

Part 13 Miscellaneous Provisions

31A-22-1300 Aircraft public liability insurance.

Policies containing aircraft public liability insurance coverage for an aircraft shall include minimum coverage of:

- (1) \$50,000 per person for bodily injury or death in any one accident;
- (2) \$50,000 for property damage in any one accident; and
- (3) \$100,000 in any one accident, whether for property damage, or bodily injury or death.

Amended by Chapter 253, 2021 General Session

31A-22-1301 Liability insurance for armored car companies and contract security companies.

Section 58-63-302 applies to liability insurance for armored car companies and contract security companies.

Amended by Chapter 246, 2008 General Session

31A-22-1302 Insurance requirements for vehicles of unusual physical nature.

Section 72-9-103 applies to the insurance requirements for vehicles of an unusual physical nature.

Amended by Chapter 270, 1998 General Session

31A-22-1303 Liability insurance for motor carriers.

Motor carrier safety regulations adopted under Section 72-9-103 specify liability insurance for motor carriers.

Amended by Chapter 270, 1998 General Session

31A-22-1305 Persons authorized to issue annuities.

No person may issue an annuity to another person unless the issuer is:

- (1) an insurer authorized to issue annuities under Chapter 5, Domestic Stock and Mutual Insurance Corporations, Chapter 9, Insurance Fraternal, or Chapter 14, Foreign Insurers;
- (2) a domestic corporation created under Title 16, Chapter 6a, Utah Revised Nonprofit Corporation Act, or other applicable law, or a foreign corporation conducted without profit, which is engaged solely in bona fide charitable, religious, missionary, educational, medical, or philanthropic activities; or
- (3) a natural person who issues an annuity to his spouse, children, grandchildren, great-grandchildren, parents, grandparents, uncles, aunts, brothers, sisters, nieces, or nephews, whether those relationships are by birth, marriage, or legal adoption.

Amended by Chapter 300, 2000 General Session

31A-22-1306 Transition provision for existing policy forms.

Insurance policy forms need not conform to the requirements of this chapter until July 1, 1987. However, insurance policies issued after July 1, 1986, are subject to Section 31A-21-107.

Amended by Chapter 204, 1986 General Session

31A-22-1307 Use of consumer reports by residential dwelling liability insurers.

- (1) An insurer who uses consumer reports in connection with the underwriting of residential dwelling liability insurance shall establish and adhere to written procedures that:
 - (a) identify the circumstances under which the insurer may request and the manner in which it will use consumer reports in its underwriting decisions;
 - (b) provide prior notice of the possible or intended use of a consumer report to an applicant for a residential liability insurance policy; and
 - (c) ensure compliance with the Consumer Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq., including the duties that arise from taking adverse action based on information contained in a consumer report.
- (2) An insurer that requests or uses a consumer report in connection with an application for a residential dwelling liability insurance policy shall maintain evidence of its compliance with the written procedures established by the insurer under Subsection (1).
- (3) An insurer shall submit to the commissioner, upon request, evidence of compliance maintained in accordance with Subsection (2).
- (4) As used in this section, the terms "consumer report" and "adverse action" are defined in 15 U.S.C. Sec. 1681a.

Enacted by Chapter 105, 1997 General Session

31A-22-1308 Use of loss history by insurers.

- (1) For purposes of this section:
 - (a) "Adverse eligibility or rate decision" means:
 - (i) declining insurance coverage;
 - (ii) terminating insurance coverage;
 - (iii) not renewing insurance coverage; or
 - (iv) the charging of a higher rate for insurance coverage.
 - (b)
 - (i) "Loss reporting agency" means any person who regularly engages, in whole or in part, in the business of assembling or collecting information for the primary purpose of providing the information to insurers or insurance producers for insurance transactions including assembling or collecting loss or claims information.
 - (ii) Notwithstanding Subsection (1)(b)(i), the following persons are not loss reporting agents:
 - (A) a governmental entity;
 - (B) an insurer;
 - (C) an insurance producer;
 - (D) an insurance consultant;
 - (E) a medical care institution or professional; or
 - (F) a peer review committee.
 - (iii) Notwithstanding Subsection (1)(b)(i), the following are not considered a report from a loss reporting agency:
 - (A) a report specifically provided for fraud prevention; and
 - (B) that portion of a report that includes information related to consumer credit behavior.

- (iv) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department may define by rule what constitutes:
 - (A) a report specifically provided for fraud prevention; and
 - (B) information related to consumer credit behavior.
- (c)
 - (i) "Score" means a numerical value, categorization, or classification that is:
 - (A) derived from a statistical tool, modeling system, or method; and
 - (B) developed to predict the likelihood of future insurance claims.
 - (ii) A numerical value, categorization, or classification described in Subsection (1)(c)(i) is a score if it is developed to predict the likelihood of future insurance claims regardless of whether it is developed to predict other factors in addition to predicting future insurance claims.
- (2)
 - (a) An insurer may not make an adverse eligibility or rate decision related to personal lines insurance in whole or in part on the basis of:
 - (i) a report by a loss reporting agency of a loss if the loss did not result in the insured requesting the payment of a claim;
 - (ii) a telephone call or other inquiry by an insured of a loss if the loss did not result in the insured requesting payment of a claim;
 - (iii) a loss that occurred when real property covered by the personal lines insurance was owned by a person other than the:
 - (A) insured; or
 - (B) person seeking insurance; or
 - (iv) a score if the score is determined in whole or in part on the basis of information described in Subsection (2)(a)(i), (ii), or (iii).
 - (b) Notwithstanding Subsection (2)(a), an insurer may:
 - (i) use the information described in Subsection (2)(a)(iii) to require a review of the condition of the premises; and
 - (ii) make an adverse eligibility or rate decision on the basis of the condition of the premises.
- (3)
 - (a) If an insurer uses a score that is derived from information obtained from a loss reporting agency or an insured, the insurer shall file with the department a certification that the method used to derive the score complies with the provisions of Subsection (2)(a)(iv).
 - (b) the insurer shall file a certification required under Subsection (3)(a) within 30 days of the day on which the score described in Subsection (3)(a) is first used by the insurer.
 - (c) The department shall classify a certification filed under this Subsection (3) as a protected record under Subsection 63G-2-305(2) except that the insurer is not required to file the information specified in Section 63G-2-309.
 - (d) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the commissioner shall make rules providing for the form and procedure of filing the certification required by Subsection (3)(a).

Amended by Chapter 382, 2008 General Session

31A-22-1309 Return of unearned premium upon cancellation of errors and omissions insurance.

- (1) As used in this section, "unearned premium" means the amount of the premium that is collected by the insurer in excess of premium earned as of the date of the cancellation of the errors and omissions insurance policy.
- (2) For an errors and omissions policy issued on or after May 14, 2013:
 - (a) the policyholder may cancel the errors and omissions insurance policy before its expiration or renewal date according to the procedure for cancellation set forth in the errors and omissions policy; and
 - (b) an insurer may not issue an errors and omissions policy that has fully earned premium upon issuance of the errors and omissions policy.
- (3) If the errors and omissions insurance policy is cancelled as provided in Subsection (2), the insurer shall refund the unearned premium to the policyholder minus any charge imposed by the insurer.

Enacted by Chapter 205, 2013 General Session