



Government of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

Circular Letter Number: C-12-1437-96
January 3, 1997

**TO ALL GENERAL AGENTS OF FOREIGN INSURERS AUTHORIZED TO
TRANSACT VEHICLE INSURANCE IN PUERTO RICO**

Re: Information on insureds and vehicles covered under personal and commercial automobile policies, that must be obtained by insurers to facilitate the coordination of traditional automobile liability insurance and compulsory liability insurance

Ladies and Gentlemen:

Act No. 253 of December 27, 1995, establishes a compulsory liability insurance program applicable to motor vehicles that travel on our public roadways and imposes on the Commissioner of Insurance the responsibility of overseeing the observance and compliance of its provisions.

As part of the structure which we have established to perform the duties that said law assigns to us, we have appointed a Technical Committee, composed of representatives from the Insurance Industry, to advise us on matters pertaining to the regulations and procedures that the Commissioner of Insurance must enact in order to coordinate the compulsory liability insurance and the traditional liability insurance. The results of the Committee's work will be furnished to you as it is concluded.

Among the several issues that the Committee is discussing is the design of the procedures that will facilitate compliance with the provisions of Article 12 of Act No. 253, supra, which provides that motor vehicle owners, who already have traditional liability insurance with a coverage similar or greater than the compulsory liability insurance, may use their traditional liability insurance policies to comply with the compulsory liability insurance established by law. To this effect, the Committee has deemed necessary that each insurer obtain certain information from their insureds.

Therefore, we are hereby requesting that all insurers authorized to transact, and which are presently transacting vehicle insurance, in accordance with section 4.070 of the Insurance Code of Puerto Rico, obtain from their insureds the information specified in the enclosed questionnaire. The letter which appears on the back of said form, and which should be addressed to the insured, must contain the insured's policy number and the name of the insurer's department or area which should be contacted by the insured in the event of inquiries.

To help you obtain the requested information, together with the questionnaire, a copy of a message from the Commissioner of Insurance to the insureds should be sent. We are providing to you what we understand are sufficient copies of said message so that you may distribute them with the mentioned questionnaire. However, should you need additional copies, we will gladly furnish them. The questionnaire and the Commissioner's message should be sent not later than January 31, 1997, and a thirty (30) day period, beginning from the date that the insurer indicates in the letter on the back of the questionnaire, should be allowed for the insureds to provide the requested information.

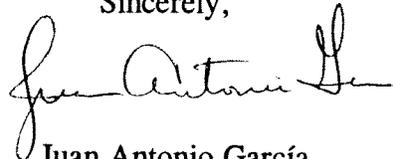
Obtention of the requested data will permit insurers to facilitate to their insureds, in 1998, compliance with the compulsory liability insurance requirement by certifying the existence of the traditional liability policy, thus freeing the insureds from having to pay, at the time of their vehicle license renewal, the amount of \$99 for a private passenger vehicle and \$148 for a commercial vehicle.

However, since at this time insurers do not have in their files the requested information, during 1997, and only during this year, insureds will not be able to benefit from the referred certification. For this reason, each insured will have to pay, at the time of his or her vehicle license renewal, the proportional part of the compulsory liability insurance annual premium, corresponding to the period between January 1, 1998 and the end of the month in which the vehicle's license must be renewed in 1998. Nonetheless, this amount will be credited to the premium corresponding to the next renewal of the traditional liability policy of each insured, in 1998.

Should you have any questions or doubts pertaining to the established and required procedure, please contact Ms. Cristina M. Morán, Advisor to the Commissioner of Insurance in matters relating to the Compulsory Liability Insurance Program, through telephone number 722-8686 extensions 2269 or 2270.

Strict compliance with the provisions of this ruling is hereby required.

Sincerely,



Juan Antonio García
Commissioner of Insurance

Enclosure

QUESTIONNAIRE REGARDING INFORMATION NEEDED FOR COMPLIANCE
WITH THE MOTOR VEHICLE COMPULSORY LIABILITY INSURANCE ACT
(Act No. 253 approved December 27, 1995)

Policy Number: _____

INFORMATION PERTAINING TO THE INSURED NAMED ON THE POLICY AND THE INSURED VEHICLE

Father's Last Name		Mother's Last Name		Name		Middle Initial		
Social Security Number:			Driver's License Number:			Phone Number:		
Mailing Address	(P.O. Box)	Rural RT	Highway Contract (HC)	Town or City	State	Zip Code		
Physical Address / Street & Number			Sector		Town or City	State	Zip Code	
Make & Model	Years	Serial Number (VIN)		License Plate	Effective date of the vehicle's license	Expiration date of the vehicle's license	Vehicle Registration Number	
					Mo Yr /	Mo Yr /		
Corrections:								
Classification of the vehicle according to the Dept. of Transportation and Public Works								
Private Passanger: _____				Commercial: _____				

INFORMATION PERTAINING TO THE OWNER OF THE INSURED VEHICLE AS SHOWN ON THE VEHICLE'S LICENSE, IF DIFFERENT FROM THE NAMED INSURED

Father's Last Name		Mother's Last Name		Name		Middle Initial		
Social Security Number:			Driver's License Number:			Phone Number:		
Mailing Address	(P.O. Box)	Rural RT	Highway Contract (HC)	Town or City	State	Zip Code		
Physical Address / Street & Number			Sector		Town or City	State	Zip Code	

INFORMATION PERTAINING TO THE PRINCIPAL OPERATOR, IF DIFFERENT FROM THE OWNER OR THE NAMED INSURED

Father's Last Name		Mother's Last Name		Name		Middle Initial		
Social Security Number:			Driver's License Number:			Phone Number:		
Mailing Address	(P.O. Box)	Rural RT	Highway Contract (HC)	Town or City	State	Zip Code		
Physical Address / Street & Number			Sector		Town or City	State	Zip Code	

(Insurer's Name)

(Insured's Name and Postal Address)

(Policy Number)

Dear customer:

In our eagerness and commitment to offer a service of excellence to our insureds, we are updating our files so that we may expedite your compliance with the requirements of Act No. 253 of December 27, 1995, known as the Motor Vehicle Compulsory Liability Insurance Act.

To such effect and in agreement with the enclosed Commissioner of Insurance's message, we would strongly appreciate your providing us with the information requested in the questionnaire shown in the back of this letter and verifying any printed data on such form. You must furnish the requested information for each insured vehicle on the referenced policy.

If you do not provide us the requested information, you risk that in the future we may not be able to certify the existence of the traditional insurance policy you have in force. Consequently, at the renewal of your vehicle's license you may be charged again for the compulsory liability insurance.

Please allow us to make this new process easier for you by supplying the requested information no later than thirty (30) days from the date of this letter.

Should you have any doubts or questions pertaining to this questionnaire, please contact your insurance agent or broker, or call our _____ Department at the following phone number _____.

Sincerely,

(signature)

Enclosure