)(a) This section applies in a particular calendar year if in that calendar year the aggregate amount of gross written premium on business placed with a controlled insurer by a controlling ((broker)) producer is equal to or greater than five percent of the admitted assets of the controlled insurer, as reported in the controlled insurer's quarterly statement filed as of September 30th of the prior year.
 - (b) Notwithstanding (a) of this subsection, this section does not apply if:
 - (i) The controlling producer:

- (A) Places insurance only with the controlled insurer; or only with the controlled insurer and a member or members of the controlled insurer's holding company system, or the controlled insurer's parent, affiliate, or subsidiary and receives no compensation based upon the amount of premiums written in connection with the insurance; and
- (B) Accepts insurance placements only from nonaffiliated ((subbrokers)) subproducers, and not directly from insureds; and
- (ii) The controlled insurer, except for business written through a residual market facility such as the assigned risk plan, fair plans, or other such plans, accepts insurance business only from a controlling

((broker, a broker)) producer, a producer controlled by the controlled insurer, or a ((broker)) producer that is a subsidiary of the controlled insurer.

- (2) A controlled insurer may not accept business from a controlling ((broker)) producer and a controlling ((broker)) producer may not place business with a controlled insurer unless there is a written contract between the controlling ((broker)) producer and the insurer specifying the responsibilities of each party, which contract has been approved by the board of directors of the insurer and contains the following minimum provisions:
- (a) The controlled insurer may terminate the contract for cause, upon written notice to the controlling ((broker)) producer. The controlled insurer shall suspend the authority of the controlling ((broker)) producer to write business during the pendency of a dispute regarding the cause for the termination;
- (b) The controlling ((broker)) producer shall render accounts to the controlling insurer detailing all material transactions, including information necessary to support all commissions, charges, and other fees received by, or owing to, the controlling ((broker)) producer;
- (c) The controlling ((broker)) producer shall remit all funds due under the terms of the contract to the controlling insurer on at least a monthly basis. The due date must be fixed so that premiums or installments collected are remitted no later than ninety days after the effective date of a policy placed with the controlling insurer under this contract;
- (d) The controlling ((broker)) producer shall hold all funds collected for the controlled insurer's account in a fiduciary capacity, in one or more appropriately identified bank accounts in banks that are members of the federal reserve system, in accordance with the applicable provisions of this title. However, funds of a controlling ((broker)) producer not required to be licensed in this state must be maintained in compliance with the requirements of the controlling ((broker's)) producer's domiciliary jurisdiction;
- (e) The controlling ((broker)) producer shall maintain separately identifiable records of business written for the controlled insurer;
- 36 (f) The contract shall not be assigned in whole or in part by the 37 controlling ((broker)) producer;

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(g) The controlled insurer shall provide the controlling ((broker)) producer with its underwriting standards, rules, and procedures, manuals setting forth the rates to be charged, and the conditions for the acceptance or rejection of risks. The controlling ((broker)) producer shall adhere to the standards, rules, procedures, rates, and conditions that are the same as those applicable to comparable business placed with the controlled insurer by a ((broker)) producer other than the controlling ((broker)) producer;

- (h) The rates of the controlling ((broker's)) producer's commissions, charges, and other fees must be no greater than those applicable to comparable business placed with the controlled insurer by ((brokers)) producers other than controlling ((brokers)) producers. For purposes of (g) and (h) of this subsection, examples of comparable business include the same lines of insurance, same kinds of insurance, same kinds of risks, similar policy limits, and similar quality of business;
- (i) If the contract provides that the controlling ((broker)) producer, on insurance business placed with the insurer, is to be compensated contingent upon the insurer's profits on that business, then the compensation shall not be determined and paid until at least five years after the premiums on liability insurance are earned and at least one year after the premiums are earned on any other insurance. In no event may the commissions be paid until the adequacy of the controlled insurer's reserves on remaining claims has been independently verified under subsection (3) of this section;
- (j) The insurer may establish a different limit on the controlling ((broker's)) producer's writings in relation to the controlled insurer's surplus and total writings for each line or subline of business. The controlled insurer shall notify the controlling ((broker)) producer when the applicable limit is approached and may not accept business from the controlling ((broker)) producer if the limit is reached. The controlling ((broker)) producer may not place business with the controlled insurer if it has been notified by the controlled insurer that the limit has been reached; and
- (k) The controlling ((broker)) producer may negotiate but may not bind reinsurance on behalf of the controlled insurer on business the controlling ((broker)) producer places with the controlled insurer, except that the controlling ((broker)) producer may bind facultative

reinsurance contracts under obligatory facultative agreements if the contract with the controlled insurer contains underwriting guidelines including, for both reinsurance assumed and ceded, a list of reinsurers with which the automatic agreements are in effect, the coverages and amounts of percentages that may be reinsured, and commission schedules.

- (3) Every controlled insurer shall have an audit committee of the board of directors composed of independent directors. The audit committee shall annually meet with management, the insurer's independent certified public accountants, and an independent casualty actuary or other independent loss reserve specialist acceptable to the commissioner to review the adequacy of the insurer's loss reserves.
- (4)(a) In addition to any other required loss reserve certification, the controlled insurer shall, annually, on April 1st of each year, file with the commissioner an opinion of an independent casualty actuary, or such other independent loss reserve specialist acceptable to the commissioner, reporting loss ratios for each line of business written and attesting to the adequacy of loss reserves established for losses incurred and outstanding as of year-end, including losses incurred but not reported, on business placed by the ((broker)) producer; and
- (b) The controlled insurer shall annually report to the commissioner the amount of commissions paid to the producer, the percentage that amount represents of the net premiums written, and comparable amounts and percentages paid to noncontrolling ((brokers)) producers for placements of the same kinds of insurance.
- **Sec. 77.** RCW 48.97.020 and 1993 c 462 s 20 are each amended to read as follows:

The ((broker)) producer, before the effective date of the policy, shall deliver written notice to the prospective insured disclosing the relationship between the ((broker)) producer and the controlled insurer, except that, if the business is placed through a ((subbroker)) subproducer who is not a controlling ((broker)) producer, the controlling ((broker)) producer shall retain in his or her records a signed commitment from the ((subbroker)) subproducer that the ((subbroker)) subproducer is aware of the relationship between the insurer and the ((broker)) producer and that the ((subbroker)) subproducer has notified or will notify the insured.

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1 **Sec. 78.** RCW 48.97.025 and 1993 c 462 s 21 are each amended to 2 read as follows:

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- (1)(a) If the commissioner believes that the controlling ((broker)) producer has not materially complied with this chapter, or a rule adopted or order issued under this chapter, the commissioner may after notice and opportunity to be heard, order the controlling ((broker)) producer to cease placing business with the controlled insurer; and
- (b) If it is found that because of material noncompliance that the controlled insurer or any policyholder thereof has suffered loss or damage, the commissioner may maintain a civil action or intervene in an action brought by or on behalf of the insurer or policyholder for recovery of compensatory damages for the benefit of the insurer or policyholder or other appropriate relief.
- (2) If an order for liquidation or rehabilitation of the controlled insurer has been entered under chapter 48.31 RCW, and the receiver appointed under that order believes that the controlling ((broker)) producer or any other person has not materially complied with this chapter, or a rule adopted or order issued under this chapter, and the insurer suffered any loss or damage from the noncompliance, the receiver may maintain a civil action for recovery of damages or other appropriate sanctions for the benefit of the insurer.
- 22 (3) Nothing contained in this section alters or affects the right 23 of the commissioner to impose other penalties provided for in this 24 title.
- 25 (4) Nothing contained in this section alters or affects the rights 26 of policyholders, claimants, creditors, or other third parties.
- 27 **Sec. 79.** RCW 48.97.900 and 1993 c 462 s 16 are each amended to 28 read as follows:
- This chapter may be known and cited as the <u>b</u>usiness <u>t</u>ransacted with ((Broker controlled)) <u>producer-controlled property and <u>c</u>asualty <u>i</u>nsurer <u>a</u>ct.</u>
- 32 **Sec. 80.** RCW 48.98.010 and 1993 c 462 s 36 are each amended to read as follows:
- 34 (1) No person may act in the capacity of a managing general agent 35 with respect to risks located in this state, for an insurer authorized 36 by this state, unless that person is licensed in this state as an

((agent)) insurance producer, under chapter 48.17 RCW, for the lines of insurance involved and is designated as a managing general agent and appointed as such by the insurer.

