STATE OF ARIZONA

AUG 1 3 1993

2

1

3

4

5

6

8

9 10

11 12

13

1415

16

17

18

1920

21

22 23

24

25

26 27

28

DEPARTMENT OF INSURANCE DEPARTMENT OF INSURANCE By

In the Matter of

Docket No. 8177

CALIFORNIA CASUALTY INDEMNITY EXCHANGE CALIFORNIA CASUALTY INSURANCE COMPANY

CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY)
CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY)

) CONSENT ORDER

Respondents.

A market conduct examination was conducted of the California Casualty Group: California Casualty Indemnity Exchange, California Casualty Insurance Company, California Casualty & Fire Insurance Company, and California Casualty General Insurance Company, also referred to as "California Casualty" and as "Respondents", by Market Conduct Examiners Examiners") for the Arizona Department of ("the Insurance Based on the Report of Market Conduct Examination ("the Report"), it is alleged that Respondents have violated Sections 20-461, 20-462, and 20-1632.01 of the Arizona Revised Statutes and Arizona Administrative Code Rule (A.A.C. R) 4-14-801.

The Respondents wish to resolve this matter without formal adjudicative proceedings and hereby agree to a Consent Order.

The Director of Insurance of the State of Arizona ("the Director") enters the following Findings of Fact and Conclusions of Law, which are neither admitted nor denied by Respondents, and the following Order.

9

4

17

18 19

2021

2223

2425

26 27

28

FINDINGS OF FACT

- 1. Respondents are authorized to transact property and casualty insurance pursuant to Certificates of Authority issued by the Director.
- 2. The Examiners were authorized by the ADOI to conduct a market conduct examination of Respondents. The on-site examination was concluded as of November 13, 1992 and a Report of Examination was written.
- 3. The Examiners reviewed ten (10)notices of cancellation for non-payment of premiums which were sent by California Casualty to personal automobile insureds during the time period covered by the Examination. In each of these, Respondents failed to include provide notice of the insureds' right to complain to the Director. On the basis of information furnished the Examiners by California Casualty, Respondent failed to provide notice of the insureds' right to complain to the Director in all 4,051 notices of. cancellation for non-payment of personal automobile premiums issued during the period covered by the Examination.
- 4. Of the 433 first party personal auto total loss claim files reviewed, the Examiners found that Respondents had failed to pay the full amount of applicable sales taxes and/or license fees due on 180 first party automobile total loss claims, and that a total of \$3,890.80 remained due to the claimants.
- 5. Respondent failed to include sufficient documentation in its claim files to support deductions made to establish the vehicles' actual cash value in 154 first party total loss claims out of the 433 files reviewed. The claimants received

28

\$13,458.12 less than the claim files have documentation to support.

In 122 of the 154 claims cited above, the appraisal was performed by a staff appraiser of Respondents and a \$65 adjustment for detailing was shown in the appraisals without adequate documentation of the need for detailing or the services performed. The use of this adjustment resulted in a reduction of the actual cash value of the vehicles.

- 6. Of the first party total loss claims cited in Paragraphs 4 and 5, 284 claims were filed after July 15, 1986, and not paid in full within thirty (30) days after the receipt of acceptable proofs of loss which contained all information necessary for claim adjudication. Respondents have not paid interest to the claimants. California Casualty in good faith believed it had paid all outstanding claims in their entirety so no interest was intentionally withheld.
- 7. Respondents elected cash settlements in 39 first party automobile total loss claims, but failed to document that they determined the ACV of the subject vehicles using either the cost of a comparable automobile or two or more dealer quotations.
- Respondents failed to complete their investigation of four (4) out of the 433 files reviewed for first party automobile total loss claims within thirty (30) days after notification of the claims and did not show that the examinations could not reasonably have been completed during that thirty (30) day period.
- 9. California Casualty failed to pay two (2) medical bills submitted by the claimant of Claim #019927 under the

medical payments coverage. As a result, the claimant received \$380.05 less than she should have received had her claim been paid in full.

