



Bulletin No. B-1.34

Guidance for Insurers Providing Automobile Liability Information Pursuant to § 10-3-1117, C.R.S.

I. Background and Purpose

The purpose of this Bulletin is to provide guidance to Insurers concerning the Division's process for handling requests for automobile policy information made on or after January 1, 2020, when the Division of Insurance is the registered agent of the automobile insurer.

Bulletins are the Division's interpretations of existing insurance law or general statements of Division policy. Bulletins themselves establish neither binding norms nor finally determine issues or rights.

II. Applicability and Scope

This Bulletin is intended for all insurers issuing private passenger and/or commercial automobile policies in Colorado.

III. Division Position

Section 10-3-1117, C.R.S., requires insurers provide a statement setting forth the following information with regard to each known policy of insurance of the named insured, including excess or umbrella insurance that is or may be relevant to the claim, upon request of a claimant or a claimant's attorney:

- A. The name of the insurer;
- B. The name of each insured party, as the name appears on the declarations page of the policy
- C. The limits of the liability coverage of the policy
- D. A copy of the automobile insurance policy.

Bulletin 1.33 sets forth the process in which claimants or claimants' attorneys submit their requests for policy information on or after January 1, 2020, when the Division is the insurer's registered agent.

If the Division is the registered agent, the request will be sent to the Division electronically, and once received, the Division will process and forward the request electronically to the Service of Process contact of the appropriate insurer within five (5) business days. The Division shall maintain a record of the date the request form was received, and the date the request form was sent to the appropriate insurer. The insurer must respond to a request within thirty (30) calendar days after receiving a written request forwarded.

For purposes of compliance with § 10-3-1117, C.R.S. and Colorado Insurance Regulation 5-2-03 insurers that provide commercial automobile or personal automobile liability insurance coverage shall provide a copy of the commercial or personal automobile policy, which does not include the declarations page or the application even if attached to the policy.

It is the insurer's responsibility to provide the Division with accurate, up to date, contact information of its registered agent and its Service of Process contact, which much include an email address for electronic communication. The insurer may do this by emailing the Division at DORA_INS_RulesandRecords@state.co.us.

IV. Additional Division Resources

A. For More Information

Colorado Division of Insurance
Compliance and Office Management
1560 Broadway, Suite 850
Denver, CO 80202
Tel. 303-894-7499 or 1-800-930-3745 (toll free)
Internet: <http://www.dora.state.co.us/insurance>

B. Related Division Regulations

Colorado Insurance Regulation 5-2-03

V. History

- Issued December 19, 2019



Bulletin No. B-1.33

Process for a Claimant or a Claimant's Attorney to Request Commercial or Personal Automobile Policy Information from an Insurer

I. Background and Purpose

The purpose of this Bulletin is to provide guidance on how to send a request to the Division of Insurance for automobile policy information when the Division of Insurance is the registered agent of the automobile insurer, and to provide claimants and attorneys representing claimants with the process and forms to be used when requesting automobile policy information pursuant to § 10-3-1117, C.R.S., on or after January 1, 2020.

Bulletins are the Division's interpretations of existing insurance law or general statements of Division policy. Bulletins themselves establish neither binding norms nor finally determine issues or rights.

II. Applicability and Scope

This Bulletin is intended for all claimants, and attorneys representing claimants, who may wish to make use of the provisions found at § 10-3-1117, C.R.S. to obtain automobile policy information from an insurer.

III. Division Position

Information for Attorney and Claimants:

The Division has established the following procedure to ensure that consumers who are automobile insurance claimants, or their attorney, will be able to request automobile policy information pursuant to § 10-3-1117, C.R.S., on or after January 1, 2020. It should be noted that the Division will maintain a list of registered agents for automobile insurance companies on the Division's website at <http://www.dora.state.co.us/insurance>, and indicate if the company has a regional home office, and if the Division is the registered agent for the company. This information should be included on the form when it is submitted to the Division.

- If the Division ***IS NOT*** the registered agent, the claimant or the claimant's attorney shall mail the request for policy information directly to the auto insurer.
- If the Division ***IS*** the registered agent, the request shall be submitted, using Appendix A, to the Division at dora_doi_autoliabilitylimits@state.co.us.

