

IN THE MATTER OF:
AMERITRUST INSURANCE CORPORATION
2000 Property and Casualty Market Conduct
Examination

CASE NO.: 42992-01-CO

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between **AMERITRUST INSURANCE CORPORATION**, hereinafter referred to as **AMERITRUST**, and the **FLORIDA DEPARTMENT OF INSURANCE**, hereinafter referred to as the **DEPARTMENT**. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the **DEPARTMENT**, hereby finds as follows:

1. The **DEPARTMENT**, has jurisdiction over the subject matter of, and parties to, this proceeding.

2. **AMERITRUST** is a domestic property and casualty insurer authorized to transact insurance business in Florida and is subject to the jurisdiction and regulation of the **DEPARTMENT** pursuant to the Florida Insurance Code.

3. The **DEPARTMENT** conducted a property and casualty market conduct examination of **AMERITRUST** covering the period of January 1997 through December 1999, pursuant to Section 624.3161, Florida Statutes. As a result of such examination, the **DEPARTMENT** determined that **AMERITRUST** committed the following violations of the Florida Insurance Code or Florida Administrative Code as outlined in total in the Fine Worksheet provided with the Report of Examination Findings:

a. Workers' Compensation

1. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guidelines-Workplace Safety Credit.

2. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Drug Free Workplace.
3. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Statistical Codes on Information Page.
4. Section 627.091, F.S.-Use of Unfiled Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Waiver of Subrogation.
5. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Classification Code 8227.
6. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Classification Code 8601.
7. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Improper Split of Payroll.
8. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Classification Code 9000.
9. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Expense Constant.
10. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Premium Discount.
11. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Employers Increased Limits Charge.
12. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Waiver of Subrogation Charge.
13. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Injury Code 3.
14. Section 627.191, F.S.-Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Injury Code 1.

b. Agents/MGA

1. Section 627.4085, Failure to Display Agent Name/License ID# or Insurer Name on Application.

c. Cancellations/Nonrenewals

1. Section 627.091, F.S.-Use of Unfiled Rate, Rating Schedule, Rating Rule or Underwriting Guideline-Surcharge.
2. Section 627.191, F.S.-Failure to Audit Policy and Return Premium Timely.

4. The **DEPARTMENT** and **AMERITRUST** expressly waive a hearing in this matter and the making of Findings of Fact and Conclusions of Law by the **DEPARTMENT** and all further and other proceedings herein to which the parties may be entitled by law. **AMERITRUST** hereby knowingly and voluntarily waives the rights to challenge or to contest this Order, in any forum now available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. **AMERITRUST** agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) **AMERITRUST** shall pay an administrative penalty of \$6,100 and administrative costs of \$1,250 on or before the 30th day after this Consent Order is executed.

(b) **AMERITRUST** shall henceforth comply with all of the provisions of the Florida Insurance Code, Florida Administrative Code and implement policies and procedures that will preclude the recurrence of violations contained in the examination report. These policies and procedures shall be made available to the **DEPARTMENT** for review upon request. Within 90 days after execution of this Consent Order, **AMERITRUST** shall both implement the recommendations contained in this report, and submit confirmation, in writing, to the **DEPARTMENT** that all directives contained in the report have been met, including all refunds made.

(c) **AMERITRUST** is hereby placed on notice of the requirements of the above referenced sections of law and agrees that any future violations of these sections by **AMERITRUST** may be deemed willful, subjecting **AMERITRUST** to appropriate penalties.

6. **AMERITRUST** agrees that the failure to adhere to one or more of the above terms and conditions of this Order shall constitute a violation of a lawful order of the **DEPARTMENT**, and shall subject **AMERITRUST** to such administrative action as the **DEPARTMENT** may deem appropriate.

7. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

8. **THEREFORE**, the agreement between **AMERITRUST INSURANCE CORPORATION** and the **DEPARTMENT**, the terms and conditions of that are set forth above, is approved.

FURTHER, all terms and conditions above are hereby
ORDERED.

DONE AND ORDERED this ____ day of _____, 2002.

KEVIN MCCARTY
DEPUTY INSURANCE COMMISSIONER

By execution hereof **AMERITRUST INSURANCE CORPORATION** consents to entry of this Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. I am authorized to execute this document.

AMERITRUST INSURANCE CORPORATION

By: _____

Title: _____

Date: _____

COPIES FURNISHED TO:

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