

PA 11-138

HB6508

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**JOINT
STANDING
COMMITTEE
HEARINGS**

**INSURANCE AND
REAL ESTATE
PART 9
2658 – 2966**

2011

under the statute to even review it.

REP. ALTOBELLO: Well you can't sell it anyways.
What's to review?

SUSAN GIACALONE: Well, that's why we're here.
Because we tried to bring it there and we --
we had been told that they don't have the
authority. So we're trying to amend it. To
get -- to give them the authority to review it
and hopefully approve it.

REP. ALTOBELLO: Thank you. Thank you, Mr.
Chairman.

SENATOR CRISCO: Thank you, Representative.

Any other questions?

Thank you, Susan.

SUSAN GIACALONE: Thank you.

SENATOR CRISCO: Proceeding to House Bill 6508.
Bob George Kehmna.

ROBERT KEHMNA: Thank you, Mr. Chairman,
Representative Megna and members of the
Committee. For the record, my name is Bob
Kehmna from the Insurance Association of
Connecticut. I'm here today to oppose House
Bill 6508. There's -- there's no demonstrated
need for this bill. Current law provides it
when a commercial auto or general liability
policy is canceled or nonrenewed. The insurer
shall provide not later than the date of
notice of that non-renewal or cancellation
reports to the insured which include pricing,
premium information along with other detail
listings of incurred losses.

COMMITTEE

The information is provided automatically. The statute does distinguish circumstances where only 10 days cancellation notice is required under the law, where the insured had non-payment of premium, conviction of a crime increasing the hazard insured against, fraud and material misrepresentation, willful or reckless acts. The reports in those circumstances are due within 60 days.

This bill would change that latter requirement to 10 days. So in effect, the insured has committed one or more acts that are causing the policy to be canceled, yet insurers would be forced to gather information often manually from various places and incur additional costs in order to meet this new 10 day rule.

Loss run information is not captured in the same area of the insurer as pricing or premium information. The bill would also require us to -- rather make the law applicable to all kinds of commercial insurance. Require subsequent update reports to be provided within 10 days instead of the current 60. And permit producers to request summaries of policy claim information. Further increasing administrative costs in all cases.

When this bill last came up in 2008, and it was defeated in Committee, the claim was made by the proponents that have conformed Connecticut law to New York law. That's simply not the case. New York law provides that within 10 days of a written request, you get certain information. There's nothing automatic about it. New York rejected the idea of automatic disclosure. New York does not apply to workers compensation. New York specifically rejected, including premium information, in this kind of disclosure. They

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are apples and oranges. There is no comparison.

This bill would add unnecessary costs and administrative hassle in the provision of loss funds. And we urge it's rejection as it was rejected in 2008. Thank y you.

SENATOR CRISCO: Thank you, Bob.

Any questions?

Yes, Chairman Megna.

REP. MEGNA: Thank you, Mr. Chairman.

Bob, what's the normal turnaround on -- on these loss reports? Why --

ROBERT KEHMNA: Well right now -- again, what they're talking about is changing the applicability of the statute to all commercial rates. So, you would be expanding the application of this requirement from the get go. Some are automatic with the -- they come with the termination or non-renewal. The ones that right now have a 60 day limit on it are the ones where the insured has been a bad guy. They have committed some kind of fraud, some kind of criminal act that has changed the nature of the risk that's been insured. They haven't paid their premium.

Right now the law says --

REP. MEGNA: So that turnaround is 60 days?

ROBERT KEHMNA: Right. Right now it's 60 days. This would change that to 10. So here you have a bad actor whose done something wrong to cause their policy to be canceled and this law

would say okay, turn around in 10 days --

REP. MEGNA: Help me -- help me out here a little bit though.

ROBERT KEHMNA: Sure.

REP. MEGNA: I -- I haven't read the -- the statute in that section. But it literally says in statute that you're a bad actor? What does it say? That it makes it 60 days.

ROBERT KEHMNA: That was my editorial comment.

REP. MEGNA: Okay.

ROBERT KEHMNA: It refers to if -- if you have -- or if you're being canceled because of a violation cited in section blah, blah, blah. And that section -- if you look at that section, I don't have it in front of me here --

REP. MEGNA: Yes.