- (2) No person may act in the capacity of a managing general agent representing an insurer domiciled in this state with respect to risks located outside this state unless that person is licensed as an ((agent)) insurance producer in this state, under chapter 48.17 RCW, for the lines of insurance involved and is designated as a managing general agent and appointed as such by the insurer.
- 10 (3) The commissioner may require a bond for the protection of each insurer.
- 12 (4) The commissioner may require the managing general agent to 13 maintain an errors and omissions policy.
- **Sec. 81.** RCW 48.98.015 and 2005 c 223 s 32 are each amended to read as follows:

A managing general agent may not place business with an insurer unless there is in force a written contract between the managing general agent and the insurer that sets forth the responsibilities of each party and, where both parties share responsibility for a particular function, that specifies the division of the responsibilities, and that contains the following minimum provisions:

- (1) The insurer may terminate the contract for cause upon written notice to the managing general agent. The insurer may suspend the underwriting authority of the managing general agent during the pendency of a dispute regarding the cause for termination.
- (2) The managing general agent shall render accounts to the insurer detailing all transactions and remit all funds due under the contract to the insurer on not less than a monthly basis.
- (3) The managing general agent shall hold funds collected for the account of an insurer in a fiduciary capacity in an FDIC insured financial institution. This account must be used for all payments on behalf of the insurer. The managing general agent may retain no more than three months' estimated claims payments and allocated loss adjustment expenses.
- (4) The managing general agent shall maintain separate records of business written for each insurer. The insurer has access to and the right to copy all accounts and records related to its business in a

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- form usable by the insurer, and the commissioner has access to all books, bank accounts, and records of the managing general agent in a form usable to the commissioner. Those records must be retained according to the requirements of this title and rules adopted under it.
 - (5) The managing general agent may not assign the contract in whole or part.
 - (6)(a) Appropriate underwriting guidelines must include at least the following: The maximum annual premium volume; the basis of the rates to be charged; the types of risks that may be written; maximum limits of liability; applicable exclusions; territorial limitations; policy cancellation provisions; and the maximum policy period.
 - (b) The insurer has the right to cancel or not renew any policy of insurance, subject to the applicable laws and rules, including those in chapter 48.18 RCW.
- 15 (7) If the contract permits the managing general agent to settle claims on behalf of the insurer:
 - (a) All claims must be reported to the insurer in a timely manner;
 - (b) A copy of the claim file must be sent to the insurer at its request or as soon as it becomes known that the claim:
 - (i) Has the potential to exceed an amount determined by the commissioner, or exceeds the limit set by the insurer, whichever is less;
 - (ii) Involves a coverage dispute;

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- 24 (iii) May exceed the managing general agent's claims settlement 25 authority;
 - (iv) Is open for more than six months; or
 - (v) Is closed by payment in excess of an amount set by the commissioner or an amount set by the insurer, whichever is less;
 - (c) All claim files are the joint property of the insurer and the managing general agent. However, upon an order of liquidation of the insurer, those files become the sole property of the insurer or its liquidator or successor. The managing general agent has reasonable access to and the right to copy the files on a timely basis; and
 - (d) Settlement authority granted to the managing general agent may be terminated for cause upon the insurer's written notice to the managing general agent or upon the termination of the contract. The insurer may suspend the managing general agent's settlement authority during the pendency of a dispute regarding the cause for termination.

- 1 (8) When electronic claims files are in existence, the contract 2 must address the timely transmission of the data.
 - (9) If the contract provides for a sharing of interim profits by the managing general agent, and the managing general agent has the authority to determine the amount of the interim profits by establishing loss reserves or controlling claim payments or in any other manner, interim profits may not be paid to the managing general agent until one year after they are earned for property insurance business and five years after they are earned on casualty business and not until the profits have been verified under RCW 48.98.020.
 - (10) The managing general agent may not:

- (a) Bind reinsurance or retrocessions on behalf of the insurer, except that the managing general agent may bind automatic reinsurance contracts under obligatory automatic agreements if the contract with the insurer contains reinsurance underwriting guidelines including, for both reinsurance assumed and ceded, a list of reinsurers with which the automatic agreements are in effect, the coverages and amounts or percentages that may be reinsured, and commission schedules;
- (b) Commit the insurer to participate in insurance or reinsurance syndicates;
- (c) Use an ((agent)) <u>insurance producer</u> that is not appointed to represent the insurer in accordance with the requirements of chapter 48.17 RCW;
- (d) Without prior approval of the insurer, pay or commit the insurer to pay a claim over a specified amount, net of reinsurance, that may not exceed one percent of the insurer's policyholder surplus as of December 31st of the last-completed calendar year;
- (e) Collect a payment from a reinsurer or commit the insurer to a claim settlement with a reinsurer, without prior approval of the insurer. If prior approval is given, a report must be promptly forwarded to the insurer;
- 32 (f) Permit an agent appointed by it to serve on the insurer's board 33 of directors;
 - (g) Jointly employ an individual who is employed by the insurer; or
- 35 (h) Appoint a submanaging general agent.
- **Sec. 82.** RCW 48.98.020 and 1993 c 462 s 38 are each amended to read as follows:

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(1) The insurer shall have on file an independent audited financial statement, in a form acceptable to the commissioner, of each managing general agent with which it is doing or has done business.

- (2) If a managing general agent establishes loss reserves, the insurer shall annually obtain the opinion of an actuary attesting to the adequacy of loss reserves established for losses incurred and outstanding on business produced by the managing general agent. This is in addition to any other required loss reserve certification.
- (3) The insurer shall periodically, and no less frequently than semiannually, conduct an on-site review of the underwriting and claims processing operations of the managing general agent.
- (4) Binding authority for all reinsurance contracts or participation in insurance or reinsurance syndicates must rest with an officer of the insurer, who may not be affiliated with the managing general agent.
- (5) Within thirty days of entering into or terminating a contract with a managing general agent, the insurer shall provide written notification of that appointment or termination to the commissioner. Notices of appointment of a managing general agent must include a statement of duties that the managing general agent is expected to perform on behalf of the insurer, the lines of insurance for which the managing general agent is to be authorized to act, and any other information the commissioner may request. This subsection applies to managing general agents operating in this state.
- (6) An insurer shall review its books and records each calendar quarter to determine if any ((agent)) insurance producer has become a managing general agent. If the insurer determines that an ((agent)) insurance producer has become a managing general agent under RCW 48.98.005, the insurer shall promptly notify the ((agent)) insurance producer and the commissioner of that determination, and the insurer and ((agent)) insurance producer shall fully comply with this chapter within thirty days.
- (7) An insurer may not appoint to its board of directors an officer, director, employee, subagent, or controlling shareholder of its managing general agents. This subsection does not apply to relationships governed by the Insurer Holding Company Act, chapter 48.31B RCW, or, if applicable, the business transacted with Broker-controlled Property and Casualty Insurer Act, chapter 48.97 RCW.

