## **HOUSE BILL No. 2787**

## By Committee on Insurance

Requested by Eric Turek on behalf of the Kansas Insurance Department

2-9

AN ACT concerning property and casualty insurance; relating to the Kansas insurance guaranty association act; updating certain definitions, terms and conditions thereto; establishing continuity of guaranty fund coverage when a policy is transferred from one insurer to another and of guaranty fund coverage related to cybersecurity insurance; authorizing the commissioner of insurance to reduce the number of members of the association's board of directors; amending K.S.A. 40-2903, 40-2905, 40-2906 and 40-2910 and repealing the existing sections

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 40-2903 is hereby amended to read as follows: 40-2903. As used in this act: (a) "Association" means the Kansas insurance guaranty association created by this act.

- (b) "Commissioner" means the commissioner of insurance of this state Kansas.
  - (c) "Covered claim"<del>-means</del> includes the following:
- (1) An unpaid claim, including one for unearned premiums, which that arises out of and is within the coverage and not in excess of the applicable limits of an insurance policy to which this act applies issued by an insurer, if such insurer becomes an insolvent insurer after the effective date of this act and:
- (1)(A) The claimant or insured is a resident of this state at the time of the insured event. For entities other than an individual, the residence of a claimant, insured or policyholder is the state in which the principal place of business of such claimant, insured or policyholder is located at the time of the insured events; or
- $\frac{(2)}{(B)}$  the claim is a first party claim for damage to property that is permanently located in this state.
- (2) "Covered claim" includes claim obligations that arose through the issuance of an insurance policy by a member insurer, which are later allocated, transferred, merged into, novated, assumed by or otherwise made the sole responsibility of a member or nonmember insurer if:
- (A) The original member insurer has no remaining obligation on the policy after the transfer;

(B) a final order of liquidation with a finding of insolvency has been entered against the insurer that assumed the member's coverage obligations by a court of competent jurisdiction in the insurer's state of domicile;

- (C) the claim would have been a covered claim, as defined in subsection (c)(l), if the claim had remained the responsibility of the original member insurer and the order of liquidation had been entered against the original member insurer with the same claim submission date and liquidation date; and
- (D) in cases where the member's coverage obligations were assumed by a nonmember insurer, the transaction received prior regulatory or judicial approval.
  - (3) "Covered claim"-shall does not include:
- $\frac{1}{1}(A)$  Any amount due any reinsurer, insurer, insurence pool or underwriting association, as subrogation recoveries or otherwise;
- $\frac{(2)}{(B)}$  any amount awarded as punitive or exemplary damages unless such damages were covered under the policy of the insolvent insurer; or
  - $\frac{3}{C}$  any claim by an affiliate of the insolvent insurer.
  - (d) "Domiciliary state" means:
  - (1) The state in which an insurer is incorporated or organized; or
  - (2) in the case of an alien insurer, the state of entry of such insurer.
  - (e) "Insolvent insurer" means:
- (1) An insurer licensed by the commissioner to transact insurance in this state either at the time the policy was issued or when the insured event occurred; and
- (2) determined to be insolvent by a court of competent jurisdiction and against whom a final order of liquidation has been entered by a court of competent jurisdiction in the insurer's domiciliary state.
  - (f) "Member insurer" means any person who (1) is:
- (1) Authorized to write any kind of insurance to which this act applies under K.S.A. 40-2902, and amendments thereto, including the exchange of reciprocal or inter-insurance contracts; and
- (2) is—licensed by the commissioner to transact insurance in this state. This act shall not apply to those persons transacting business pursuant to the provisions of K.S.A. 40-202, and amendments thereto.
- (g) "Net direct written premiums" means first gross premiums written in this state on insurance policies to which this act applies, less return premiums thereon and dividends paid or credited to policyholders on such direct business. "Net direct written premiums" does not include premiums on contracts between insurers or reinsurers.
- (h) "Person" means any individual, corporation, partnership, association or voluntary organization.
  - (i) The provisions of this section, as amended on July 1, 2006, shall

apply to all claims which have not been paid prior to April 14, 2005"Cybersecurity insurance," for purposes of this act, includes first and third-party coverage, in a policy or endorsement, written on a direct, admitted basis for losses and loss mitigation arising out of or relating to data privacy breaches, unauthorized information network security intrusions, computer viruses, ransomware, cyber extortion, identity theft and similar exposures.