ROBERT KEHMNA: -- says non-payment of premium, commission of a felony. So those are the reasons why you can cancel outside the normal rules. This says after you -- before you canceled for those rules, you now have to provide this report within 10 days. Now the information that's been required and it's quite extensive, the information, it's not in one place in the insurance company.

And depending on the company you're talking about, this could be totally manually done, or partially manually done. It takes time and effort. We don't understand why that time frame has to be compressed from 60 to 10 days. In an instance where our insured has basically

violated the nature of the contract --

REP. MEGNA: That instance?

ROBERT KEHMNA: -- causing the cancellation.

REP. MEGNA: So this -- the bill in front of us, just deals with that 60 days for somebody who violated that section and moving it down to 10 days. That's what this whole bill is about?

ROBERT KEHMNA: And it takes the current law which applies to commercial, auto or general liability, those two types of policies, and applies it to all kinds of commercial. So, you're taking the requirements that exist right now for two types of commercial insurance and you're making that applicable to all types of commercial insurance.

So, right away, the administrative costs imposed on the insurer have been increased. Regardless of it -- whether the -- the insured committed some kind of fraud or not. And in normal circumstances now, this -- this notice will be required. And you're expediting the time in certain circumstances.

REP. MEGNA: But also the -- I mean, the agent of the policy holder or future policy holder, needs to get a quote and needs to do it in a certain time frame. What is the harm? Aside from the section that you're referring to. What's the harm of generating a loss report so that the policy holder can get another quote --

ROBERT KEHMNA: We know --

REP. MEGNA: -- in 10 days?

ROBERT KEHMNA: We don't believe there's a problem
--

REP. MEGNA: When --

ROBERT KEHMNA: -- in the market.

REP. MEGNA: -- when you ask for your premium to be
paid, do you give them 60 days?

ROBERT KEHMNA: When we ask for the premium to be
paid, not only do you get 60 days, you get
your warning notice. You get your chances --

REP. MEGNA: Yes.

ROBERT KEHMNA: -- that are required under the law.
Considerably more than that.

REP. MEGNA: Okay. Is it just that one section
that you're objecting to? Or are you
objecting to the entire bill?

ROBERT KEHMNA: The bill. The bill.

REP. MEGNA: Entire bill. Okay. Thank you very
much. Thank you, Mr. Chairman.

SENATOR CRISCO: Thank you, Mr. Chair.

Any other questions?

Representative Schofield.

REP. SCHOFIELD: Thank you, Mr. Chair.

I'm actually confused by the underlying
language that already exists. I guess I don't
quite -- I understand Representative Megna's
point that somebody wants all this information
so that they can go out and get a new quote.

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1:00 P.M.

But, this applies even if it's the insured person whose dropping the insurance. That they still would get all of this extensive information within 10 days. If I'm reading that correctly.

ROBERT KEHMNA: That's -- that's -- right now, the law says for purposes of a cancellation or a non-renewal, for commercial auto or general liability, you get this information at the same time that you are -- let's see. Get your exact -- shall furnish the insured with written reports within a certain time frame. And that would be issued at the time of the non-renewal or cancellation. It happens automatically. The 10 day rule happens when you've had a cancellation for those unusual purposes that are outlined in 38a through 24.

And that's -- that's where you have the fraud, commission of a crime, non-payment of premium.

REP. SCHOFIELD: But -- but those are not circumstances where an insured person would be canceling. They're not going to call you up --

ROBERT KEHMNA: Right.

REP. SCHOFIELD: -- and say I've committed fraud. So you better cancel me.

ROBERT KEHMNA: If -- if you look at what this does. This bill does some very basic things. It takes the current law which applies only to commercial auto and general liability. And makes it a cry to all commercial risks.

REP. SCHOFIELD: I understand that.

ROBERT KEHMNA: That's unique right there.

REP. SCHOFIELD: Yes.

ROBERT KEHMNA: And the scope of that. That -- that is a very broad scope. It requires certain information to be provided on an automatic basis. The fact that it's automatic -- that's current law that it's automatic. But the fact that it's automatic is also unique compared to other states.

REP. SCHOFIELD: Right.

ROBERT KEHMNA: Then you have the change from 60 days to 10 days in the instance where the -- the policy is canceled because the person violated the provisions of 38a through 24, the bad guy from my -- my known culture. So you've broadened the applicability of the current statute. The current statute doesn't change except for the fact where you have a bad guy. And now instead of providing that in 60 days, it's provided in 10.