Automobile insurance claimants, or an automobile insurance claimant's attorney, should use the form found in Appendix A of this bulletin when submitting a request to the Division for the following information, pursuant to § 10-3-1117, C.R.S.:

A statement setting forth the following information with regard to each known policy of insurance of the named insured, including excess or umbrella insurance, that is or may be relevant to the claim:

- A. The name of the insurer;
- B. The name of each insured party, as the name appears on the declarations page of the policy
- C. The limits of the liability coverage of the policy
- D. A copy of the automobile insurance policy.

For purposes of compliance with § 10-3-1117, C.R.S. and Colorado Insurance Regulation 5-2-03 insurers that provide commercial automobile or personal automobile liability insurance coverage shall provide a copy of the commercial or personal automobile policy, which does not include the declarations page or the application even if attached to the policy.

The claimant or claimant's attorney must submit requests, preferably using the form in Appendix A, to the Division of Insurance electronically at dora_doi_autoliabilitylimits@state.co.us, via fax to 303-894-7455, or in hard copy to: Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202. Utilizing the form will ensure that the request is transmitted to the involved insurers in a timely manner. Submitters should visit the Division's website at <http://www.dora.state.co.us/insurance> to determine if the Division is the registered agent of the involved insurer, and indicate the findings on the submitted form.

Once received, the Division will process and forward the request to the appropriate insurer within five (5) business days. The Division shall maintain a record of the date the request form was received, and the date the request form was sent to the appropriate insurer. Pursuant to § 10-3-1117, C.R.S., the information should be sent by the involved insurer to the claimant or the claimants attorney within thirty (30) calendar days of receipt of the request.

Claimant, Claimant's Attorney, or involved insurer may request confirmation from the Division as to the dates the request form was received, and the date the request was sent to the appropriate insurer.

IV. Additional Division Resources

A. For More Information

Colorado Division of Insurance
Compliance and Office Management
1560 Broadway, Suite 850
Denver, CO 80202
Tel. 303-894-7499 or 1-800-930-3745 (toll free)
Internet: <http://www.dora.state.co.us/insurance>

B. Related Division Regulations

Colorado Insurance Regulation 5-2-03

V. History

- Issued December 19, 2019



COLORADO

Department of
Regulatory Agencies

Division of Insurance

APPENDIX A:

Automobile Insurance Policy Information Request Form

Instructions:

- Step 1: The claimant or claimant’s attorney must first identify from the insured driver the name of, and coverage provided by, each insurer of the insured party in order to fill out this form completely
- Step 2: The claimant or claimant’s attorney should visit <http://www.dora.state.co.us/insurance> to determine if the Division is the registered agent of the insurer of the insured party, as identified in Step 1 above, and indicate that determination on the form
- Step 3: If the Division is the Registered Agent the claimant or claimant’s attorney will submit the form to the Division electronically at dora_doi_autoliabilitylimits@state.co.us, if the Division is not the Registered Agent of the insurer, the form must be submitted directly to the insurer.
- Step 4: If the Division is the Registered Agent, the request will be processed within five (5) business days and sent on to the insurer. Pursuant to § 10-3-1117, C.R.S., insurers have thirty (30) calendar days after receipt of the request to send the requested information.
- Step 5: Complete one form for each requested policy.

To be completed by the Claimant or Claimant’s Attorney:	
Date Form Sent:	Date of loss:
Policy Number or Claim Number (if known):	
Information of the Requesting Claimant:	Name:
	Address:
	Phone #:
	Email:
Information of Requesting Claimant’s Attorney (if applicable):	Name:
	Address:
	Phone #:
	Email:
Is the response to this information request to be sent to the claimant, or the claimant’s attorney? <input type="checkbox"/> Claimant <input type="checkbox"/> Claimant’s Attorney	
Name(s) of the policy owner(s)/ insured(s) on the policy being requested:	
Name of the Insured’s Insurer:	
Is the Division of Insurance the Registered Agent of the Insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please visit the Division of Insurance website at www.dora.colorado.gov/insurance to determine if the Division is the Registered agent o PRIOR to submitting this form	