Sec. 83. RCW 48.98.030 and 1993 c 462 s 40 are each amended to read as follows:

- (1) Subject to a hearing in accordance with chapters 34.05 and 48.04 RCW, upon a finding by the commissioner that any person has violated any provision of this chapter, the commissioner may order:
- (a) For each separate violation, a penalty in an amount of not more than one thousand dollars;
- (b) Revocation, or suspension for up to one year, of the <u>managing</u> general agent's license <u>including any insurance producer's licenses</u> held by the managing general agent; and
- 11 (c) The managing general agent to reimburse the insurer, the 12 rehabilitator, or liquidator of the insurer for losses incurred by the 13 insurer caused by a violation of this chapter committed by the managing 14 general agent.
- 15 (2) The decision, determination, or order of the commissioner under 16 this section is subject to judicial review under chapters 34.05 and 17 48.04 RCW.
 - (3) Nothing contained in this section affects the right of the commissioner to impose any other penalties provided for in this title.
 - (4) Nothing contained in this chapter is intended to or in any manner limits or restricts the rights of policyholders, claimants, and auditors.
- **Sec. 84.** RCW 48.99.030 and 1947 c 79 s .31.13 are each amended to 24 read as follows:
 - (1) Whenever under the laws of this state an ancillary receiver is to be appointed in delinquency proceedings for an insurer not domiciled in this state, the court shall appoint the commissioner as ancillary receiver. The commissioner shall file a petition requesting the appointment (a) if he or she finds that there are sufficient assets of such insurer located in this state to justify the appointment of an ancillary receiver, or (b) if ten or more persons resident in this state having claims against such insurer file a petition with the commissioner requesting the appointment of such ancillary receiver.
 - (2) The domiciliary receiver for the purpose of liquidating an insurer domiciled in a reciprocal state, shall be vested by operation of law with the title to all of the property, contracts, and rights of action, and all of the books and records of the insurer located in this

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state, and he or she shall have the immediate right to recover balances 1 2 due from local ((agents)) insurance producers and to obtain possession of any books and records of the insurer found in this state. He or she 3 shall also be entitled to recover the other assets of the insurer 4 5 located in this state except that upon the appointment of an ancillary receiver in this state, the ancillary receiver shall during the 6 7 ancillary receivership proceedings have the sole right to recover such The ancillary receiver shall, as soon as practicable, 8 other assets. 9 liquidate from their respective securities those special deposit claims and secured claims which are proved and allowed in the ancillary 10 11 proceedings in this state, and shall pay the necessary expenses of the proceedings. All remaining assets ((he)) shall promptly transfer to 12 13 the domiciliary receiver. Subject to the foregoing provisions the ancillary receiver and his or her deputies shall have the same powers 14 and be subject to the same duties with respect to the administration of 15 16 such assets, as a receiver of an insurer domiciled in this state.

- (3) The domiciliary receiver of an insurer domiciled in a reciprocal state may sue in this state to recover any assets of such insurer to which he <u>or she</u> may be entitled under the laws of this state.
- 21 **Sec. 85.** RCW 48.115.001 and 2002 c 273 s 1 are each amended to 22 read as follows:
- 23 This chapter may be known and cited as the rental car <u>specialty</u> 24 insurance ((limited agent)) producer license act.
- 25 **Sec. 86.** RCW 48.115.005 and 2002 c 273 s 2 are each amended to 26 read as follows:

27 The definitions in this section apply throughout this chapter 28 unless the context clearly requires otherwise.

- 29 (1) "Endorsee" means an unlicensed employee or agent of a rental 30 car ((agent)) insurance producer who meets the requirements of this 31 chapter.
 - (2) "Person" means an individual or a business entity.
- 33 (3) "Rental agreement" means any written master, corporate, group, 34 or individual agreement setting forth the terms and conditions 35 governing the use of a rental car rented or leased by a rental car 36 company.

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(4) "Rental car" means any motor vehicle that is intended to be rented or leased for a period of thirty consecutive days or less by a driver who is not required to possess a commercial driver's license to operate the motor vehicle and the motor vehicle is either of the following:

- (a) A private passenger motor vehicle, including a passenger van, recreational vehicle, minivan, or sports utility vehicle; or
- (b) A cargo vehicle, including a cargo van, pickup truck, or truck with a gross vehicle weight of less than twenty-six thousand pounds.
- (5) "Rental car ((agent)) <u>insurance producer</u>" means any rental car company that is licensed to offer, sell, or solicit rental car insurance under this chapter.
- (6) "Rental car company" means any person in the business of renting rental cars to the public, including a franchisee.
- (7) "Rental car insurance" means insurance offered, sold, or solicited in connection with and incidental to the rental of rental cars, whether at the rental office or by preselection of coverage in master, corporate, group, or individual agreements that: (a) Is nontransferable; (b) applies only to the rental car that is the subject of the rental agreement; and (c) is limited to the following kinds of insurance:
- (i) Personal accident insurance for renters and other rental car occupants, for accidental death or dismemberment, and for medical expenses resulting from an accident that occurs with the rental car during the rental period;
- (ii) Liability insurance, including uninsured or underinsured motorist coverage, whether offered separately or in combination with other liability insurance, that provides protection to the renters and to other authorized drivers of a rental car for liability arising from the operation of the rental car during the rental period;
- (iii) Personal effects insurance that provides coverage to renters and other vehicle occupants for loss of, or damage to, personal effects in the rental car during the rental period; and
- 34 (iv) Roadside assistance and emergency sickness protection 35 insurance.
- 36 (8) "Renter" means any person who obtains the use of a vehicle from 37 a rental car company under the terms of a rental agreement.

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Sec. 87. RCW 48.115.010 and 2002 c 273 s 3 are each amended to read as follows:

- (1) A rental car company, or officer, director, employee, or agent of a rental car company, may not offer, sell, or solicit the purchase of rental car insurance unless that person is licensed under chapter 48.17 RCW or is in compliance with this chapter.
 - (2) The commissioner may issue a license to a rental car company that is in compliance with this chapter authorizing the rental car company to act as a rental car ((agent)) insurance producer under this chapter, in connection with and incidental to rental agreements, on behalf of any insurer authorized to write rental car insurance in this state.
- **Sec. 88.** RCW 48.115.015 and 2002 c 273 s 4 are each amended to 14 read as follows:
- 15 A rental car company may apply to be licensed as a rental car 16 ((agent)) insurance producer under, and if in compliance with, this 17 chapter by filing the following documents with the commissioner:
 - (1) A written application for licensure, signed by the applicant or by an officer of the applicant, in the form prescribed by the commissioner that includes a listing of all locations at which the rental car company intends to offer, sell, or solicit rental car insurance; and
 - (2)(a) A certificate by the insurer that is to be named in the rental car ((agent)) insurance producer license, stating that: (i) The insurer has satisfied itself that the named applicant is trustworthy and competent to act as its rental car ((agent)) insurance producer, limited to this purpose; (ii) the insurer has reviewed the endorsee training and education program required by RCW 48.115.020(4) and believes that it satisfies the statutory requirements; and (iii) the insurer will appoint the applicant to act as its rental car ((agent)) insurance producer to offer, sell, or solicit rental car insurance, if the license for which the applicant is applying is issued by the commissioner.
- 34 (b) The certification shall be subscribed by an authorized 35 representative of the insurer on a form prescribed by the commissioner.