Now I'm told parenthetically that in some other states you can have up to 180 days to do this. But we're going to go from 60 to 10. The insurer is going to incur costs for both reasons because of the expansion of the applicability of what this law -- all kinds of -- of commercial insurance. And the compression of time frame for satisfying the law now. Where you have the bad guy having done something. And now you have to perform within 10 days instead of 60 days.

It also goes on to provide that you have to have something called a subsequent report done within 10 days instead of 60 days. Again aggravating administrative costs associated with complying with the provisions of this

law. And again recognizing the fact that that's all lines of commercial insurance, not just commercial auto and general liability.

So it's a multiplier effect in what's going on here. And then it -- it -- it clarifies in subsection b what is meant by shall provide upon. They're saying that it has to be provided within 10 days when the name, insured or now the producer asks for a summary of policy claim information. So there's a host of new duties put in place. A compression of time frame for some of them. Any way you look at it, an increase in administrative costs and hassle for a situation where we don't understand the reason for any of this.

If you look at the insurance marketplace right now, as I've testified before on -- on other -- on other bills, it's a vibrant competitive marketplace. People are covered. Getting insurance is really not a problem.

REP. SCHOFIELD: Well, I guess -- I want to go back to Representative Megna's point though. I don't know enough about when you're applying for these different kinds of insurance -- commercial insurances. Do you always have to produce a loss report from your prior insurer in order to get coverage from a new insurer?

ROBERT KEHMNA: The new insurer would probably want to know the nature of the risk presented. The detail that's required, the form of that that's required. Where it comes from? I don't know. For example, in workers compensation right now, it's my understanding that NCCI, the National Council Compensation Insurance, provides to -- to insured on a regular basis, much of the information that's provided here.

It will provide it to agents via the internet.
It's already available.

REP. SCHOFIELD: I'm not sure I followed that.
You're saying that all -- a person --

ROBERT KEHMNA: In workers compensation --

REP. SCHOFIELD: -- a commercial contract --

ROBERT KEHMNA: -- workers compensation policy --

REP. SCHOFIELD: -- specific information is on the
internet?

ROBERT KEHMNA: -- they -- No. No. They provide
it to the insured in writing --

REP. SCHOFIELD: Okay.

ROBERT KEHMNA: -- on a periodic basis. They
provide it on request to that insured's agent
via the internet. As of July 1, they -- that
would -- request would be able to be made by
either party over the internet. So
information is available through a number of
different sources. The expansion of the
applicability of these reports, the
compression of time all create costs and
hassles that we would submit are going to have
to be reflected in premium. And go well
beyond requirements that other states enclose.

REP. SCHOFIELD: Okay. Thank you.

SENATOR CRISCO: Thank you, Representative.

Any other questions? Any other questions?

Thank you so much.

ROBERT KEHMNA: Thank you for your time.

SENATOR CRISCO: Gardner Wright.

GARDNER WRIGHT: Chairman Crisco, Chairman Megna and members of the Committee. When I heard Bob's testimony I could think back to when I first started working in an insurance company.

SENATOR CRISCO: Just -- just identify yourself.

GARDNER WRIGHT: I'm Gardner Wright. And I'm representing the Professional Insurance Agents of Connecticut speaking in support of House Bill 6508. But when I went to work for Aetna 50 years ago, we had rooms full of clerks sitting there with little calculators, posting information. Bob makes it sound like insurance companies are still in the same position. They don't have a computer. And they can't pull their information together. We all know that's not true.

But anyway, the Professional Insurance Agents of Connecticut and the Association representing more than 500 member independent insurance agents who employ over 3500 people throughout the state urge the Committee to support Raised Bill 6508. A loss run is provided by an insurance company to an insurance consumer which shows the past loss experience of the insurance consumer -- customer. And in order to shop successfully for insurance coverage and insurance consumer needs to be able to show a potential insurers proof of their past loss experience.

The biggest single problem most insurance agents face in quoting commercial business is obtaining loss runs. Moreover the companies

currently serving those nonrenewed or canceled accounts have no incentive to offer assistance to their previous insured. The changes proposed in this bill would be particularly beneficial to commercial insurers that are looking to replace coverage. It would give additional time to those requesting loss information to seek out and obtain alternative and quite possibly lower premiums.

