

This rule was filed as 13 NMAC 5.2.

TITLE 13 INSURANCE
CHAPTER 5 INSURANCE RECEIVERSHIPS AND GUARANTY ASSOCIATIONS
PART 2 FILING CLAIMS IN DELINQUENCY PROCEEDINGS

13.5.2.1 ISSUING AGENCY: New Mexico State Corporation Commission [Public Regulation Commission], Department of Insurance, Post Office Box 1269, Santa Fe, NM 87504-1269.
[7/1/97; Recompiled 11/30/01]

13.5.2.2 SCOPE: This rule applies to all persons who submit claims in delinquency proceedings pursuant to the Insurers Conservation, Rehabilitation and Liquidation Law, Section 59A-41-1 NMSA 1978 et seq.
[7/1/97; Recompiled 11/30/01]

13.5.2.3 STATUTORY AUTHORITY: Section 59A-2-9 NMSA 1978.
[7/1/97; Recompiled 11/30/01]

13.5.2.4 DURATION: Permanent.
[7/1/97; Recompiled 11/30/01]

13.5.2.5 EFFECTIVE DATE: July 1, 1997, unless a later date is cited at the end of a section or paragraph.
[7/1/97; Recompiled 11/30/01]
[Compiler's note: The words *or paragraph*, above, are no longer applicable. Later dates are now cited only at the end of sections, in the history notes appearing in brackets.]

13.5.2.6 OBJECTIVE: The purpose of this rule is to specify the requirements for submitting claims to the receiver or ancillary receiver in delinquency proceedings pursuant to the Insurers Conservation, Rehabilitation and Liquidation Law, Section 59A-41-1 NMSA 1978 et seq.
[7/1/97; Recompiled 11/30/01]

13.5.2.7 DEFINITIONS: [RESERVED]

13.5.2.8 CLAIM FILING PROCEDURE: If requested, any of the following documents sustaining a claim must be submitted to the receiver or ancillary receiver before the claim will be considered.

- A. Original policies, other contracts of insurance or other satisfactory proof of coverage, if the claim is made by the insured.
- B. A certified copy of the judgment, if the claim is based upon a judgment.
- C. A dismissal with prejudice of any pending legal action, if the claim is in suit, unless the claim is made contingent upon the result of this action. The dismissal will be filed upon approval of the claim by the court.
- D. A full or partial release, both as to the insured and the company, if the claim is made by a third party in connection with a matter not in suit. The release will be effective upon approval of the claim by the court.
- E. Detailed invoices covering claims for services, advertising, supplies, legal or adjusting services, etc. The original contract must be submitted with all claims based upon contracts other than insurance contracts. If the contract is oral, the claimant must supply the name of the person who acted for the company, the date of the conversation, the identity of all parties to the conversation, and a detailed description of the content of the conversation.
- F. Proof of authority satisfactory to the receiver or ancillary receiver must be submitted to support claims filed by receivers, administrators, assignees, attorneys-in-fact, agents and guardians.
- G. Any other relevant documentation the receiver or ancillary receiver may request.
- H. Name and address of claimant. All notices regarding claims and all dividends, if any, may be sent to the address shown on the proof of claim unless other written instructions are given.

[7/1/97; Recompiled 11/30/01]

13.5.2.9 CLAIM FOR RETURN OF UNEARNED PREMIUM: If requested, any of the following information sustaining a claim for a return of premium on an individual policy of insurance must be submitted to the receiver or ancillary receiver before the claim will be given consideration:

- A. the original policy of insurance or other satisfactory proof of coverage;
- B. affidavit of payment of premium and non-recoupment;
- C. if return premium has been assigned, an assignment of return premium;
- D. any other relevant documentation the receiver or ancillary receiver may request.

[7/1/97; Recompiled 11/30/01]

13.5.2.10 CLAIMS - GENERAL: If requested, any of the following information sustaining a claim, other than a claim for return of premium on an individual policy of insurance, must be submitted to the receiver or ancillary receiver before the claim will be given consideration:

- A. The total amount of the claim.
- B. Nature and value of any security held by the claimant for his or her benefit, including other bonds, policies or contracts covering the loss.
- C. A concise statement of facts relating to the claim.
- D. In the event the claims are for personal injury or damage to property, the name and address of the person injured or the owner of the property must be given. The date, place, time and all circumstances surrounding the accident in question must be set out.
- E. Any disbursement made, showing the date, to whom paid, what the payment covered, and the amount paid must be set out in full. Original receipts, vouchers, and releases, where these have been issued, must be attached in the case of each payment. In the event the originals are not available, fully verified copies may be attached. If the claim has not been paid, all bills must be listed and attached. Any and all bills for hospital and surgical care must be itemized and individual items listed. If more than one person is injured, the itemized list must be supplied for each person injured of any and all payments and charges paid and due to be paid.
- F. Any other relevant information the receiver or ancillary receiver may request.

[7/1/97; Recompiled 11/30/01]

HISTORY OF 13.5.2 NMAC:

Pre-NMAC History: The material in this rule was originally filed with the State Records Center as ID 67-1, Sections 6-1-1 through 6-1-3, New Mexico Official Administrative Rules and Regulations Code, filed 12/1/67.

History of Repealed Material: [RESERVED]