Sec. 89. RCW 48.115.020 and 2002 c 273 s 5 are each amended to 2 read as follows:

- (1) An employee or agent of a rental car ((agent)) <u>insurance</u> <u>producer</u> may be an endorsee authorized to offer, sell, or solicit rental car insurance under the authority of the rental car ((agent)) <u>insurance producer</u> license, if all of the following conditions have been satisfied:
 - (a) The employee or agent is eighteen years of age or older;
- 9 (b) The employee or agent is a trustworthy person and has not committed any act set forth in RCW 48.17.530;
 - (c) The employee or agent has completed a training and education program;
 - (d) The rental car company, at the time it submits its rental car ((agent)) insurance producer license application, also submits a list of the names of all endorsees to its rental car ((agent)) insurance producer license on forms prescribed by the commissioner. The list shall be updated and submitted to the commissioner quarterly on a calendar year basis. Each list shall be retained by the rental car company for a period of three years from submission; and
 - (e) The rental car company or its agent submits to the commissioner with its initial rental car ((agent)) insurance producer license application, and annually thereafter, a certification subscribed by an officer of the rental car company on a form prescribed by the commissioner, stating all of the following:
 - (i) No person other than an endorsee offers, sells, or solicits rental car insurance on its behalf or while working as an employee or agent of the rental car ((agent)) insurance producer; and
 - (ii) All endorsees have completed the training and education program under subsection (4) of this section.
 - (2) A rental car ((agent's)) <u>insurance producer's</u> endorsee may only act on behalf of the rental car ((agent)) <u>insurance producer</u> in the offer, sale, or solicitation of a rental car insurance. A rental car ((agent)) <u>insurance producer</u> is responsible for, and must supervise, all actions of its endorsees related to the offering, sale, or solicitation of rental car insurance. The conduct of an endorsee acting within the scope of his or her employment or agency is the same as the conduct of the rental car ((agent)) <u>insurance producer</u> for purposes of this chapter.

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(3) The manager at each location of a rental car ((agent)) insurance producer, or the direct supervisor of the rental car ((agent's)) insurance producer's endorsees at each location, must be an endorsee of that rental car ((agent)) insurance producer and is responsible for the supervision of each additional endorsee at that location. Each rental car ((agent)) insurance producer shall identify the endorsee who is the manager or direct supervisor at each location in the endorsee list that it submits under subsection (1)(d) of this section.

- (4) Each rental car ((agent)) insurance producer shall provide a training and education program for each endorsee prior to allowing an endorsee to offer, sell, or solicit rental car insurance. Details of the program must be submitted to the commissioner, along with the license application, for approval prior to use, and resubmitted for approval of any changes prior to use. This training program shall meet the following minimum standards:
- (a) Each endorsee shall receive instruction about the kinds of insurance authorized under this chapter that may be offered for sale to prospective renters; and
- (b) Each endorsee shall receive training about the requirements and limitations imposed on ((car)) rental ((agents)) car insurance producers and endorsees under this chapter. The training must include specific instruction that the endorsee is prohibited by law from making any statement or engaging in any conduct express or implied, that would lead a consumer to believe that the:
- (i) Purchase of rental car insurance is required in order for the renter to rent a motor vehicle;
- (ii) Renter does not have insurance policies in place that already provide the coverage being offered by the rental car company under this chapter; or
- 31 (iii) Endorsee is qualified to evaluate the adequacy of the 32 renter's existing insurance coverages.
- 33 (5) The training and education program submitted to the 34 commissioner is approved if no action is taken within thirty days of 35 its submission.
- 36 (6) An endorsee's authorization to offer, sell, or solicit rental 37 car insurance expires when the endorsee's employment with the rental 38 car company is terminated.

- 1 (7) The rental car ((agent)) insurance producer shall retain for a 2 period of one year from the date of each transaction records which 3 enable it to identify the name of the endorsee involved in each rental 4 transaction when a renter purchases rental car insurance.
- 5 **Sec. 90.** RCW 48.115.025 and 2002 c 273 s 6 are each amended to 6 read as follows:
- 7 Insurance may not be offered, sold, or solicited under this 8 section, unless:
- 9 (1) The rental period of the rental car agreement is thirty 10 consecutive days or less;

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- (2) At every location where rental agreements are executed, the rental car ((agent)) insurance producer or endorsee provides brochures or other written materials to each renter who purchases rental car insurance that clearly, conspicuously, and in plain language:
- (a) Summarize, clearly and correctly, the material terms, exclusions, limitations, and conditions of coverage offered to renters, including the identity of the insurer;
- (b) Describe the process for filing a claim in the event the renter elects to purchase coverage, including a toll-free telephone number to report a claim;
- (c) Provide the rental car ((agent's)) insurance producer's name, address, telephone number, and license number, as well as the commissioner's consumer hotline number;
- (d) Inform the consumer that the rental car insurance offered, sold, or solicited by the rental car ((agent)) insurance producer may provide a duplication of coverage already provided by a renter's personal automobile insurance policy, homeowners' insurance policy, or by another source of coverage;
- (e) Inform the consumer that the purchase by the renter of the rental car insurance is not required in order to rent a rental car from the rental car ((agent)) insurance producer; and
- (f) Inform the consumer that the rental car ((agent)) insurance producer and the rental car ((agent's)) insurance producer's endorsees are not qualified to evaluate the adequacy of the renter's existing insurance coverages;
- (3) The purchaser of rental car insurance acknowledges in writing

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the receipt of the brochures or written materials required by subsection (2) of this section;

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- (4) Evidence of the rental car insurance coverage is stated on the face of the rental agreement;
- (5) All costs for the rental car insurance are separately itemized in the rental agreement;
- (6) When the rental car insurance is not the primary source of coverage, the consumer is informed in writing in the form required by subsection (2) of this section that their personal insurance will serve as the primary source of coverage; and
- (7) For transactions conducted by electronic means, the rental car ((agent)) insurance producer must comply with the requirements of this section, and the renter must acknowledge in writing or by electronic signature the receipt of the following disclosures:
- (a) The insurance policies offered by the rental car ((agent)) insurance producer may provide a duplication of coverage already provided by a renter's personal automobile insurance policy, homeowners' insurance policy, or by another source of coverage;
- 19 (b) The purchase by the renter of rental car insurance is not 20 required in order to rent a rental car from the rental car ((agent)) 21 insurance producer; and
- (c) The rental car ((agent)) <u>insurance producer</u> and the rental car ((agent's)) <u>insurance producer's</u> endorsees are not qualified to evaluate the adequacy of the renter's existing insurance coverages.
- 25 **Sec. 91.** RCW 48.115.030 and 2002 c 273 s 7 are each amended to 26 read as follows:

27 A rental car ((agent)) <u>insurance producer</u> may not:

- 28 (1) Offer, sell, or solicit the purchase of insurance except in conjunction with and incidental to rental car agreements;
 - (2) Advertise, represent, or otherwise portray itself or any of its employees or agents as licensed insurers((, insurance agents,)) or insurance ((brokers)) producers;
- 33 (3) Pay any person, including a rental car ((agent)) insurance 34 producer endorsee, any compensation, fee, or commission that is 35 dependent primarily on the placement of insurance under the license 36 issued under this chapter;