Policies that -- and reduce a possibility of a lapse in coverage. Although in some instances, current law section 38a-326 provides these reports alongside the notice of non-renewal or cancellation. These instances are restricted to commercial auto and general liability insurance policies that are canceled upon 60 days notice.

Moreover, in a select number of instances current law allows insurers up to 60 days after their receipt of a written request to provide these reports. It is in those instances where an insurer is only required to give 10 day notice at the risk of a lapse of coverage is highest. And therefore a timely provision of the report is most critical.

The bill addresses these issues by applying these protections to all commercial policies, not just commercial auto and general liability, as well as implementing additional protection when the policy is canceled by the insured or insurer on a 10 days' notice. A 10 day notice rule would provide better turnaround time which becomes critical in achieving certain placements and enclulping with current market conditions.

With these changes, Connecticut follows the lead of another -- other -- a number of other

states that are reducing their statutory time limit. In these days of age of high speed computers, there's no reason why these loss runs cannot be routinely available to consumers.

This bill will aid your constituents when they are shopping for more affordable insurance. And I urge passage.

SENATOR CRISCO: All right thank you, Gardner.

Any questions?

Chairman Megna.

REP. MEGNA: Thank you, Chairman.

Gardner, the -- normally how far back do -- is there any -- I don't know if it's statutory, but how far back do loss runs usually go?

GARDNER WRIGHT: I -- I don't know if there's a standard on that. Some go back three years. I don't know if they go back more than that. It depends on how long, I suppose, you've been with your current carrier.

REP. MEGNA: When you ask for the loss run, if your -- if you're with that carrier for 10 years, will that company produce 10 years worth of loss information?

GARDNER WRIGHT: I can't answer that but I will find out for you.

REP. MEGNA: Yes. Well, actually it's probably not that important. Tell me how it hampers this delay? Does it disadvantage the individual shopping for insurance?

GARDNER WRIGHT: Well an insurer who is taking on a big risk wants to know what kind of a policy he is going to offer. What the experience has been whether the employer provides a -- a safe work place. Whether his product is -- is safe. An actuary has always used past experience to determine and estimate future -- future experience.

REP. MEGNA: And you -- you need the signature of the insured? Correct?

GARDNER WRIGHT: Yes.

REP. MEGNA: To obtain that information. So they sign a form.

GARDNER WRIGHT: Right.

REP. MEGNA: You give it to the carrier and you wait. That's what it comes down to? You wait for that loss information?

GARDNER WRIGHT: As I understand it, yes.

REP. MEGNA: Yes. Okay. Thank you.

Thank you, Mr. Chairman.

SENATOR CRISCO: Thank you, sir.

Any other questions?

Yes, Representative Schofield.

REP. SCHOFIELD: In the -- in the bill itself, the old language says that you getting the information for not more than four years prior. But I -- I would ask you the same question I asked Bob. Gardner is it that you really -- if -- if you don't have this

information, you really cannot get another policy? Is that the only way you can get a policy is to provide your loss history?

GARDNER WRIGHT: Well I think that in some areas there's -- there might be rate discounts based on actual experiences. There's the better -- if you can show good experience, your rates might be less. So you might pay more in some instances. Some insurers will I assume, I believe, decline to provide coverage because they just don't know what they're buying.

REP. SCHOFIELD: Okay. All right. Thank you.

SENATOR CRISCO: Thank you.

GARDNER WRIGHT: Thank you very much.

SENATOR CRISCO: Representative Schofield.

Any other -- thank you. Thank you.

Proceeding now to House Bill 6510.

No. Come back. Gardner -- Gardner we have a question for you. If you kindly come back. Stop patronizing the enemies.

REP. ALTOBELLO: Thank you, Mr. Chairman.

Good afternoon. Let's say I'm shopping around for some commercial insurance. Current law. I walk into one of your 500 member independent insurance agents --

GARDNER WRIGHT: With one of our 3500 employees waiting to serve you.