- Sec. 2. K.S.A. 40-2905 is hereby amended to read as follows: 40-2905. (a) (1) The board of directors of the association shall consist of nine (9) persons, of which three (3) members shall serve terms of one (1) year; (2) three (3) members shall serve terms of two (2) years; and; (3) three (3) members shall serve terms of three-(3) years. The members of the board shall be selected by member insurers subject to the approval of the commissioner. The successor of each member serving on the board on July 1, 1976, shall be selected to serve for a term of three (3) years. Vacancies on the board shall be filled for the remaining period of the term in the same manner as the initial appointments. If no members are selectedwithin sixty (60) days after the effective date of this act, the commissioner may appoint the initial members of the board of directors The members of the board of directors serving as of July 1, 2024, shall continue their terms until the expiration of such members' current terms. Upon expiration of each member's term, the commissioner shall decide whether to continue such member's position on the board or reduce the number of members of the board of directors in accordance with paragraph (d).
- (b) In approving *or continuing* selections to the board, the commissioner shall consider among other—things *criteria*, whether all member insurers are fairly represented.
- (c) Members of the board may be reimbursed from the assets of the association for expenses incurred by them thereby as members of the board of directors.
- (d) On and after January 1, 2025, the board of directors shall consist of not fewer than seven members but not more than nine members appointed in accordance with this paragraph. Members of the board shall be selected by member insurers, subject to the approval of the commissioner. Each member of the board of directors shall serve a term of three years but shall be removable by the commissioner for inefficiency, neglect of duty or malfeasance.
- Sec. 3. K.S.A. 40-2906 is hereby amended to read as follows: 40-2906. (a) In the event of the determination of insolvency and order of liquidation of a licensed insurer after the effective date of this act, the association shall:
- (1) Be obligated to the extent of the covered claims existing prior to the determination of insolvency and arising within 30 days after the

determination of insolvency,—or before the policy expiration date if less than 30 days after the determination; or before the insured replaces the policy or causes—its such policy's cancellation; if such insured does so within 30 days of the determination,—but except that such obligation shall include only that amount of each covered claim—which that does not exceed the first \$300,000 of any claim, except that the association shall pay the full amount of any covered claim arising out of a workmen's compensation policy. In no event shall the association be obligated to the policyholder or claimant in an amount in excess of the face amount of the policy from which the claim arises. Additionally, in no event shall the association be obligated to pay an amount in excess of \$300,000 for all first and third-party claims under a policy or endorsement providing, or that is found to provide, cybersecurity insurance coverage and arising out of, or related to, a single insured event, regardless of the number of claims made or the number of claimants;

- (2) be deemed the insurer to the extent of its obligation on the covered claims and to such extent shall have all rights, duties and obligations of the insolvent insurer as if the insurer had not become insolvent:
- (3) assess insurers amounts necessary to pay the obligations of the association under subsection (1) subsequent to an insolvency, the expenses of handling covered claims subsequent to an insolvency, and the cost of examinations under K.S.A. 40-2911, and amendments thereto, and other expenses authorized by this act. The assessments of each member insurer shall be in the proportion that the net direct written premiums of the member insurer for the preceding calendar year bears to the net direct written premiums of all member insurers for the preceding calendar year. Each member insurer shall be notified of the assessment not later than 30 days before it is due. No member insurer may be assessed in any year an amount greater than 2% of that member insurer's net direct written premiums for the preceding calendar year. If the maximum assessment, together with the other assets of the association, does not provide in any one year an amount sufficient to make all necessary payments, the funds available shall be prorated, and the unpaid portion shall be paid as soon thereafter as funds become available. The association may exempt or defer, in whole or in part, the assessment of any member insurer; if the assessment would cause the member insurer's financial statement to reflect amounts of capital or surplus less than the minimum amounts required for a certificate of authority by any jurisdiction in which the member insurer is authorized to transact insurance, or-if the commissioner advises the association that such assessment would in such commissioner's opinion, be detrimental to the solvency of a member insurer. Each member insurer may set off against any assessment, authorized payments made on covered

 claims and expenses incurred in the payment of such claims by the member insurer;