1 (4) Make any statement or engage in any conduct, express or implied, that would lead a customer to believe that the:

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- (a) Insurance policies offered by the rental car ((agent)) insurance producer do not provide a duplication of coverage already provided by a renter's personal automobile insurance policy, homeowners' insurance policy, or by another source of coverage;
- (b) Purchase by the renter of rental car insurance is required in order to rent a rental car from the rental car ((agent)) insurance producer; and
- 10 (c) Rental car ((agent)) <u>insurance producer</u> or the rental car ((agent's)) <u>insurance producer's</u> endorsees are qualified to evaluate the adequacy of the renter's existing insurance coverages.
- 13 **Sec. 92.** RCW 48.115.035 and 2002 c 273 s 8 are each amended to 14 read as follows:
 - (1) Every rental car ((agent)) insurance producer licensed under this chapter shall promptly reply in writing to an inquiry of the commissioner relative to the business of ((car)) rental car insurance.
 - (2)(a) In the event of a violation of this chapter by a rental car ((agent)) insurance producer, the commissioner may revoke, suspend, or refuse to issue or renew any rental car ((agent's)) insurance producer's license that is issued or may be issued under this chapter for any cause specified in any other provision of this title, or for any of the following causes:
 - (i) For any cause that the issuance of this license could have been refused had it then existed and been known to the commissioner;
 - (ii) If the licensee or applicant willfully violates or knowingly participates in a violation of this title or any proper order or rule of the commissioner;
- 29 (iii) If the licensee or applicant has obtained or attempted to 30 obtain a license through willful misrepresentation or fraud;
- (iv) If the licensee or applicant has misappropriated or converted funds that belong to, or should be paid to, another person as a result of, or in connection with, a ((car)) rental car or insurance transaction;
- 35 (v) If the licensee or applicant has, with intent to deceive, 36 materially misrepresented the terms or effects of any insurance

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1 contract, or has engaged, or is about to engage, in any fraudulent 2 transaction;

- (vi) If the licensee or applicant or officer of the licensee or applicant has been convicted by final judgment of a felony;
- (vii) If the licensee or applicant is shown to be, and is determined by the commissioner, incompetent or untrustworthy, or a source of injury and loss to the public; and
- (viii) If the licensee has dealt with, or attempted to deal with, insurances, or has exercised powers relative to insurance outside the scope of the ((car)) rental ((agent)) car insurance producer license or other insurance licenses.
- (b) If any natural person named under a firm or corporate ((car)) rental ((agent)) car insurance producer license, or application therefore, commits or has committed any act, or fails or has failed to perform any duty, that constitutes grounds for the commissioner to revoke, suspend, or refuse to issue or renew the license or application for license, the commissioner may revoke, suspend, refuse to renew, or refuse to issue the license or application for a license of the corporation or firm.
- (c) Any conduct of an applicant or licensee that constitutes grounds for disciplinary action under this title may be addressed under this section regardless of where the conduct took place.
- (d) The holder of any license that has been revoked or suspended shall surrender the license to the commissioner at the commissioner's request.
- (e) After notice and hearing the commissioner may impose other penalties, including suspending the transaction of insurance at specific rental locations where violations of this section have occurred and imposing fines on the manager or supervisor at each location responsible for the supervision and conduct of each endorsee, as the commissioner determines necessary or convenient to carry out the purpose of this chapter.
- (3) The commissioner may suspend, revoke, or refuse to renew any ((car)) rental ((agent)) car insurance producer license by an order served by mail or personal service upon the licensee not less than fifteen days prior to its effective date. The order is subject to the right of the licensee to a hearing under chapter 48.04 RCW.

(4) The commissioner may temporarily suspend a license by an order served by mail or personal service upon the licensee not less than three days prior to its effective date. However, the order must contain a notice of revocation and include a finding that the public safety or welfare imperatively requires emergency action. These suspensions may continue only until proceedings for revocation are concluded. The commissioner may also temporarily suspend a license in cases when proceedings for revocation are pending if it is found that the public safety or welfare imperatively requires emergency action.

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- (5) Service by mail under this section means posting in the United States mail, addressed to the licensee at the most recent address shown in the commissioner's licensing records for the licensee. Service by mail is complete upon deposit in the United States mail.
- 14 (6) If any person sells insurance in connection with or incidental 15 to rental car agreements, or holds himself or herself or a company out 16 as a rental car ((agent)) insurance producer, without satisfying the 17 requirements of this chapter, the commissioner is authorized to issue 18 a cease and desist order.
- 19 **Sec. 93.** RCW 48.115.040 and 2002 c 273 s 9 are each amended to 20 read as follows:

A rental car ((agent)) <u>insurance producer</u> is not required to treat moneys collected from renters purchasing rental car insurance as funds received in a fiduciary capacity, if:

- 24 (1) The charges for rental car insurance coverage are itemized and 25 ancillary to a rental transaction; and
- (2) The insurer has consented in writing, signed by an officer of the insurer, that premiums need not be segregated from funds received by the rental car ((agent)) insurance producer.
- 29 **Sec. 94.** RCW 48.120.005 and 2002 c 357 s 1 are each amended to 30 read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- 33 (1) "Communications equipment" means handsets, pagers, personal 34 digital assistants, portable computers, automatic answering devices, 35 batteries, and their accessories or other devices used to originate or

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- receive communications signals or service approved for coverage by rule of the commissioner, and also includes services related to the use of the devices.
- 4 (2) "Communications equipment insurance program" means an insurance program as described in RCW 48.120.015.
- 6 (3) "Communications service" means the service necessary to send, 7 receive, or originate communications signals.
- 8 (4) "Customer" means a person or entity purchasing or leasing 9 communications equipment or communications services from a vendor.
- 10 (5) "Specialty producer license" means a license issued under RCW 11 48.120.010 that authorizes a vendor to offer or sell insurance as 12 provided in RCW 48.120.015.
- 13 (6) "Supervising agent" means an ((agent)) appointed insurance
 14 producer licensed under RCW ((48.17.060)) 48.17.090 who provides
 15 training as described in RCW 48.120.020 and is affiliated to a licensed
 16 vendor.
 - (7) "Vendor" means a person or entity resident or with offices in this state in the business of leasing, selling, or providing communications equipment or communications service to customers.
- 20 (8) "Appointing insurer" means the insurer appointing the vendor as 21 its agent under a specialty producer license.
- 22 **Sec. 95.** RCW 48.120.010 and 2002 c 357 s 2 are each amended to 23 read as follows:
- (1) A vendor that intends to offer insurance under RCW 48.120.015 must file a specialty producer license application with the commissioner. Before the commissioner issues such a license, the vendor must be appointed as the ((agent)) insurance producer of one or more authorized appointing insurers under a vendor's specialty producer license.
- 30 (2) Upon receipt of an application, if the commissioner is 31 satisfied that the application is complete, the commissioner may issue 32 a specialty producer license to the vendor.
- 33 **Sec. 96.** RCW 48.125.030 and 2004 c 260 s 5 are each amended to read as follows:
- 35 The commissioner may not issue a certificate of authority to a

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self-funded multiple employer welfare arrangement unless the arrangement establishes to the satisfaction of the commissioner that the following requirements have been satisfied by the arrangement:

