

- (ii) As an ongoing management strategy or tool, such as in correspondence with a particular age or weight of an animal, particular time of the week, month, or year, or particular season; or
- (iii) When moving animals from one location to another.]

.03 When Permitted.

A.—D. (text unchanged)

E. Dry Cow Treatment.

(1) *General Rule Requiring Assessment.* The routine administration of a medically important antimicrobial drug to dairy cattle entering a dry cycle is prohibited except when necessary based on an assessment of the presence of an intramammary infection (mastitis).

(2) *Methods of Assessing Mastitis in an Individual Cow.*

(a) *Tests.* A person may assess the presence of mastitis in an individual cow through one or more of the following tests:

(i) *A positive bacterial culture test;*

(ii) *A positive California Mastitis Test;*

(iii) *A somatic cell count for an individual cow greater than 200,000 cells per milliliter in the most recent lactation; and*

(iv) *Any other assessment method approved by the Secretary generally recognized by the American Association of Bovine Practitioners.*

(b) *Signs of Mastitis.* A person may assess the presence of mastitis in an individual cow using one or more of the following indicators:

(i) *Visibly abnormal milk including the presence of clots, blood, or discoloration; or*

(ii) *Heat, pain, tenderness, or swelling of a gland.*

(c) *A licensed veterinarian may assess the presence of mastitis in an individual cow through the observation of clinical signs of mastitis.*

.04 Applicability.

Except as otherwise provided in federal law or regulation, this chapter does not apply to antimicrobial use in:

A. Cattle on a farm operation that sells fewer than 200 cattle per year;

B. Dairy cattle on a farm operation with a herd size of fewer than 300 dairy cattle;

[B.] C.—[C.] D. (text unchanged)

JULIANNE A. OBERG
Deputy Secretary of Agriculture

**Title 31
MARYLAND INSURANCE
ADMINISTRATION**

**Subtitle 08 PROPERTY AND
CASUALTY INSURANCE**

**31.08.03 Notices of Cancellation, Nonrenewal,
Premium Increase, and Reduction in Coverage**

Authority: Insurance Article, §§2-109, 27-609, 27-613, and 27-614, Annotated Code of Maryland

Notice of Proposed Action

[20-155-P]

The Insurance Commissioner proposes to amend Regulations .04, .05, .07, and .08 under COMAR 31.08.03 Notices of Cancellation, Nonrenewal, Premium Increase, and Reduction in Coverage.

Statement of Purpose

The purpose of this action is to amend Regulations .04, .05, .07, and .08 under COMAR 31.08.03 Notices of Cancellation, Nonrenewal, Premium Increase, and Reduction in Coverage to implement amendments made to Insurance Article, §§27-613 and 27-614, Annotated Code of Maryland, during the 2020 General Assembly legislative session. Ch. 523 (S.B. 97) authorized consumers to electronically file a protest or request a hearing of premium increase via the Administration's consumer complaint portal in response to notices of auto premium increases, nonrenewals, and cancellation.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Dytonia Reed, Assistant Director of Government Relations, Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202, or call 410-468-2007, or email to InsuranceRegReview.mia@maryland.gov, or fax to 410-468-2020. Comments will be accepted through November 9, 2020. A public hearing has not been scheduled.

.04 Procedure and Requirements Regarding Cancellation or Nonrenewal.

A notice of cancellation or nonrenewal sent by an insurer to its insured in accordance with Insurance Article, §27-613, Annotated Code of Maryland, shall be sent in triplicate by certified mail and shall, in addition to the statutory information required in the notice of cancellation or nonrenewal, include the following on the first page of the notice in 12-point bold type:

**IMPORTANT
"Right of Protest"**

The "Right of Protest" does not apply to cancellation or nonrenewal due to nonpayment of premium.

You may protest the action proposed by this notice as provided under Insurance Article, §27-613, Annotated Code of Maryland. For your protest to be duly filed you, the named insured, must sign a copy [two copies] of this notice and send it [them] to:

Insurance Commissioner
Maryland Insurance Administration
200 St. Paul Place
Baltimore, Maryland 21202
Fax Number 410-468-2334 or 410-468-2307

within thirty (30) days after this notice was mailed to you. If your protest is not filed within the thirty (30) days, it cannot be considered by the Insurance Administration. *Instead of mailing or faxing the signed notice, you may file your protest online via the Maryland Insurance Administration's website (www.insurance.maryland.gov) by uploading a signed copy at the following link:*

https://enterprise.insurance.maryland.gov/consumer/ConsumerPortalWelcomePage.aspx

PROPOSED ACTION ON REGULATIONS

Your timely filed protest stays the action proposed by this notice. Accordingly, your insurance policy will remain in effect with the same coverages and premium that applied on the mailing date of the notice until a determination is made by the Commissioner. In order to keep your policy in effect, however, you must timely pay any authorized premium due or becoming due before the determination is issued.

