



THE TREASURER OF THE STATE OF FLORIDA  
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

CASE NO.: 41109-01-CO

**HARTFORD CASUALTY INSURANCE COMPANY**

2000 Property and Casualty Market Conduct Examination

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**CONSENT ORDER**

THIS CAUSE came on for consideration as the result of an agreement between **HARTFORD CASUALTY INSURANCE COMPANY** (hereinafter referred to as “**HARTFORD CASUALTY**”), 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 Treasurer and Insurance Commissioner, as head of the **FLORIDA DEPARTMENT OF INSURANCE**, hereby finds as follows:

1. The Treasurer and Insurance Commissioner, as head of the **DEPARTMENT**, has jurisdiction over the subject matter of, and parties to, this proceeding.
2. **HARTFORD CASUALTY** is a foreign 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 **HARTFORD CASUALTY** covering the period of January 1996 through

December 1998, pursuant to Section 624.3161, Florida Statutes. As a result of such examination, the **DEPARTMENT** determined that **HARTFORD CASUALTY** 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. Private Passenger Automobile

1. Failure to Follow Filed Rate, Rating Schedule, Rating Rule or Underwriting Guideline (PPA)-Ineligible Vehicle in violation of Section 627.0651, F.S.
2. Failure to Conduct Pre-Inspection of Vehicle in violation of Section 627.744, F.S.

b. Homeowners

1. Failure to Comply with Florida Administrative Code Section 4-170.017 – Shutter Discount Notices – which is a violation of Section 626.9541(1)(a)1, F.S.
2. Failure to Follow Filed Rate, Rating Schedule or Rating Rule-Unacceptable Form in violation of Section 627.062, F.S.

c. Agents/MGA

1. Failure to Display Agent Name/License ID# or Insurer Name on Application in violation of Section 627.4085, F.S.

d. Claims

1. Failure to Properly Adjust Claim per Policy Requirements in violation of Section 626.877, F.S.

4. The **DEPARTMENT** and **HARTFORD CASUALTY** expressly waive a hearing in this matter, the making of Findings of Fact and Conclusions of Law by the **DEPARTMENT**, and all other proceedings to which the parties may be entitled by law. **HARTFORD CASUALTY** 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. For each violation noted in Paragraph 3, which was not corrected during the examination and verification provided to the **DEPARTMENT, HARTFORD CASUALTY** shall provide written documentation to the **DEPARTMENT** no later than September 1, 2001, detailing the corrective action taken in order to comply with Florida Statutes for each of the remaining violations noted in Paragraph 3. All pending refunds shall be completed within 60 days of the execution of the Consent Order and documentation provided to the **DEPARTMENT**.

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

(a) **HARTFORD CASUALTY** shall pay an administrative penalty of \$2,250 and administrative costs of \$500 on or before the 30th day after this Consent Order is executed.

(b) **HARTFORD CASUALTY** shall henceforth comply with all of the provisions of the Florida Insurance Code and Florida Administrative Code, and will implement the recommendations contained in this report within 90 days after execution of Consent Order.

(c) **HARTFORD CASUALTY** 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 **HARTFORD CASUALTY** may be deemed willful, subjecting **HARTFORD CASUALTY** to appropriate penalties.

7. **HARTFORD CASUALTY** 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 **HARTFORD CASUALTY** to such administrative action as the Treasurer and Insurance Commissioner may deem appropriate.

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

9. **THEREFORE**, the agreement between **HARTFORD CASUALTY INSURANCE COMPANY** 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 \_\_\_\_\_, 2001.

\_\_\_\_\_  
**KEVIN MCCARTY**  
Deputy Insurance Commissioner

By execution hereof **HARTFORD CASUALTY INSURANCE COMPANY** 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.

**HARTFORD CASUALTY INSURANCE COMPANY**

By: \_\_\_\_\_

\_\_\_\_\_  
(Typed or Printed Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**COPIES FURNISHED TO:**

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Hartford, Connecticut 06115

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# INVOICE

## A LEGAL/PROCESSING ATTORNEY'S FEE

In order to ensure that your payment is received and properly credited, please make your check payable to the Florida Department of Insurance and **return this invoice with your check** to:

Department of Insurance and State Treasurer  
Division of Legal Services  
Revenue Processing Section  
Post Office Box 6100  
Tallahassee, FL 32399-6100

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## REFERENCE

NAME: Mr. Ramani Ayer, President  
ADDRESS: Hartford Casualty Insurance Company  
Hartford Plaza  
CITY,STATE,ZIP: Hartford, Connecticut 06115  
FEID#: 06-0294398  
CASE #: 41109-01-CO  
ATTORNEY: S. Strom Maxwell  
SOURCE: P&C Solvency

Legal Fee Due:.....	\$	2,250.00
Cost Due: .....	\$	500.00
Total Amount Due: .....	\$	2,750.00

Amount remitted:.....\$ \_\_\_\_\_

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B/T /C F/T AMT (inserted by operator)  
M 1106 J