REP. ALTOBELLO: -- throughout the state. I give you the facts as I know them. I've got



Property Casualty Insurers
Association of America
Shaping the Future of American Insurance
2600 South River Road, Des Plaines, IL 60018-3206

STATEMENT

PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA (PCI)

H.B. No. 6508 – AN ACT CONCERNING TIMELY HISTORY REPORTS FOR COMMERCIAL RISK INSURANCE POLICIES

COMMITTEE ON INSURANCE AND REAL ESTATE

March 8, 2011

The Property Casualty Insurers Association of America (PCI) appreciates the opportunity to comment on H.B. 6508 which would greatly decrease the amount of time within which an insurer must provide comprehensive policy information to former commercial policyholders who have had their policies cancelled as a result of a failure to meet certain basic obligations under the policy (nonpayment of premium, conviction of crime, fraud or material misrepresentation, willful or reckless act increasing the hazard insured against). Our comments are provided on behalf of the member companies of PCI, a national property casualty trade association with over 1,000 member companies. PCI members represent 37 percent of the total property/casualty insurance market and provide 50 percent of Connecticut's personal auto insurance coverage.

PCI is opposed to this legislation because it would increase administrative costs and burdens for insurers when a former commercial policyholder has had a policy cancelled because the policyholder has engaged in fraud or other criminal activity or has otherwise failed to meet certain basic obligations under the policy. Under current law, C.G.S. 38a-326 provides that when a policy is cancelled due to certain reasons (nonpayment of premium, conviction of a crime increasing the hazard insured against, fraud or material misrepresentation, or willful or reckless activity increasing the hazard insured against), the insurer must provide detailed loss and premium information within 60 days of the request of the insured. This legislation would reduce this timeframe to ten days and having to meet this tight time requirement would greatly increase administrative costs and burdens for insurers. We would submit that given that the cancellations at issue generally result from the failure of the policyholder to meet its basic obligations under the policy, it is inequitable to increase administrative costs and burdens on the insurer as a result.

It is our understanding that supporters of this legislation claim that this legislation is necessary to bring Connecticut law in line with requirements in New York relative to loss runs. We can assure you that this legislation would not accomplish that goal. Section 3426(g) of the New York Insurance Law governs the provision of loss runs and is far more limited than even current Connecticut law. Section 3426 only requires the insurer to provide claims and loss information to the former policyholder and only upon the request of the policyholder. In addition, Section 3426 specifically allows the insurer to charge a reasonable fee for the provision of such requested information. The New York time frame for the provision of this information is ten days, but that's really where the similarities between New York law and this legislation stop. The ten day

timeframe has been workable in New York due to the fact that only limited information is required to be provided in New York. Having to provide the more detailed and comprehensive information required to be provided under Connecticut law within ten days would be significantly more burdensome.

For the foregoing reasons, PCI urges your Committee to not favorably advance HB 6508.

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Statement
Insurance Association of Connecticut

Insurance and Real Estate Committee

March 8, 2011

HB 6508, An Act Concerning Timely History Reports For
Commercial Risk Insurance Policies

The Insurance Association of Connecticut opposes HB 6508, An Act Concerning Timely History Reports For Commercial Risk Insurance Policies. There is no demonstrated need for the bill.

C.G.S. 38a-326 provides that, when a commercial auto or general liability policy is cancelled or nonrenewed, the insurer shall provide, not later than the date of notice of nonrenewal or cancellation, reports to the insured which include pricing and premium information, along with a detailed listing of incurred losses. The information is provided automatically. The statute does distinguish circumstances where only ten days cancellation notice is required (nonpayment of premium, conviction of a crime increasing the hazard insured against, fraud or material misrepresentation, willful or reckless act increasing the hazard insured against). The reports in those circumstances are due within 60 days of request.

HB 6508 would change that latter time requirement to ten days. In effect, the insured has committed one or more acts that is causing the policy to be cancelled, yet insurers would be forced to gather information, often manually, from various places and incur additional costs in order to meet this ten day rule. Loss run information is not captured in the same area of an insurer as pricing or premium information. HB 6508

would also (1) make C.G.S. 38a-326 applicable to all types of commercial insurance, (2) require subsequent update reports within ten days of request, instead of the current 60 days, and (3) permit producers to request summaries of policy claim information under subsection (b), further increasing administrative costs.

When the issue was last raised in 2008 (died in Committee), the proponents of HB 6508 claimed that it would bring Connecticut law, concerning loss runs, in line with recent changes in New York. That simply isn't true.

