



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE

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December 13, 2013

**RULING LETTER NO: CN-2013-165-EX**

**TO ALL AUTHORIZED INSURERS IN PUERTO RICO, GENERAL AGENTS,  
MANAGERS, PRODUCERS, AUTHORIZED REPRESENTATIVES AND EXCESS  
LINES BROKERS**

**AMENDMENT TO RISK CIRCULATION FORM OCSR28(C) FOR NEW BUSINESS  
AND RENEWALS, AND STANDARD ON THE EFFECTIVE DATE OF THE  
CIRCULATION OF RISK**

Dear Sirs and Madams:

Section 10.070 of the Puerto Rico Insurance Code defines surplus lines risks as those for which a part or all of insurance coverage may not be obtained from insurers that are authorized to transact business in Puerto Rico, and allows that under certain circumstances for risk to be placed with eligible surplus lines insurers. For the purpose of monitoring compliance of the provisions of this Section, the Office of the Commissioner of Insurance ("OCI") is hereby promulgating a new form, OCSR28(C), to be completed by authorized insurers.

In addition to several changes in the form, the new form contains additional information in the section to be completed by the authorized insurer. In this section, the authorized insurer will notify the surplus lines broker and the OCI of its decision to accept or reject the circulated risk. All authorized insurers that receive Form OCSR28(C) - 12/2013 as part of the risk circulation process will complete and email it within five days of receipt. The email address designated by the OCI for this purpose is: [surpluslines@ocs.gobierno.pr](mailto:surpluslines@ocs.gobierno.pr). You will find Form OCSR28(C) (version 12-2013) enclosed, which will be the only form that you may use for this purpose, beginning January 1, 2014.

You are further advised that if the risk has been circulated and not placed within the effective period issued by the authorized insurers, the surplus lines broker will have the

obligation to recirculate the risk at the OCI risk circulation center. If no response is received from the authorized insurer, the broker has the obligation to recirculate the risk if 60 days have elapsed, to be counted from the date of the original circulation.

Strict compliance with the provisions herein is required.

Very truly yours,

SIGNED

Angela Weyne-Roig  
Commissioner of Insurance

Enclosure



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE

TO ALL AUTHORIZED INSURERS, GENERAL AGENTS OR MANAGERS OF  
INSURERS AUTHORIZED TO WRITE RISK IN PUERTO RICO

Pursuant to Section 10.070 of the Puerto Rico Insurance Code and Rule 28 of the  
Regulations of said Code,

\_\_\_\_\_  
(Name of the Surplus Lines Broker)

requests that you report if your insurer is willing to insure the following risk:

1. Name and address of the proposed insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify the Class of Insurance:

- |  |  |
|--|--|
| <input type="checkbox"/> Property                              | <input type="checkbox"/> Medical Malpractice           |
| <input type="checkbox"/> Maritime Perils<br>and Transportation | <input type="checkbox"/> Health services professionals |
| <input type="checkbox"/> Accident                              | <input type="checkbox"/> Health care institution       |
|  | <input type="checkbox"/> Other: _____                  |
|  | <input type="checkbox"/> Disability                    |
|  | <input type="checkbox"/> Other: _____                  |

3. Description of the risk: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Coverage limit: \_\_\_\_\_

\* If you have any questions about this risk, please contact \_\_\_\_\_, at the  
following email address \_\_\_\_\_ (Name of the Contact Person)  
or at telephone  
number \_\_\_\_\_.

\* All insurers must complete the bottom part of this document within 5 days of receipt and send  
it to the following two (2) email addresses:

Surplus lines broker: \_\_\_\_\_

Surplus Lines Risk Circulation Center (OCI) : [surpluslines@ocs.gobierno.pr](mailto:surpluslines@ocs.gobierno.pr)

TO BE COMPLETED BY THE AUTHORIZED INSURER

Name of the Insurer \_\_\_\_\_

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected |
|-----------------------------------|-----------------------------------|

Contact Person \_\_\_\_\_ Telephone no. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_