CONCLUSIONS OF LAW

- 1. By failing to include notice of the insured's right to complain to the Director in its notices of personal auto policy cancellation for non-payment of premiums, California Casualty violated A.R.S. § 20-1632.01(B).
- 2. By failing to pay the full amount of sales taxes and license fees required for the purchase of comparable automobiles to first-party claimants in their settlement of first-party automobile total loss claims, Respondents violated A.A.C. R4-14-801(H)(1)(b) and A.R.S. § 20-461(A).
- 3. By failing to include sufficient documentation in its claim files to support deductions made to establish vehicle ACV on first party total loss claims, Respondents violated A.A.C. R4-14-801(H)(1)(c) and (H)(6), and A.R.S. § 20-461(A)(1). As a result of some of its staff appraisers making deductions of \$65 from ACV for "clean-up" and "detailing" on first party total loss claims without adequate documentation of the need for clean-up and detailing, resulting in a reduction of the amount of these claim settlements, Respondents also failed to attempt good faith settlement of the claims in violation of A.R.S. § 20-461(A)(6).
- 4. By failing to pay all first party claims within thirty (30) days of the receipt of an acceptable proof of loss which contained all information necessary for claim adjudication and by failing to pay interest on the amount due from the date the

claim was received by the insurer, Respondents violated A.R.S. § 20-462(A).

- 5. By electing cash settlements without documenting that the ACV was determined by using the cost of a comparable automobile or two or more dealer quotes, and without documenting any deviation from that methodology, Respondents violated A.A.C. R4-14-801(H)(1)(b) and A.R.S. § 20-461(A).
- 6. Respondents violated A.A.C. R4-14-801(G) and A.R.S. § 20-461(A)(5) by failing to complete investigation of claims within thirty (30) days after notification of the claims, where Respondents did not show that investigation could not reasonably be completed within thirty (30) days.
- 7. By failing to pay all bills for medical payments under a claimant's medical payments coverage within thirty (30) days of the receipt of an acceptable proof of loss which contained all information necessary for claim adjudication and by failing to pay interest on the amount due from the date the claim was received by the insurer, California Casualty violated A.R.S. § 20-462(A).

ORDER

Respondents having admitted the jurisdiction of the Director to enter the Order set forth herein, having waived the Notice of Hearing, and having consented to the entry of the Order set forth hereinafter, and there being no just reason for delay:

IT IS HEREBY ORDERED THAT:

1. Respondents shall cease and desist from failing to include a notice of the insured's right to complain to the

28

Director on all notices of cancellation for non-payment premium; from failing to pay the full amount of taxes and fees due on first-party personal automobile claims; from failing to support vehicle ACV in first-party automobile total loss claims documentation giving particulars of the automobiles' condition or by documenting that the settlement amount determined by the value of comparable automobiles in the market area or by utilizing two (2) dealer quotes; from failing to pay interest on first-party claims not paid within thirty (30) days after the receipt of acceptable proofs of loss which contain all information necessary for claim adjudication; from failing to complete the investigation of claims within thirty (30) days after notification thereof, or documenting that the investigation cannot reasonably be completed within that time; from failing to settle medical payments claims for the full amounts due to claimants; and from failing to attempt good faith settlement of all claims filed.

Within thirty (30) days of this Order's filed date, 2. Respondents shall submit to the Director a written action plan strict compliance with A.A.C. R4-14-801, and to on-going training of their own claims adjusters. appraisers and independent adjusters in all requirements of the Rule including but not limited to notification of receipt of claims, timely completion of claims investigation, calculation of sales taxes and license fees due, determination of vehicle ACV, and payment of interest on claims not paid in full within thirty (30) days of receipt of acceptable proofs of loss which contain all information necessary for claim adjudication.

- 3. Within thirty (30) days of the filed date of this Order, Respondents shall file with the ADOI a notice of cancellation for non-payment of premium which has been amended to provide for notice of the insured's right to complain to the Director within ten (10) days.
- 4. Respondents shall pay to the claimants listed in Exhibit 5 of the Report taxes and/or license fees not paid on first party total loss claims totalling \$3,890.80. Respondents shall pay interest on unpaid amounts at the rate of ten percent (10%) per annum calculated from the more recent of the date the claim was received or July 16, 1986, to the date of payment. No interest shall be required on those claims where partial payment was made prior to July 15, 1986.
- 5. Respondents shall refund to the claimants listed in Exhibit 6 of the Report amounts improperly deducted from ACV totalling \$13,458.12, plus interest on these amounts at the rate of ten percent (10%) per annum calculated from the more recent of the date the claim was received by the insurer or July 16, 1986, to the date of repayment. Respondents shall also refund to these claimants any sales taxes due on the additional amount.
- 6. The payments listed in Paragraphs 4 and 5 shall be accompanied by letters to the insureds acceptable to the Director. A list of payments, giving the name and address of each party to whom refunds were made, the base amount of the payment, the amount of interest paid, and the date of payment, shall be provided to the ADOI when all payments have been made.
- 7. Respondents shall conduct a self-audit of all first-party total losses closed from December 25, 1991 through

the filed date of this Order. The findings of this self-audit shall be reported to the ADOI, and payments made to insureds, pursuant to Paragraphs 4-6 above.