- (4) investigate claims brought against the association and adjust, compromise, settle and pay covered claims to the extent of the association's obligation and deny all other claims and may review settlements, releases and judgments to which the insolvent insurer or its insureds were parties to determine the extent to which such settlements, releases and judgments may be properly contested.
- (5) notify such persons as the commissioner directs under K.S.A. 40-2908 (b)(1), and amendments thereto-;
- (6) handle claims through its employees or through one or more insurers or other persons designated as servicing facilities. Designation of a servicing facility is subject to the approval of the commissioner,—but except that such designation may be declined by a member insurer; and
- (7) reimburse each servicing facility for obligations of the association paid by the facility and for expenses incurred by the facility while handling claims on behalf of the association and—shall pay the other expenses of the association authorized by this act.
  - (b) The association may:
- (1) Employ or retain such persons as are necessary to handle claims, *provide covered policy benefits and service* and perform other duties of the association<del>;</del>
- (2) borrow funds necessary to effect the purposes of this act in accordance with the plan of operation-;
  - (3) sue or be sued;
- (4) negotiate and become a party to such contracts as are necessary to carry out the purposes of this act;-
- (5) perform such other acts as are necessary or proper to effectuate the purposes of this act.; or
- (6) refund to the member insurers, in proportion to the contribution of each member insurer to the association, that amount by which the assets of the association exceed the liabilities, if, at the end of any calendar year, the board of directors finds that the assets of the association exceed the liabilities of the association as estimated by the board of directors for the coming year.
- (c) The association shall issue to each insurer paying an assessment under this act a certificate of contribution, in a form prescribed by the commissioner, for the amount so paid. All outstanding certificates shall be of equal dignity and priority without reference to amounts or dates of issue. A certificate of contribution may be shown by the insurer in its financial statement as an asset in such form and for such amount, if any, and period of time as the commissioner may approve.
  - (d) Notwithstanding any other provisions of this act:

1 2

(1) A covered claim shall not include a claim filed with the association after the earlier of:

- (A) Eighteen 18 months after the date of the order of liquidation; or
- (B) the final date set by the court for the filing of claims against the liquidator or receiver of an insolvent insurer.
- (2) A covered claim shall not include any claim filed with the association or a liquidator for protection afforded under the insured's policy for incurred-but-not-reported losses.
- (3) Any obligation of the association to defend an insured on a covered claim shall cease upon the association's:
- (A) Payment, by settlement or on a judgment, of an amount equal to the lesser of the association's covered claim obligation limit or the applicable policy limit; or
  - (B) tender of such amount.
- Sec. 4. K.S.A. 40-2910 is hereby amended to read as follows: 40-2910. (a) Any person having a claim against an insurer under any provision in an insurance policy other than a policy of an insolvent insurer which that is also a covered claim shall be required to exhaust first—his such person's right under such policy. A claim under an insurance policy shall include a claim under any kind of insurance, whether such claim is a first party or third party claim, and shall include, without limitation, accident and health insurance, workers' compensation, Blue Cross and Blue Shield and all other coverages except for policies of an insolvent insurer or any right under a life insurance policy. Any amount payable on a covered claim under this act shall be reduced by the full applicable limits stated in the other insurance policy or by the amount of any recovery under such other insurance policy. The credit shall be reduced by the lesser of the:
  - (1) Association's covered claim limit;
  - (2) amount of the judgment on the settlement of the claim; or
  - (3) policy limits of the insolvent insurer's policy.
- (b) Any person having a claim—which that may be recovered under more than one insurance guaranty association or its equivalent shall seek recovery first from the association of the place of residence of the insured except—that if it is a first party claim for damage to property with a permanent location, from the association of the location of the property, and if it is a workmen's compensation claim, from the association of the residence of the claimant. Any recovery under this act shall be reduced by the amount of the recovery from any other insurance guaranty association or its equivalent.
- (c) The provisions of this section<del>, as amended,</del> shall apply to all claims which that have not been paid prior to the effective date of this act.
  - Sec. 5. K.S.A. 40-2903, 40-2905, 40-2906 and 40-2910 are hereby

- 1 repealed.
- 2 Sec. 6. This act shall take effect and be in force from and after its
- 3 publication in the statute book.