The Insurance Commissioner will determine whether your protest has merit. You will then be notified in writing whether the proposed action is disallowed or your protest is dismissed.

If the protest is dismissed, you then have the right, within thirty (30) days after the mailing date of the determination, to request a hearing.

If you request a hearing, you will be notified in writing of the time and place of the hearing at least ten (10) days before the hearing. The Commissioner shall order the insurer to pay reasonable attorney fees incurred by you for representation at the hearing if the Commissioner finds that: (1) the actual reason for the proposed action is not stated in the notice or the proposed action is not in accordance with §27-501 of the Insurance Article, the insurer's filed rating plan, its underwriting standards, or the lawful terms and conditions of the policy related to a cancellation or nonrenewal; and (2) the insurer's conduct in maintaining or defending the proceeding was in bad faith or the insurer acted willfully in the absence of a bona fide dispute.

I protest the action proposed by the insurer.

My reasons for protesting the action are:

Signed (Named Insured) _____ Date _____

Daytime Phone Number _____

.05 Procedure and Requirements Regarding a Reduction in Coverage.

A notice of reduction in coverage sent by an insurer to its insured in accordance with Insurance Article, §27-613, Annotated Code of Maryland, shall be sent in triplicate by certificate of mail and shall, in addition to the statutory information required in the notice of reduction in coverage, include the following on the first page of the notice in 12-point bold type:

IMPORTANT
"Right of Protest"

You may protest the action proposed by this notice as provided under Insurance Article, §27-613, Annotated Code of Maryland. For your protest to be duly filed you, the named insured, must sign a copy [two copies] of this notice and send it [them] to:

Insurance Commissioner
Maryland Insurance Administration
200 St. Paul Place
Baltimore, Maryland 21202
Fax Number 410-468-2334 or 410-468-2307

within thirty (30) days after this notice was mailed to you. If your protest is not filed within the thirty (30) days, it cannot be considered by the Insurance Administration. Instead of mailing or faxing the signed notice, you may file your protest online via the Maryland Insurance Administration's website (www.insurance.maryland.gov) by uploading a signed copy at the following link:

https://enterprise.insurance.maryland.gov/consumer/ConsumerPortalWelcomePage.aspx

Your timely filed protest stays the action proposed by this notice. Accordingly, your insurance policy will remain in effect with the same coverages and premium that applied on the mailing date of the notice until a determination is made by the Commissioner. In order to keep your policy in effect, however, you must timely pay any authorized premium due or becoming due before the determination is issued.

The Insurance Commissioner will determine whether your protest has merit. You will then be notified in writing whether the proposed action is disallowed or your protest is dismissed.

If the protest is dismissed, you then have the right, within thirty (30) days after the mailing date of the determination, to request a hearing.

If you request a hearing, you will be notified in writing of the time and place of the hearing at least ten (10) days before the hearing. The Commissioner shall order the insurer to pay reasonable attorney fees incurred by you for representation at the hearing if the Commissioner finds that: (1) the actual reason for the proposed action is not stated in the notice or the proposed action is not in accordance with §27-501 of the Insurance Article, the insurer's filed rating plan, its underwriting standards, or the lawful terms and conditions of the policy related to a reduction in coverage; and (2) the insurer's conduct in maintaining or defending the proceeding was in bad faith or the insurer acted willfully in the absence of a bona fide dispute.

I protest the action proposed by the insurer.

My reasons for protesting the action are:

Signed (Named Insured) _____ Date _____

Daytime Phone Number _____

.07 MIA Form 1006-A.

Note: The updated form will appear at the end of the Proposed Action on Regulations section of this issue of the Maryland Register.

.08 MIA Form 1006-B.

Note: The updated form will appear at the end of the Proposed Action on Regulations section of this issue of the Maryland Register.

KATHLEEN A. BIRrane
Insurance Commissioner

NOTICE OF PREMIUM INCREASE (15% OR LESS)		
Name and Address of Insurer:	Name and Address of Producer:	
Type of Policy:	Binder/Policy Number:	
Name and Address of Insured:	Date of Mailing:	Effective Date of Increase:
If you have any questions regarding this increase in premium or if you believe the information contained in this notice of premium increase is incorrect, you should contact your insurance producer, agent or broker, or your insurance company.		
Total Premium for Current Policy Period:	Total Premium for Renewal Policy Period:	
Total Amount of Increase Subject to Notice: \$ _____ / _____ %		
This does not include any increase in your premium due to a general rate increase or due to changes in coverage made at your request. These types of increases are not subject to this notice.		
The actual reason or reasons for the increase are:		