- 8. Respondents shall pay the claimant of Claim #019927 the amount of \$380.05 plus interest at the rate of ten percent (10%) per annum, calculated from the date the claim was received by the insurer to the date of payment.
- 9. The ADOI shall be permitted, through authorized representatives, to verify Respondents have fully complied with all requirements of this Order, and the Director may separately order Respondents to comply.
- 10. Respondents shall pay a civil penalty of Fifteen Thousand Dollars (\$15,000) to the Director for remission to the State Treasurer for deposit in the State General Fund in accordance with A.R.S. §20-220 (B). Said \$15,000 shall be provided to the Hearing Division of the ADOI on or before August 13, 1993.
- 11. The November 13, 1992 Report of Examination, to include any objections to the Report by Respondents, shall be filed with the ADOI.

DATED at Phoenix, Arizona this 13th day of August ,1993.

SUSAN CALLINGER

DIRECTOR/OF INSURANCE

3

CONSENT TO ORDER

- 1. Respondents California Casualty Indemnity Exchange, California Casualty Insurance Company, California Casualty & Fire Insurance Company, and California Casualty General Insurance Company have reviewed the foregoing Consent Order.
- 2. Respondents are aware of their right to a hearing at which hearing Respondents may be represented by counsel, present evidence and cross-examine witnesses. Respondents have irrevocably waived their right to such public hearing and to any court appeals relating thereto.
- 3. Respondents admit the jurisdiction of the Director of Insurance, State of Arizona, and consent to the entry of this Consent Order.
- 4. Respondents state that no promise of any kind or nature whatsoever was made to them to induce them to enter into this Consent Order and that they have entered into this Consent Order voluntarily.
- 5. Respondents acknowledge that the acceptance of this Order by the Director of Insurance, State of Arizona, is solely for the purpose of settling this matter against them and does not preclude any other agency or officer of this state or subdivision thereof from instituting other civil or criminal proceedings as may be appropriate now or in the future.
- 6. John G. Vidosh represents that he is the Executive Vice President of California Casualty Management Company, a California corporation, which is the Attorney in Fact for Respondent

1	California Casualty Indemnity Exchange, a reciprocal interinsurance
2	exchange, and that, as such, he is authorized by the California
3	Casualty Indemnity Exchange to enter into this Consent Order on its
4	behalf.
5	7. John G. Vidosh represents that he is the Executive Vice
6	President of Respondents California Casualty Insurance Company, a
7	California corporation; California Casualty & Fire Insurance
8	Company, a California corporation; and California Casualty General
9	Insurance Company, a California corporation, and that, as such, he
10	is authorized by them to enter into this Consent Order on their
11	behalf.
12	California Casualty Indemnity Exchange, a reciprocal
13	Date: August 5,1993 interinsurance exchange By: California Casualty Management Company
14	Management Company, a California corporation
15	Its: Attorney in Fact.
16	John S. Vidosh
17	By/ John G. Vidosh Its: Executive Vice President
18	California Casualty Insurance
19	Company, California Casualty & Fire Insurance Company,
20	California Casualty General Insurance Company, all
21	California corporations
22	Date: August 5, 1993 (John & Videsh)
23	By: John G. Vidosh /Their: Executive Vice President
24	Z
25	
26	
27	

1 2 3 COPY of the foregoing mailed/delivered 4 13th day of August, 1993, to: 5 Sara Begley 6 Hearing Officer *Deloris E. Williamson Assistant Director Rates & Regulations Division 8 Jay Rubin Assistant Director 9 Consumer Affairs & Investigations Division Gary Torticill 10 Assistant Director and Chief Financial Examiner Corporate Affairs & Financial Division 11 DEPARTMENT OF INSURANCE 3030 N. 3rd Street, Suite 1100 12 Phoenix, AZ 85012 13 Thomas Keith Fraser Assistant General Counsel 14 California Casualty Management Company P.O. Box M San Mateo, California 94403-1298 15 John G. Vidosh 16 Executive Vice President California Casualty Insurance Company, et al. 17 P.O. Box M 18 San Mateo, California 94403-1298 19 20 21 22 **2**3 24 25

26

27