

**ACORD™ ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA
COMPANY PERFORMANCE COMPLAINT FORM**

IMPORTANT: THE INSURANCE COMPANY IS TO RESPOND TO THE PLAN WITHIN 20 WORKING DAYS OF RECEIPT FOR USE ONLY IF AN INSURANCE COMPANY HAS FAILED TO PERFORM IN ACCORDANCE WITH THE PROVISIONS OF SECTION 44 - PERFORMANCE STANDARDS FOR COMPANIES

DATE OF COMPLAINT

INSURANCE COMPANY NAME & ADDRESS

PRODUCER NAME & ADDRESS

TELEPHONE #

INSURED'S NAME

POLICY NUMBER

[FOLD ON ABOVE LINE FOR INSERTION INTO WINDOW ENVELOPE]

THE ABOVE NAMED INSURANCE COMPANY IS IN VIOLATION OF THE BELOW INDICATED PERFORMANCE STANDARD(S) OR OTHER RULES OF THE ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA.

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> ISSUANCE OF ORIGINAL POLICY | <input type="checkbox"/> ISSUANCE OF ENDORSEMENTS |
| <input type="checkbox"/> ISSUANCE WITHIN 30 DAYS | <input type="checkbox"/> RECEIPT WITHIN 30 DAYS |
| <input type="checkbox"/> OTHER (SPECIFY IN REMARKS) | <input type="checkbox"/> OTHER (SPECIFY IN REMARKS) |
| <input type="checkbox"/> REQUESTED SERVICE | <input type="checkbox"/> INSURED NOTICES |
| <input type="checkbox"/> RENDERED WITHIN 30 DAYS OF RECEIPT | <input type="checkbox"/> RETURN PREMIUM |
| <input type="checkbox"/> RENEWAL | <input type="checkbox"/> COLLECTION OF PREMIUM |
| <input type="checkbox"/> NON RECEIPT OF QUOTE | <input type="checkbox"/> ADJUSTMENT OF PREMIUM |
| <input type="checkbox"/> NON RECEIPT OF POLICY | <input type="checkbox"/> CLAIM HANDLING |
| <input type="checkbox"/> OTHER (SPECIFY IN REMARKS) | <input type="checkbox"/> COMPENSATION |
| <input type="checkbox"/> FINANCIAL RESPONSIBILITY FILINGS | <input type="checkbox"/> RATING INFORMATION |
| | <input type="checkbox"/> OTHER PROBLEMS (SPECIFY IN REMARKS) |

PRODUCER'S REMARKS

INSURANCE COMPANY RESPONSE

VALID INVALID (IF INVALID, A FULL EXPLANATION WITH COMPLETE DOCUMENTATION. SPECIFY REASON AND ALL DETAILS ON REVERSE SIDE.)

CURRENTLY RESOLVED: YES - DATE: _____ NO
 CURRENTLY IN PROCESS: EXPECTED DATE OF COMPLETION: _____
 OTHER: GIVE EXACT STATUS

PLAN DISPOSITION VALID INVALID - PLAN COMMENTS:

**ASSOCIATED AUTO INSURERS PLAN
OF SOUTH CAROLINA
C/O AIPSO
302 CENTRAL AVENUE
JOHNSTON, RI 02919**

PRINT NAME OF PERSON RESPONDING FROM INSURANCE COMPANY

TELEPHONE # (INCLUDE AREA CODE)

ADDRESS OF OFFICE (IF DIFFERENT FROM ABOVE)

**INSTRUCTIONS FOR USE OF ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA
COMPANY PERFORMANCE COMPLAINT FORM**

An original and three copies of this form are required. This form is to be used only when an insurance company is in violation of one or more of the performance standards or other rules of the Associated Auto Insurers Plan of South Carolina. The original and one copy are to be mailed to the insurance company. The second copy is to be mailed to the Plan. The third copy is the producer's copy. The insurance company is to respond to the Plan on the first copy of the complaint form within 20 working days of its receipt of the complaint, including whether or not the matter has been resolved. Failure to respond will necessitate a call to the insurance company by the Plan in accordance with the procedure outlined in the performance standards.

** The Plan file will remain open until a response has been received that the item has been satisfactorily resolved. **

**LISTED BELOW ARE THE PERFORMANCE STANDARDS AS SHOWN IN THE
ASSOCIATED AUTO INSURERS OF SOUTH CAROLINA PLAN MANUAL**

SECTION 44. PERFORMANCE STANDARDS FOR COMPANIES WRITING ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA RISKS

A. COMPANY PERFORMANCE STANDARDS

The performance standards listed below set forth the specific time during which the company must perform in accordance with the rules of the Plan.