"Right of Protest"
You may protest the action proposed by this notice as provided under Insurance Article, §27-614, Annotated Code of Maryland. For your protest to be duly filed, you must sign one copy of this notice and send the entire notice, by mail or facsimile, within thirty (30) days after the above date of mailing, to:
Insurance Commissioner Maryland Insurance Administration 200 St. Paul Place Baltimore, Maryland 21202 Fax Number 410-468-2334 or 410-468-2307
Instead of mailing or faxing the signed notice, you may file your protest online via the Maryland Insurance Administration's website (www.insurance.maryland.gov) by uploading a signed copy at the following link: https://enterprise.insurance.maryland.gov/consumer/ConsumerPortalWelcomePage.aspx
<ol style="list-style-type: none"> 1. If your protest is filed late, the Insurance Commissioner will not consider your protest. 2. Your timely filed protest does not stay the action proposed by this notice. If you have filed a timely protest, you must continue to pay your premiums when due (including the amount of the proposed increase), or else your policy will expire or otherwise terminate. 3. If you have timely filed a protest of the proposed increase in premium, the Commissioner will determine whether the proposed premium increase is lawful and will notify you in writing. 4. If the Commissioner determines that your protest has merit, the increase will be disallowed. If the increase is disallowed, the insurer, within thirty (30) days of the determination, must return to you all disallowed premium and pay interest on the disallowed premium received from you calculated at a rate of ten (10) percent per annum from the date the disallowed premium was received to the date the disallowed premium was returned. If the insurer fails to return any disallowed premium and interest to the insured within thirty (30) days after the Commissioner disallows the action of the insurer, the insurer shall pay interest on the disallowed premium calculated at a rate of twenty (20) percent per annum beginning on the thirty-first (31st) day following the disallowance of the premium increase until the date the disallowed premium is returned. 5. If the Commissioner determines that your protest is without merit, the insurer can retain the amount of premium it has already collected.
(The Right of Protest is continued on the next page)

(This Right of Protest is continued from the previous page)

I protest the action proposed by the insurer. My reasons for protesting the insurer's action are:

Signed (Named Insured) _____ Date _____

Address: _____

Daytime Phone Number: _____

IMPORTANT — PLEASE READ IF BOX IS CHECKED

Offer to Exclude:
 The premium for your policy is being increased because of the driving record or claims experience of the listed drivers under this policy. We (the insurer) will agree not to charge you the increase in premium if you (**the named insured**) agree to exclude coverage under the policy for the individual(s) whose driving record or claims experience justified the increase in premium. If you sign this offer to exclude, any future policies or endorsements will not provide coverage for the individual(s) named unless required by law. Any future requests to add coverage for the individual(s) excluded must be requested by the named insured. If you agree to the exclusion of the individual(s), **you cannot protest this proposed increase in premium to the Insurance Commissioner.**

Individual(s) to be excluded:	Name of Individual(s):	Effective Date:
_____	_____	_____

If you agree, the policy and or coverage will be renewed with the above named individual(s) excluded from coverage and the premium for the renewal will be:	Dollar Amount:
_____	_____

I, the named insured, agree to exclude coverage for the individual(s) named above.

Signature of Named Insured	Date of Signature
_____	_____

If you have signed and dated this offer to exclude, you must return it to the insurer.

IF YOU WISH TO REPLACE THIS POLICY YOU MAY BE ELIGIBLE FOR A NEW POLICY WITH ANOTHER INSURER. IF YOU CAN NOT REPLACE THIS POLICY WITH ANOTHER INSURER YOU MAY REQUEST INSURANCE THROUGH THE **MARYLAND AUTOMOBILE INSURANCE FUND (MAIF)**. Please contact your insurance producer for information concerning MAIF or you can contact MAIF at: 1215 E. Fort Avenue, Suite 300, Baltimore, Maryland 21230-5281 / Telephone: 800-492-7120 or 410-269-1680

NOTICE OF PREMIUM INCREASE (GREATER THAN 15%)		
Name and Address of Insurer:	Name and Address of Producer:	
Type of Policy:	Binder/Policy Number:	
Name and Address of Insured:	Date of Mailing:	Effective Date of Increase:
If you have any questions regarding this increase in premium or if you believe the information contained in this notice of premium increase is incorrect, you should contact your insurance producer, agent or broker, or your insurance company.		
Total Premium for Current Policy Period:	Total Premium for Renewal Policy Period:	
Total Amount of Increase Subject to Notice: \$ _____ / _____ % This does not include any increase in your premium due to a general rate increase or due to changes in coverage made at your request. These types of increases are not subject to this notice.		
The actual reason or reasons for the increase are:		