New York law provides that, within ten days of a written request, the insurer shall provide the insured with information on closed claims, open claims and occurrences, information which is much less encompassing than the information C.G.S. 38a-326 already provides. In New York, the report is only issued pursuant to such a request. In fact, New York specifically rejected automatic provision of the reports, which is already the law in Connecticut. The New York law does not apply to workers' compensation insurance. New York also specifically rejected including premium information in the reports, which are included in C.G.S. 38a-326.

HB 6508 would only add unnecessary cost and administrative hassle to the provision of loss runs. IAC urges rejection of HB 6508.

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Chairman Crisco, Chairman Megna and members of the Insurance Committee, I am Gardner Wright representing the Professional Insurance Agents of CT (PIA). I am here today to support HB 6508 An Act Concerning Timely History Reports for Commercial Risk Insurance Policies.

The Professional Insurance Agents of Connecticut, Inc. (PIACT), an association representing more than 500 member independent insurance agents who employ over 3,500 people throughout the state, strongly urges this committee to support Raised H.B. No. 6508 which seeks to reduce the time it takes to receive loss run reports from insurance companies.

A loss run is a list provided by an insurance company to an insurance consumer which shows the past loss experience of the insurance consumer. In order to shop successfully for insurance coverage, an insurance consumer needs to be able to show potential insurers proof of their past loss experience.

The single biggest problem many insurance agents face in quoting commercial business is obtaining loss runs. Moreover, companies currently servicing these nonrenewed or canceled accounts have no incentive to offer assistance.

The changes proposed in this bill would be particularly beneficial to commercial insureds that are looking to replace coverage. It would give additional time to those requesting loss information to seek out and obtain alternative (and quite possibly lower premium) policies and reduce the possibility of a lapse in coverage.

Although in some instances, current Law (Sec. 38a-326) provides these reports along side the notice of nonrenewal or cancellation, these instances are restricted to commercial automobile and general liability insurance policies that are cancelled upon 60 days notice. Moreover, in a select number of instances, current law allows insurers up to sixty days after the receipt of a written request to provide these reports. (Sec. 38a-324) It is in these instances (when an insurer is only required to give 10-days notice of cancellation) that the risk of a lapse in coverage is highest and, therefore, timely provision of these reports most critical.

This bill addresses these issues by applying these protections to all commercial policies (not just commercial auto and general liability) as well as implementing additional protections when the policy is cancelled by the insured, or insurer on 10 days notice.

A 10-day rule would provide better turn-around time, which becomes crucial in achieving certain placements and in coping with current market conditions. With this change, Connecticut follows the lead of a number of other states that are reducing their statutory time limits.

In this day and age of high speed computers there is no reason why these loss run reports can not be routinely available to consumers. This bill will aid your constituents when they are shopping for more affordable insurance and I urge passage.

Thank you for your consideration.

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2011**

**VOL.54
PART 12
3772 – 4108**

cd/rgd
HOUSE OF REPRESENTATIVES

116
May 19, 2011

House Bill 6227.

Total Number voting	142
Necessary for adoption	72
Those voting Yea	142
Those voting Nay	0
Those absent and not voting	9

DEPUTY SPEAKER ARESIMOWICZ:

The bill passes.

Will the Clerk please call Calendar 105.

THE CLERK:

On page 4, Calendar 105, House Bill Number 6508,
AN ACT CONCERNING TIMELY HISTORY REPORTS FOR
COMMERCIAL RISK INSURANCE POLICIES, favorable report
by the Committee on Insurance.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Megna of the 97th, you have the
floor, sir.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

Mr. Speaker, I move the committee's joint
favorable report and passage of the bill.

DEPUTY SPEAKER ARESIMOWICZ:

The question is on acceptance of the joint
committee's favorable report and the passage of the

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bill.

Will you remark?

REP. MEGNA (97th):

Yes, Mr. Speaker.

Essentially this bill will help businesses obtain a replacement insurance in a more timely manner by requiring loss history reports to be generated in a more timely manner by the previous insurance company.

Mr. Speaker, it's important in obtaining loss reports as soon as possible when you're out shopping for insurance, because if not, if too much time lapses, a business more be subject to a more expensive insurance or a more restrictive insurance such as that which is available in the non-admitted marketplace.

