



Department of Business Regulation

Insurance Division

1511 Pontiac Avenue, Bldg. 69-2

Cranston, Rhode Island 02920

Insurance Bulletin Number 2018-11

Forms Insurance Coverage for Lead Poisoning

The following form is designated for use in compliance with 230-RICR-20-05-9:

EXHIBIT A

Information Concerning Lead Liability Coverage

Name of Insurer: _____

NAIC/Group Number: _____

Calendar Year for Which Information is Reported: _____

Date of Submission: _____

Identity of Person Completing Form (name and telephone number) _____

Each individual insurer must provide the following information regarding residential Rental Properties built prior to 1978. This information may not be reported on a group basis.

The following information is for **commercial lines** only

Policies in force covering Rental Properties: number _____ direct written premium _____

Policies in force covering Rental Properties that exclude Lead Liability Coverage:
number _____ direct written premium _____

Number of Rental Properties for which notice of eligibility to the FAIR Plan was given: _____

Average Premium for Commercial Lines including Lead Liability Coverage: _____

Average Premium for Commercial Lines excluding Lead Liability Coverage: _____

Number of Lead Liability Claims: _____ Settlements: _____ Judgments: _____

Total Lead Liability Claim Payments: _____

Does the insurer have underwriting rules restricting business based upon age or geographic location of risk?

Yes No

If the answer to the preceding question is in the affirmative, attach a copy of said rules to this form and indicate how such rules comply with R.I. Gen. Laws § 27-29-4 (iii) and (iv) and R.I. Gen. Laws §.27-29-4.1.