"Right of Protest"
You may protest the action proposed by this notice as provided under Insurance Article, §27-614, Annotated Code of Maryland. For your protest to be duly filed, you must sign one copy of this notice and send the entire notice, by mail or facsimile, within thirty (30) days after the above date of mailing, to:
Insurance Commissioner Maryland Insurance Administration 200 St. Paul Place Baltimore, Maryland 21202 Fax Number 410-468-2334 or 410-468-2307
Instead of mailing or faxing the signed notice, you may file your protest online via the Maryland Insurance Administration's website (www.insurance.maryland.gov) by uploading a signed copy at the following link: <u>https://enterprise.insurance.maryland.gov/consumer/ConsumerPortalWelcomePage.aspx</u>
<ol style="list-style-type: none"> 1. If your protest is filed late, the Insurance Commissioner will not consider your protest. 2. Your timely filed protest may result in a stay of the action proposed by this notice if the Commissioner makes a finding that the premium increase may cause you undue harm and that it is in violation of the insurer's filed rating plan. 3. Even though you have filed a timely protest, you must continue to pay your premium when due unless the Commissioner has ordered a stay of the increase, or else your policy will expire or otherwise terminate. 4. If you have timely filed a protest of the proposed increase in premium, the Commissioner will determine whether the proposed premium increase is lawful and will notify you in writing. 5. If the Commissioner determines that your protest has merit, the increase will be disallowed. If the increase is disallowed, the insurer, within thirty (30) days of the determination, must return to you all disallowed premium and pay interest on the disallowed premium received from you calculated at a rate of ten (10) percent per annum from the date the disallowed premium was received to the date the disallowed premium was returned. If the insurer fails to return any disallowed premium and interest to the insured within thirty (30) days after the Commissioner disallows the action of the insurer, the insurer shall pay interest on the disallowed premium calculated at a rate of twenty (20) percent per annum beginning on the thirty-first (31st) day following the disallowance of the premium increase until the date the disallowed premium is returned. 6. If the Commissioner determines that your protest is without merit, the insurer may apply the proposed increase.
(The Right of Protest is continued on the next page)

(This Right of Protest is continued from the previous page)

7. If either you or the insurer is dissatisfied with the determination of the Commissioner, you or the insurer may request a hearing within thirty (30) days after the mailing date of the determination. In the event that a hearing is requested, you must continue to pay your premiums when due, unless the Commissioner has ordered a stay of the increase, or else your policy will expire or otherwise terminate.
8. If a hearing is requested, all parties will be notified in writing of the time and place of the hearing at least ten (10) days before the hearing.
9. The Commissioner shall order the insurer to pay reasonable attorney fees incurred by you for representation at the hearing if the Commissioner finds that: (1) the actual reason for the proposed action is not stated in the notice or the proposed action is not in accordance with §27-501 of the Insurance Article, the insurer's filed rating plan, its underwriting standards, or the lawful terms and conditions of the policy related to a premium increase; and (2) the insurer's conduct in maintaining or defending the proceeding was in bad faith or the insurer acted willfully in the absence of a bona fide dispute.

I protest the action proposed by the insurer. My reasons for protesting the insurer's action are:

Signed (Named Insured) _____ Date _____

Address: _____

Daytime Phone Number: _____

IMPORTANT — PLEASE READ IF BOX IS CHECKED

Offer to Exclude:

The premium for your policy is being increased because of the driving record or claims experience of the listed drivers under this policy. We (the insurer) will agree not to charge you the increase in premium if you (**the named insured**) agree to exclude coverage under the policy for the individual(s) whose driving record or claims experience justified the increase in premium. If you sign this offer to exclude, any future policies or endorsements will not provide coverage for the individual(s) named unless required by law. Any future requests to add coverage for the individual(s) excluded must be requested by the named insured. If you agree to the exclusion of the individual(s), **you cannot protest this proposed increase in premium to the Insurance Commissioner.**

Individual(s) to be excluded:	Name of Individual(s): _____	Effective Date: _____
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If you agree, the policy and or coverage will be renewed with the above named individual(s) excluded from coverage and the premium for the renewal will be:	Dollar Amount: _____
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I, the named insured, agree to exclude coverage for the individual(s) named above.

Signature of Named Insured _____	Date of Signature _____
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If you have signed and dated this offer to exclude, you must return it to the insurer.

IF YOU WISH TO REPLACE THIS POLICY YOU MAY BE ELIGIBLE FOR A NEW POLICY WITH ANOTHER INSURER. IF YOU CAN NOT REPLACE THIS POLICY WITH ANOTHER INSURER YOU MAY REQUEST INSURANCE THROUGH THE **MARYLAND AUTOMOBILE INSURANCE FUND (MAIF)**.

Please contact your insurance producer for information concerning MAIF or you can contact MAIF at: 1215 E. Fort Avenue, Suite 300, Baltimore, Maryland 21230-5281 / Telephone: 800-492-7120 or 410-269-1680