Mr. Speaker, the Clerk is in possession of LCO 6320. I ask that it be called and I be permitted to summarize.

DEPUTY SPEAKER ARESIMOWICZ:

Will the Clerk please call LCO Number 6320, which will be designated as House Amendment Schedule "A."

THE CLERK:

LCO 6320, House "A," offered by Representative Megna and Senator Crisco.

DEPUTY SPEAKER ARESIMOWICZ:

The Representative seeks leave of the Chamber to summarize the amendment. Is there objection to summarization? Is there objection to summarization? Hearing none, Representative Megna, please proceed with summarization, sir.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

What this amendment does is it changes 10 days to 30 days and it removes insured's authorized producer. The amendment represents an agreement with the insurance industry primarily through the IAC, whom I need knowledge for their hard working -- and coming and working with us to help businesses out.

Thirty days we felt was a good compromise as opposed to statutorily with 60 days. And like I said earlier, Mr. Speaker, it's important to minimize that timeframe to get those loss reports.

And with that, I move adoption of the amendment.

DEPUTY SPEAKER ARESIMOWICZ:

The question before the Chamber is on adoption of House Amendment Schedule "A." Will you remark on the amendment? Will you remark on the amendment?

Representative Coutu of the 47th District, you have the floor, sir.

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REP. COUTU (47th):

Thank you, Mr. Speaker.

Mr. Speaker, this has been worked on. 10 days was too quick of a turnaround, but 30 days is a fair timeline and I support this amendment.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, sir.

Would you remark further on the amendment before us? Would you remark further on the amendment before us? If not, let me try your minds. Those in favor of the amendment, please signify by saying, aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ARESIMOWICZ:

Those opposed, nay.

The amendment is adopted.

Will you remark further on the bill as amended?
Will you remark further on the bill as amended? If not, will staff and guests please come to the well of the House. Members please take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll

call. Members to the Chamber. The House is taking a roll call vote. Members to the Chamber, please.

DEPUTY SPEAKER ARESIMOWICZ:

Have all the members voted? Have all the members voted? Will the members please check the board to make sure your vote has been properly cast.

If all the members have voted the machine will be locked and the Clerk will take a tally. The Clerk will please announce the tally.

THE CLERK:

On House Bill 6508.

Total Number voting	142
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Necessary for adoption	72
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Those voting Yea	142
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Those voting Nay	0
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Those absent and not voting	9
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DEPUTY SPEAKER ARESIMOWICZ:

The bill passes.

Will the Clerk please call Calendar 144.

THE CLERK:

On page 35, Calendar 144, Substitute for House Bill Number 5438, AN ACT LIMITING COPAYMENTS FOR CHIROPRACTIC SERVICES, favorable report by the Committee on Appropriations.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2011**

**VOL. 54
PART 21
6546-6914**

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Moving now to calendar page 18, where we have a number of items. The first: Calendar 543, House Bill Number 6508.

Madam President, move this item on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Calendar 544, House Bill Number 6412.

Move to place the item on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Continuing on calendar page 18, Calendar 546, House Bill Number 6538.

Madam President, move to place this item on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Calendar 547, House Bill Number 6440.

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Mr. Clerk.

THE CLERK:

Immediate roll call's been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber. Immediate roll call's been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

THE CLERK:

Madam President, the items placed...

THE CHAIR:

I would ask the Chamber to be quiet please so we can hear the call of the Calendar for the Consent Calendar.

Thank you.

Please proceed, Mr. Clerk

THE CLERK:

Madam President, the items placed on the first Consent Calendar begin on calendar page 5, Calendar 336, House Bill 5697.

Calendar page 7, Calendar 421, Substitute for House Bill 6126.

Calendar page 8, Calendar 449, Senate Bill 1149.

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Calendar page 10, Calendar 470, Substitute for House Bill 5340. Calendar 474, Substitute for House Bill 6274. Calendar 476, House Bill 6635.

Calendar page 12, Calendar 499, Substitute for House Bill 6638. Calendar 500, House Bill 6614. Calendar 508, House Bill 6222.

Calendar page 13, Calendar 511, House Bill 6356. Calendar 512, Substitute for House Bill 6422. Calendar 514, House Bill 6590. Calendar 515, House Bill 6221. Calendar 516, House Bill 6455.

