

304.14-120 Filing and approval of forms.

- (1) (a) Except as otherwise provided in this section, a basic insurance policy or annuity contract form, or application form where written application is required and is to be made a part of the policy or contract, or printed rider or indorsement form or form of renewal certificate, shall not be delivered, or issued for delivery in this state, unless the form has been filed with and approved by the commissioner.
 - (b) This subsection shall not apply to:
 1. Any rates filed under Subtitle 17A of this chapter;
 2. Surety bonds;
 3. Specially rated inland marine risks; or
 4. Policies, riders, indorsements, or forms of unique character:
 - a. Designed for and used with relation to insurance upon a particular subject; or
 - b. Which relate to the manner or distribution of benefits or to the reservation of rights and benefits under life or health insurance policies and are used at the request of the individual policyholder, contract holder, or certificate holder.
 - (c) As to group insurance policies issued and delivered to an association outside this state but covering persons resident in this state, all or substantially all of the premiums for which are payable by the insured members, the group certificates to be delivered or issued for delivery in this state shall be filed with and approved by the commissioner.
 - (d)
 1. As to forms for use in property, marine (other than wet marine and transportation insurance), casualty, and surety insurance coverages (other than accident and health), the filing required by this subsection may be made by advisory organizations or form providers on behalf of their members and subscribers.
 2. This paragraph shall not be construed to prohibit any member or subscriber of an advisory organization or form provider from filing any forms on its own behalf.
 - (e) Every advisory organization and form provider shall file with the commissioner for approval every property and casualty policy form and endorsement before distribution to members, subscribers, customers, or others.
 - (f) Every property and casualty insurer shall file with the commissioner notice of adoption before use of any approved form filed by an advisory organization or form provider or filed by the insurer pursuant to paragraph (d) of this subsection.
- (2) (a) Every filing required under this section shall be made not less than sixty (60) days in advance of any delivery of the form in this state.
 - (b) At the expiration of sixty (60) days, the form so filed shall be deemed approved unless prior thereto it has been affirmatively approved or

disapproved by order of the commissioner.

- (c) Approval of any filing by the commissioner under this section shall constitute a waiver of any unexpired portion of the waiting period established under this subsection.
 - (d) The commissioner may extend the waiting period established under paragraph (a) of this subsection by not more than a thirty (30) day period, within which time he or she may affirmatively approve or disapprove any filing, by giving notice to the insurer of the extension before expiration of the initial sixty (60) day period.
 - (e) At the expiration of any period extended under paragraph (d) of this subsection, and in the absence of a prior affirmative approval or disapproval, the filing shall be deemed approved.
 - (f) The commissioner may at any time, after notice and for cause shown, withdraw approval of any filing.
- (3) (a) Any order of the commissioner disapproving any filing, or any notice of the commissioner withdrawing a previous approval, shall state the grounds therefor and the particulars thereof in such detail as reasonably to inform the insurer.
- (b) Any withdrawal of a previously approved filing shall be effective not less than thirty (30) days after the insurer receives notice of the withdrawal, as the commissioner shall in such notice prescribe.
- (4) Except as provided in subsection (6) of this section, the commissioner may, by order, exempt from the requirements of this section, for so long as he or she deems proper, any insurance document or form or type thereof, as specified in the commissioner's order, to which, in his or her opinion:
- (a) This section may not practicably be applied; or
 - (b) The filing and approval of are not desirable or necessary for the protection of the public.
- (5) Appeals from orders of the commissioner disapproving any filing or withdrawing a previous approval shall be taken as provided in Subtitle 2 of this chapter.
- (6) The commissioner shall:
- (a) Review every filing relating to a health plan, as defined in KRS 304.17A-591, for compliance with KRS 304.17A-591 to 304.17A-599; and
 - (b) Not approve any filing referenced in paragraph (a) of this subsection that does not comply with KRS 304.17-591 to 304.17A-599.
- (7) As used in this section, unless the context requires otherwise:
- (a) "Advisory organization" has the same meaning as in KRS 304.13-011; and
 - (b) "Form provider" has the same meaning as in KRS 304.13-011.

Effective: January 1, 2025

History: Amended 2024 Ky. Acts ch. 104, sec. 10, effective January 1, 2025. -- Amended 2010 Ky. Acts ch. 24, sec. 1150, effective July 15, 2010. -- Amended 2000 Ky. Acts ch. 380, sec. 21, effective July 14, 2000. -- Amended 1998 Ky. Acts ch. 496, sec. 47, effective April 10, 1998. -- Amended 1994 Ky. Acts ch. 512, sec. 65,

effective July 15, 1994. -- Amended 1984 Ky. Acts ch. 322, sec. 11, effective July 13, 1984. -- Amended 1982 Ky. Acts ch. 123, sec. 15, effective July 15, 1982. -- Created 1970 Ky. Acts ch. 301, subtit. 14, sec. 12, effective June 18, 1970.