1. Issuance of Original Policy

Upon receipt of the Notice of Designation and the premium or deposit from the Plan, the designated company shall:

- a. Within two (2) working days make SR-22 filings provided that all information necessary is contained in the application form and such application is accompanied by the deposit prescribed in Section 35. Such filings will indicate the effective date specified by the Plan in the Notice of Designation.
- b. Within thirty (30) calendar days following receipt of the application, issue insurance card(s) on the approved form to the first named insured provided all information is contained in the application form and such application is accompanied by the deposit prescribed in Section 35.
- c. Within thirty (30) calendar days, issue a policy if all information necessary for the company to fix the proper rate is contained on the application form, such policy to become effective in accordance with the provisions of Section 36.
- d. Within thirty (30) calendar days issue a binder if all necessary information necessary for the company to fix the proper rate is not contained in the application form or if the Plan Manual does not contain rates applicable to an assigned applicant. In the event the Plan Manual does not contain applicable rates, the company must request that AIPSO make the necessary rate filing with the Department of Insurance. Upon receipt of information necessary for the company to fix the proper rate or notification of approval of the rate filing, the designated company shall issue a policy to become effective in accordance with the provisions of Section 36.

Unless the company finds the applicant ineligible for insurance under the rules of the Plan, the company will notify the insured and the producer of record of the collection procedure to be followed. The company will be guided by the following:

- Full Annual Premium
The full annual Premium is paid at the time of application.
- Advance Premium Payment Option
The balance of the premium must be paid within thirty (30) calendar days or within such further reasonable period agreeable to the company, giving full credit for the deposit submitted with the application.
- Installment Premium Payment Option
See Section 35.

2. Renewal Policies or Certificates

At least thirty (3) calendar days prior to the inception date of renewals, the designated company shall notify the insured that:

- a. A renewal will be issued provided the premium set by such company is received on or before the inception date, or
- b. if the renewal is on the installment premium payment option, such renewal will be written provided the deposit premium stipulated by the company is received on or before the inception of such renewal, or
- c. a renewal will not be issued for the reason that the insured is not entitled to insurance under the Plan.

Renewal premium quotations will be made in accordance with present Plan rules. A copy of such notice shall be filed with the producer of record. In the event the company will not issue a renewal, the reason supporting such action together with a copy of said notice shall be filed with the Department of Insurance and the Plan.

Renewal policies must be mailed within thirty (30) calendar days of the company's receipt of the renewal premium specified under a or b of Section 44. A.1 above.

If a renewal would be issued and the applicant or spouse requires a Financial Responsibility Certificate (SR-22), the company will issue such certificate effective as the date of coverage. The company shall file the certificate with the proper authority.

3. END OF ASSIGNMENT PERIOD

At least forty-five (45) calendar days prior to the expiration date of the final renewal of the assignment period, the company shall notify the insured that the period of assignment under the Plan will terminate on said expiration date. A copy of such notice shall be sent to the producer of record.

4. ENDORSEMENTS

Any endorsement requested of the assigned company shall be issued and mailed within thirty (30) days.

5. RETURN PREMIUMS

Within thirty (30) days of receipt of a request for either cancellation or an endorsement resulting in return premium, the company must mail the return premium check.

6. PREMIUM BILLING

All billing and payment guidelines are to be consistent with the premium deposit and installment provisions outlined in Section 35.

7. COLLECTION OF PREMIUM

Companies are to follow Plan rules - see Section 35 of this Plan.

8. COMPENSATION

Compensation shall be paid no less frequently than monthly and shall be paid within fifteen (15) days after the close of the month in which the commission was credited to the producer's account. The company must issue a statement and if applicable, the proper compensation check unless the producer fails to provide his/her proper tax identification number. Compensation may be paid by the company either: (a) on the full annual premium, or (b) on the basis of premiums received by the company. A producer accounting system may be utilized by a company in its payment of producer compensation. Compensation will not be paid on installment charges. Final compensation adjustment will be in accordance with Section 42.

9. CLAIM HANDLING

- a. Companies shall provide policyholders and producers with information on how and when to report claims.
- b. Each company is responsible for handling all claims properly and promptly in accordance with the terms of the contracts of insurance subject to the limits of coverage provided. Claim adjustment practices and procedures of each company shall correspond with those followed for voluntary business. Where unfair claim practices, regulations, or legislation exist, companies must comply with such regulations or legislation.

10. SURCHARGES

At the time of the initial application of a surcharge based on a driving record obtained from a state motor vehicle report (MVR), the assigned company will furnish the insured with a listing of the accidents/convictions determined the surcharge.