Calendar page 14, Calendar 517, House Bill 6350. Calendar 519, House Bill 5437. Calendar 522, House Bill 6303.

Calendar page 15, Calendar 523, Substitute for House Bill 6499. Calendar 524, House Bill 6490. Calendar 525, House Bill 5780. Calendar 526, House Bill 6513. Calendar 527, Substitute for House Bill 6532.

Calendar page 16, Calendar 528, House Bill 6561. Calendar 529, Substitute for House Bill 6312. Calendar 530, Substitute for House Bill 5032. Calendar 532, House Bill 6338.

Calendar page 17, Calendar 533, Substitute for House Bill 6325. Calendar 534, House Bill 6352.

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Calendar 536, House Bill 5300. Calendar 537, House
Bill 5482.

calendar page 18, Calendar 543, House Bill 6508.

Calendar 544, House Bill 6412. Calendar 546,
Substitute for House Bill 6538. Calendar 547,
Substitute for House Bill 6440. Calendar 548,
Substitute for House Bill 6471.

Calendar page 19, Calendar 550, Substitute for
House Bill 5802. Calendar 551, House Bill 6433.
Calendar 552, House Bill 6413. Calendar 553,
Substitute for House Bill 6227.

Calendar page 20, Calendar 554, Substitute for
House Bill 5415. Calendar 557, Substitute for House
Bill 6318. Calendar 558, Substitute for House Bill
6565.

Calendar page 21, Calendar 559, Substitute for
House Bill 6636.

Calendar page 22, Calendar 563, Substitute for
House Bill 6600. Calendar 564, Substitute for House
Bill 6598. Calendar 566, House Bill 5585.

Calendar page 23, Calendar 568, Substitute for
House Bill 6103. Calendar 570, Substitute for House
Bill 6336. Calendar 573, Substitute for House Bill
6434.

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Calendar page 24, Calendar 577, Substitute for
House Bill 5795.

Calendar page 25, Calendar 581, House Bill
6354.

Calendar page 26, Calendar 596, Substitute for
House Bill 6282. Calendar 598, Substitute for House
Bill 6629.

Calendar page 27, Calendar 600, House Bill
6314. Calendar 601, Substitute for House Bill 6529.
Calendar 602, Substitute for House Bill 6438.
Calendar 604, Substitute for House Bill 6639.

Calendar page 28, Calendar 605, Substitute for
House Bill 6526. Calendar 608, House Bill 6284.

Calendar page 30, Calendar number 615,
Substitute for House Bill 6485. Calendar 616,
Substitute for House Bill 6498.

Calendar page 31, Calendar 619, Substitute for
House Bill 6634. Calendar 627, Substitute for House
Bill 6596.

Calendar page 32, Calendar 629, House Bill
5634. Calendar 630, Substitute for House Bill 6631.
Calendar 631, Substitute for House Bill 6357.
Calendar 632, House Bill 6642.

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Calendar page 33, Calendar 634, Substitute for
House Bill 5431. Calendar 636, Substitute for
House, correction, House Bill 6100.

Page 34, Calendar 638, Substitute for House
Bill 6525.

Calendar page 48, Calendar 399, Substitute for
Senate Bill 1043.

Calendar page 49, Calendar 409, Substitute for
House Bill 6233. Calendar 412, House Bill 5178.
Calendar 422, Substitute for House Bill 6448.

Calendar page 52, Calendar 521, Substitute for
House Bill 6113.

Madam President, that completes the item placed
on the first Consent Calendar.

THE CHAIR:

Thank you, sir.

We call for another roll call vote. And the
machine will be open for Consent Calendar number 1.

THE CLERK:

The Senate is now voting by roll on the Consent
Calendar. Will all Senators please return to the
Chamber. The Senate is now voting by roll on the
Consent Calendar, will all Senators please return to
the Chamber.

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Senator Cassano, would you vote, please, sir.

Thank you.

Well, all members have voted. All members have voted. The machine will be closed, and Mr. Clerk, will you call the tally?

THE CLERK:

Motion is on option Consent Calendar Number 1.

Total Number Voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar Number 1 has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

We might stand at ease for just a moment as we prepare the next item..

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)