- (1) The employers participating in the arrangement are members of a bona fide association;
- (2) The employers participating in the arrangement exercise control over the arrangement, as follows:
- (a) Subject to (b) of this subsection, control exists if the board of directors of the bona fide association or the employers participating in the arrangement have the right to elect at least seventy-five percent of the individuals designated in the arrangement's organizational documents as having control over the operations of the arrangement and the individuals designated in the arrangement's organizational documents in fact exercise control over the operation of the arrangement; and
- (b) The use of a third-party administrator to process claims and to assist in the administration of the arrangement is not evidence of the lack of exercise of control over the operation of the arrangement;
- (3) In this state, the arrangement provides only health care services;
- (4) In this state, the arrangement provides or arranges benefits for health care services in compliance with those provisions of this title that mandate particular benefits or offerings and with provisions that require access to particular types or categories of health care providers and facilities;
- (5) In this state, the arrangement provides or arranges benefits for health care services in compliance with RCW 48.43.500 through 48.43.535, 48.43.545, and 48.43.550;
- (6) The arrangement provides health care services to not less than twenty employers and not less than seventy-five employees;
- (7) The arrangement may not solicit participation in the arrangement from the general public. However, the arrangement may employ licensed insurance ((agents)) producers who receive a commission, unlicensed individuals who do not receive a commission, and may contract with a licensed insurance producer who may be paid a commission or other remuneration, for the purpose of enrolling and renewing the enrollments of employers in the arrangement;

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- 1 (8) The arrangement has been in existence and operated actively for 2 a continuous period of not less than ten years as of December 31, 2003, 3 except for an arrangement that has been in existence and operated 4 actively since December 31, 2000, and is sponsored by an association 5 that has been in existence more than twenty-five years; and
- 6 (9) The arrangement is not organized or maintained solely as a 7 conduit for the collection of premiums and the forwarding of premiums 8 to an insurance company.
- 9 **Sec. 97.** RCW 48.135.010 and 2006 c 284 s 2 are each amended to 10 read as follows:
- 11 The definitions in this section apply throughout this chapter 12 unless the context clearly requires otherwise.
- 13 (1) "Insurance fraud" means an act or omission committed by a 14 person who, knowingly, and with intent to defraud, commits, or conceals 15 any material information concerning, one or more of the following:
- 16 (a) Presenting, causing to be presented, or preparing with
 17 knowledge or belief that it will be presented to or by an insurer((\(\tau\)
 18 broker, or its agent)) or insurance producer, false information as part
 19 of, in support of, or concerning a fact material to one or more of the
 20 following:
- 21 (i) An application for the issuance or renewal of an insurance 22 policy;
 - (ii) The rating of an insurance policy or contract;
- 24 (iii) A claim for payment or benefit pursuant to an insurance 25 policy;
 - (iv) Premiums paid on an insurance policy;

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- (v) Payments made in accordance with the terms of an insurance policy; or
- 29 (vi) The reinstatement of an insurance policy;
- 30 (b) Willful embezzlement, abstracting, purloining, or conversion of 31 moneys, funds, premiums, credits, or other property of an insurer or 32 person engaged in the business of insurance; or
- 33 (c) Attempting to commit, aiding or abetting in the commission of, 34 or conspiracy to commit the acts or omissions specified in this 35 subsection.
- The definition of insurance fraud is for illustrative purposes only under this chapter to describe the nature of the behavior to be

- reported and investigated, and is not intended in any manner to create or modify the definition of any existing criminal acts nor to create or modify the burdens of proof in any criminal prosecution brought as a result of an investigation under this chapter.
- 5 (2) "Insurer" means an insurance company authorized under chapter 6 48.05 RCW, a health care service contractor registered under chapter 7 48.44 RCW, and a health care maintenance organization registered under 8 chapter 48.46 RCW.
- 9 **Sec. 98.** RCW 51.12.020 and 1999 c 68 s 1 are each amended to read 10 as follows:
 - The following are the only employments which shall not be included within the mandatory coverage of this title:
 - (1) Any person employed as a domestic servant in a private home by an employer who has less than two employees regularly employed forty or more hours a week in such employment.
 - (2) Any person employed to do gardening, maintenance, or repair, in or about the private home of the employer. For the purposes of this subsection, "maintenance" means the work of keeping in proper condition, "repair" means to restore to sound condition after damage, and "private home" means a person's place of residence.
 - (3) A person whose employment is not in the course of the trade, business, or profession of his or her employer and is not in or about the private home of the employer.
 - (4) Any person performing services in return for aid or sustenance only, received from any religious or charitable organization.
 - (5) Sole proprietors or partners.

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- (6) Any child under eighteen years of age employed by his or her parent or parents in agricultural activities on the family farm.
- (7) Jockeys while participating in or preparing horses for race meets licensed by the Washington horse racing commission pursuant to chapter 67.16 RCW.
 - (8)(a) Except as otherwise provided in (b) of this subsection, any bona fide officer of a corporation voluntarily elected or voluntarily appointed in accordance with the articles of incorporation or bylaws of the corporation, who at all times during the period involved is also a bona fide director, and who is also a shareholder of the corporation. Only such officers who exercise substantial control in the daily

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management of the corporation and whose primary responsibilities do not include the performance of manual labor are included within this subsection.

- (b) Alternatively, a corporation that is not a "public company" as defined in RCW 23B.01.400(((21)))(24) may exempt eight or fewer bona fide officers, who are voluntarily elected or voluntarily appointed in accordance with the articles of incorporation or bylaws of the corporation and who exercise substantial control in the daily management of the corporation, from coverage under this title without regard to the officers' performance of manual labor if the exempted officer is a shareholder of the corporation, or may exempt any number of officers if all the exempted officers are related by blood within the third degree or marriage. If a corporation that is not a "public company" elects to be covered under subsection (8)(a) of this section, the corporation's election must be made on a form prescribed by the department and under such reasonable rules as the department may adopt.
- (c) Determinations respecting the status of persons performing services for a corporation shall be made, in part, by reference to Title 23B RCW and to compliance by the corporation with its own articles of incorporation and bylaws. For the purpose of determining coverage under this title, substance shall control over form, and mandatory coverage under this title shall extend to all workers of this state, regardless of honorary titles conferred upon those actually serving as workers.
- (d) A corporation may elect to cover officers who are exempted by this subsection in the manner provided by RCW 51.12.110.
- (9) Services rendered by a musician or entertainer under a contract with a purchaser of the services, for a specific engagement or engagements when such musician or entertainer performs no other duties for the purchaser and is not regularly and continuously employed by the purchaser. A purchaser does not include the leader of a group or recognized entity who employs other than on a casual basis musicians or entertainers.
- (10) Services performed by a newspaper carrier selling or distributing newspapers on the street or from house to house.
- 36 (11) Services performed by an insurance ((agent, insurance broker, or insurance solicitor)) producer, as defined in RCW 48.17.010((7) 48.17.020, and 48.17.030, respectively))(5).

- (12) Services performed by a booth renter ((as defined in RCW 18.16.020)). However, a person exempted under this subsection may elect coverage under RCW 51.32.030.
 - (13) Members of a limited liability company, if either:

- (a) Management of the company is vested in its members, and the members for whom exemption is sought would qualify for exemption under subsection (5) of this section were the company a sole proprietorship or partnership; or
- (b) Management of the company is vested in one or more managers, and the members for whom the exemption is sought are managers who would qualify for exemption under subsection (8) of this section were the company a corporation.
- **Sec. 99.** RCW 70.47.015 and 1997 c 337 s 1 are each amended to read 14 as follows:
 - (1) The legislature finds that the basic health plan has been an effective program in providing health coverage for uninsured residents. Further, since 1993, substantial amounts of public funds have been allocated for subsidized basic health plan enrollment.
 - (2) It is the intent of the legislature that the basic health plan enrollment be expanded expeditiously, consistent with funds available in the health services account, with the goal of two hundred thousand adult subsidized basic health plan enrollees and one hundred thirty thousand children covered through expanded medical assistance services by June 30, 1997, with the priority of providing needed health services to children in conjunction with other public programs.
 - (3) Effective January 1, 1996, basic health plan enrollees whose income is less than one hundred twenty-five percent of the federal poverty level shall pay at least a ten-dollar premium share.
 - (4) No later than July 1, 1996, the administrator shall implement procedures whereby hospitals licensed under chapters 70.41 and 71.12 RCW, health carrier, rural health care facilities regulated under chapter 70.175 RCW, and community and migrant health centers funded under RCW 41.05.220, may expeditiously assist patients and their families in applying for basic health plan or medical assistance coverage, and in submitting such applications directly to the health care authority or the department of social and health services. The

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health care authority and the department of social and health services shall make every effort to simplify and expedite the application and enrollment process.

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- (5) No later than July 1, 1996, the administrator shall implement 4 procedures whereby ((health)) disability insurance ((agents and 5 producers, licensed under chapter 48.17 6 brokers)) RCW, 7 expeditiously assist patients and their families in applying for basic health plan or medical assistance coverage, and in submitting such 8 applications directly to the health care authority or the department of 9 10 social and health services. ((Brokers and agents)) Insurance producers may receive a commission for each individual sale of the basic health 11 12 plan to anyone not signed up within the previous five years and a 13 commission for each group sale of the basic health plan, if funding for 14 this purpose is provided in a specific appropriation to the health care No commission shall be provided upon a renewal. 15 authority. Commissions shall be determined based on the estimated annual cost of 16 17 the basic health plan, however, commissions shall not result in a reduction in the premium amount paid to health carriers. For purposes 18 of this section "health carrier" is as defined in RCW 48.43.005. 19 administrator may establish: (a) Minimum educational requirements that 20 21 must be completed by the ((agents or brokers)) insurance producers; (b) 22 an appointment process for ((agents or brokers)) insurance producers marketing the basic health plan; or (c) standards for revocation of the 23 24 appointment of an ((agent or broker)) insurance producer to submit 25 applications for cause, including untrustworthy or incompetent conduct or harm to the public. The health care authority and the department of 26 27 social and health services shall make every effort to simplify and expedite the application and enrollment process. 28
- 29 **Sec. 100.** RCW 82.04.260 and 2007 c 54 s 6 and 2007 c 48 s 2 are 30 each reenacted and amended to read as follows:
 - (1) Upon every person engaging within this state in the business of manufacturing:
 - (a) Wheat into flour, barley into pearl barley, soybeans into soybean oil, canola into canola oil, canola meal, or canola byproducts, or sunflower seeds into sunflower oil; as to such persons the amount of tax with respect to such business shall be equal to the value of the

flour, pearl barley, oil, canola meal, or canola byproduct manufactured, multiplied by the rate of 0.138 percent;

- (b) Beginning July 1, 2012, seafood products that remain in a raw, raw frozen, or raw salted state at the completion of the manufacturing by that person; or selling manufactured seafood products that remain in a raw, raw frozen, or raw salted state at the completion of the manufacturing, to purchasers who transport in the ordinary course of business the goods out of this state; as to such persons the amount of tax with respect to such business shall be equal to the value of the products manufactured or the gross proceeds derived from such sales, multiplied by the rate of 0.138 percent. Sellers must keep and preserve records for the period required by RCW 82.32.070 establishing that the goods were transported by the purchaser in the ordinary course of business out of this state;
- (c) Beginning July 1, 2012, dairy products that as of September 20, 2001, are identified in 21 C.F.R., chapter 1, parts 131, 133, and 135, including byproducts from the manufacturing of the dairy products such as whey and casein; or selling the same to purchasers who transport in the ordinary course of business the goods out of state; as to such persons the tax imposed shall be equal to the value of the products manufactured or the gross proceeds derived from such sales multiplied by the rate of 0.138 percent. Sellers must keep and preserve records for the period required by RCW 82.32.070 establishing that the goods were transported by the purchaser in the ordinary course of business out of this state;
- (d) Beginning July 1, 2012, fruits or vegetables by canning, preserving, freezing, processing, or dehydrating fresh fruits or vegetables, or selling at wholesale fruits or vegetables manufactured by the seller by canning, preserving, freezing, processing, or dehydrating fresh fruits or vegetables and sold to purchasers who transport in the ordinary course of business the goods out of this state; as to such persons the amount of tax with respect to such business shall be equal to the value of the products manufactured or the gross proceeds derived from such sales multiplied by the rate of 0.138 percent. Sellers must keep and preserve records for the period required by RCW 82.32.070 establishing that the goods were transported by the purchaser in the ordinary course of business out of this state;

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(e) Until July 1, 2009, alcohol fuel, biodiesel fuel, or biodiesel feedstock, as those terms are defined in RCW 82.29A.135; as to such persons the amount of tax with respect to the business shall be equal to the value of alcohol fuel, biodiesel fuel, or biodiesel feedstock manufactured, multiplied by the rate of 0.138 percent; and

- (f) Alcohol fuel or wood biomass fuel, as those terms are defined in RCW 82.29A.135; as to such persons the amount of tax with respect to the business shall be equal to the value of alcohol fuel or wood biomass fuel manufactured, multiplied by the rate of 0.138 percent.
- (2) Upon every person engaging within this state in the business of splitting or processing dried peas; as to such persons the amount of tax with respect to such business shall be equal to the value of the peas split or processed, multiplied by the rate of 0.138 percent.
- (3) Upon every nonprofit corporation and nonprofit association engaging within this state in research and development, as to such corporations and associations, the amount of tax with respect to such activities shall be equal to the gross income derived from such activities multiplied by the rate of 0.484 percent.
- (4) Upon every person engaging within this state in the business of slaughtering, breaking and/or processing perishable meat products and/or selling the same at wholesale only and not at retail; as to such persons the tax imposed shall be equal to the gross proceeds derived from such sales multiplied by the rate of 0.138 percent.
- (5) Upon every person engaging within this state in the business of acting as a travel agent or tour operator; as to such persons the amount of the tax with respect to such activities shall be equal to the gross income derived from such activities multiplied by the rate of 0.275 percent.
- (6) Upon every person engaging within this state in business as an international steamship agent, international customs house broker, international freight forwarder, vessel and/or cargo charter broker in foreign commerce, and/or international air cargo agent; as to such persons the amount of the tax with respect to only international activities shall be equal to the gross income derived from such activities multiplied by the rate of 0.275 percent.
- (7) Upon every person engaging within this state in the business of stevedoring and associated activities pertinent to the movement of goods and commodities in waterborne interstate or foreign commerce; as

to such persons the amount of tax with respect to such business shall be equal to the gross proceeds derived from such activities multiplied by the rate of 0.275 percent. Persons subject to taxation under this subsection shall be exempt from payment of taxes imposed by chapter 82.16 RCW for that portion of their business subject to taxation under this subsection. Stevedoring and associated activities pertinent to the conduct of goods and commodities in waterborne interstate or foreign commerce are defined as all activities of a labor, service or transportation nature whereby cargo may be loaded or unloaded to or from vessels or barges, passing over, onto or under a wharf, pier, or similar structure; cargo may be moved to a warehouse or similar holding or storage yard or area to await further movement in import or export or may move to a consolidation freight station and be stuffed, unstuffed, containerized, separated or otherwise segregated aggregated for delivery or loaded on any mode of transportation for Specific activities included in this delivery to its consignee. definition are: Wharfage, handling, loading, unloading, moving of cargo to a convenient place of delivery to the consignee or a convenient place for further movement to export mode; documentation services in connection with the receipt, delivery, checking, care, custody and control of cargo required in the transfer of cargo; imported automobile handling prior to delivery to consignee; terminal stevedoring and incidental vessel services, including but not limited to plugging and unplugging refrigerator service to containers, trailers, and other refrigerated cargo receptacles, and securing ship hatch covers.

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(8) Upon every person engaging within this state in the business of disposing of low-level waste, as defined in RCW 43.145.010; as to such persons the amount of the tax with respect to such business shall be equal to the gross income of the business, excluding any fees imposed under chapter 43.200 RCW, multiplied by the rate of 3.3 percent.

If the gross income of the taxpayer is attributable to activities both within and without this state, the gross income attributable to this state shall be determined in accordance with the methods of apportionment required under RCW 82.04.460.

(9) Upon every person engaging within this state as an insurance ((agent, insurance broker, or insurance solicitor)) producer or title insurance agent licensed under chapter 48.17 RCW; as to such persons,

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the amount of the tax with respect to such licensed activities shall be equal to the gross income of such business multiplied by the rate of 0.484 percent.

- (10) Upon every person engaging within this state in business as a hospital, as defined in chapter 70.41 RCW, that is operated as a nonprofit corporation or by the state or any of its political subdivisions, as to such persons, the amount of tax with respect to such activities shall be equal to the gross income of the business multiplied by the rate of 0.75 percent through June 30, 1995, and 1.5 percent thereafter. The moneys collected under this subsection shall be deposited in the health services account created under RCW 43.72.900.
- (11)(a) Beginning October 1, 2005, upon every person engaging within this state in the business of manufacturing commercial airplanes, or components of such airplanes, as to such persons the amount of tax with respect to such business shall, in the case of manufacturers, be equal to the value of the product manufactured, or in the case of processors for hire, be equal to the gross income of the business, multiplied by the rate of:
- (i) 0.4235 percent from October 1, 2005, through the later of June 30, 2007, or the day preceding the date final assembly of a superefficient airplane begins in Washington state, as determined under RCW 82.32.550; and
 - (ii) 0.2904 percent beginning on the later of July 1, 2007, or the date final assembly of a superefficient airplane begins in Washington state, as determined under RCW 82.32.550.
 - (b) Beginning October 1, 2005, upon every person engaging within this state in the business of making sales, at retail or wholesale, of commercial airplanes, or components of such airplanes, manufactured by that person, as to such persons the amount of tax with respect to such business shall be equal to the gross proceeds of sales of the airplanes or components multiplied by the rate of:
- 33 (i) 0.4235 percent from October 1, 2005, through the later of June 34 30, 2007, or the day preceding the date final assembly of a 35 superefficient airplane begins in Washington state, as determined under 36 RCW 82.32.550; and
- 37 (ii) 0.2904 percent beginning on the later of July 1, 2007, or the

date final assembly of a superefficient airplane begins in Washington state, as determined under RCW 82.32.550.

- (c) For the purposes of this subsection (11), "commercial airplane," "component," and "final assembly of a superefficient airplane" have the meanings given in RCW 82.32.550.
- (d) In addition to all other requirements under this title, a person eligible for the tax rate under this subsection (11) must report as required under RCW 82.32.545.
- (e) This subsection (11) does not apply after the earlier of: July 1, 2024; or December 31, 2007, if assembly of a superefficient airplane does not begin by December 31, 2007, as determined under RCW 82.32.550.
 - (12)(a) Until July 1, 2024, upon every person engaging within this state in the business of extracting timber or extracting for hire timber; as to such persons the amount of tax with respect to the business shall, in the case of extractors, be equal to the value of products, including byproducts, extracted, or in the case of extractors for hire, be equal to the gross income of the business, multiplied by the rate of 0.4235 percent from July 1, 2006, through June 30, 2007, and 0.2904 percent from July 1, 2007, through June 30, 2024.
 - (b) Until July 1, 2024, upon every person engaging within this state in the business of manufacturing or processing for hire: (i) Timber into timber products or wood products; or (ii) timber products into other timber products or wood products; as to such persons the amount of the tax with respect to the business shall, in the case of manufacturers, be equal to the value of products, including byproducts, manufactured, or in the case of processors for hire, be equal to the gross income of the business, multiplied by the rate of 0.4235 percent from July 1, 2006, through June 30, 2007, and 0.2904 percent from July 1, 2007, through June 30, 2024.
 - (c) Until July 1, 2024, upon every person engaging within this state in the business of selling at wholesale: (i) Timber extracted by that person; (ii) timber products manufactured by that person from timber or other timber products; or (iii) wood products manufactured by that person from timber or timber products; as to such persons the amount of the tax with respect to the business shall be equal to the gross proceeds of sales of the timber, timber products, or wood products multiplied by the rate of 0.4235 percent from July 1, 2006,

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through June 30, 2007, and 0.2904 percent from July 1, 2007, through
June 30, 2024.

- (d) Until July 1, 2024, upon every person engaging within this state in the business of selling standing timber; as to such persons the amount of the tax with respect to the business shall be equal to the gross income of the business multiplied by the rate of 0.2904 percent. For purposes of this subsection (12)(d), "selling standing timber" means the sale of timber apart from the land, where the buyer is required to sever the timber within thirty months from the date of the original contract, regardless of the method of payment for the timber and whether title to the timber transfers before, upon, or after severance.
- 13 (e) For purposes of this subsection, the following definitions 14 apply:
 - (i) "Paper and paper products" means products made of interwoven cellulosic fibers held together largely by hydrogen bonding. "Paper and paper products" includes newsprint; office, printing, fine, and pressure-sensitive papers; paper napkins, towels, and toilet tissue; kraft bag, construction, and other kraft industrial papers; paperboard, liquid packaging containers, containerboard, corrugated, and solid-fiber containers including linerboard and corrugated medium; and related types of cellulosic products containing primarily, by weight or volume, cellulosic materials. "Paper and paper products" does not include books, newspapers, magazines, periodicals, and other printed publications, advertising materials, calendars, and similar types of printed materials.
 - (ii) "Timber" means forest trees, standing or down, on privately or publicly owned land. "Timber" does not include Christmas trees that are cultivated by agricultural methods or short-rotation hardwoods as defined in RCW 84.33.035.
 - (iii) "Timber products" means logs, wood chips, sawdust, wood waste, and similar products obtained wholly from the processing of timber, short-rotation hardwoods as defined in RCW 84.33.035, or both; and pulp, including market pulp and pulp derived from recovered paper or paper products.
 - (iv) "Wood products" means paper and paper products; dimensional lumber; engineered wood products such as particleboard, oriented strand

- board, medium density fiberboard, and plywood; wood doors; and wood
 windows.
- 3 (13) Upon every person engaging within this state in inspecting, 4 testing, labeling, and storing canned salmon owned by another person, 5 as to such persons, the amount of tax with respect to such activities 6 shall be equal to the gross income derived from such activities 7 multiplied by the rate of 0.484 percent.
- 8 <u>NEW SECTION.</u> **Sec. 101.** If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.
- 12 <u>NEW SECTION.</u> **Sec. 102.** This act takes effect July 1, 2009.

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