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BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE STATE OF IDAHO

IDAHO DEPARTMENT OF INSURANCE,

Complainant,

vs.

WELLFLEET NEW YORK INSURANCE COMPANY, a foreign insurer domiciled in the state of New York, holding Idaho Certificate of Authority No. 367,

Respondent.

Docket No. 18-3936-21

STIPULATION AND FINAL ORDER

STIPULATION

COME NOW the Idaho Department of Insurance (hereinafter "Department") and WELLFLEET NEW YORK INSURANCE COMPANY (hereinafter "Wellfleet New York"), by and through its undersigned officer, and agree and stipulate as follows:

1. Wellfleet New York is a New York-domiciled insurer.

- 2. Wellfleet New York holds Idaho Certificate of Authority No. 367, originally issued on August 24, 1950, and is authorized to transact casualty insurance in the state of Idaho including workers compensation insurance.
- 3. On July 21, 2021, the Department filed a complaint against Wellfleet New York alleging therein that it is a member of the National Council of Compensation Insurance, Inc. (hereinafter "NICCI") which is a rating organization within the meaning of chapter 16, title 41, Idaho Code.
- 4. The Department alleged that on November 26, 2019, in accordance with section 41-1614, Idaho Code, the Director entered an *Order Permitting Deviation from 2020 Workers' Compensation Rates*, and that the Order stated that the rate deviation "will take effect on January 1, 2020 and shall remain in effect for one year from the date unless terminated sooner with the approval of the Director."
- 5. The Department alleged that Wellfleet New York not only applied the rate deviation during calendar year 2020 but continued to apply the expired rate deviation from January 1, 2021, through April 30, 2021, without receiving authorization from the Director of the Idaho Department of Insurance (hereinafter "Director"), in violation of Idaho Code § 41-1614.
- 6. On or about April 15, 2021, Wellfleet New York submitted to the Department a request for permission to deviate from the workers' compensation rates filed by the NCCI for year 2021 by a uniform increase of fifteen percent (15%), effective May 1, 2021. The Director entered an order permitting the requested deviation on April 28, 2021, with a May 1, 2021, effective date.
- 7. Wellfleet New York admits that it neglected to timely file a request for permission to deviate from the workers' compensation rates filed by the NCCI for year 2021 to have such deviation effective January 1, 2021.

- 8. Wellfleet New York admits that it continued to apply the expired rate deviation from January 1, 2021, through April 30, 2021, without receiving the Director's authorization, in violation of Idaho Code § 41-1614.
- 9. In accordance with Idaho Code § 41-1432, the Director is authorized to impose penalties in accordance with Idaho Code § 41-114, which provides that each violation of title 41, Idaho Code, for which a greater penalty is not provided by a separate provision of title 41, Idaho Code, shall be an administrative penalty of not more than \$5,000 for each violation for any person other than an individual or natural person.
- 10. Based on the foregoing, the parties agree that this matter may be resolved by imposition of an administrative penalty of \$5,000 against Wellfleet New York.
- 11. The parties have agreed to the form of the Final Order as provided and agree to its entry herein by the Director.
- 12. Wellfleet New York acknowledges that it has had the opportunity to seek the advice of counsel with regard to this Stipulation and Final Order.
- 13. Wellfleet New York further acknowledges that it enters into this Stipulation and agrees to the entry of the Final Order knowingly and voluntarily and hereby waives its various rights in connection therewith, including but not limited to its rights to notice and hearing, and its rights to seek reconsideration and judicial review following entry of the Final Order.
- 14. The parties acknowledge that this Stipulation is subject to approval by the Director or the Director's designee and that, upon such approval by entry of the Final Order, binds all the parties to this Stipulation. Should the Director decline to approve this Stipulation, the Department and Wellfleet New York shall retain all of their rights, claims, and defenses, and any factual or legal admissions made by Wellfleet New York herein shall be withdrawn.

IT IS SO STIPULATED.	Λ
DATED this day of	, 2021.
	WELLFLEET NEW YORK INSURANCE COMPANY, a New York-domiciled insurer, holding Idaho Certificate of Authority No. 367
	Name: BroteBjeses
	Its: V . ['
State of	
I, Melisse (hwh, a no , 2021, personally appearable me first duly sworn, declared that YORK INSURANCE COMPANY, to f the corporation, and that the states	tary public, do hereby certify that on this day of ured before me, bruck of WELLFLEET NEW that s/he signed the foregoing instrument as very therein contained are true.
of the corporation, and that the states	ments therein contained are true. Meluin S. Hoy
OTARY OTARY	Notary Public for the state of CT My Commission Expires: 3/3/25
AUBLIC ONNECTION	MELISSA G. HOUGH NOTARY PUBLIC CONNECTICUT MY COMMISSION EXPIRES MARCH 31, 2025
DATED this 23^{rd} day of _	August, 2021.
	IDAHO DEPARTMENT OF INSURANCE
	By SHANNON HOHL Bureau Chief Market Oversight Bureau

FINAL ORDER

In consideration of the Stipulation entered into by the parties hereto, upon review thereof and in consideration of the premises;

IT IS HEREBY ORDERED, pursuant to chapters 2 and 3, title 41, Idaho Code, that the foregoing Stipulation is hereby accepted and adopted by the Director, and the same is incorporated as if fully set forth herein;

IT IS FURTHER ORDERED that within thirty (30) days of the date of entry of this Final Order, WELLFLEET NEW YORK INSURANCE COMPANY shall pay to the Idaho Department of Insurance a total administrative penalty in the amount of \$5,000.00; said sum shall be made payable and delivered to the Idaho Department of Insurance, PO Box 83720-0043, Boise, Idaho, 83720-0043.

IT IS SO ORDERED.

DATED and EFFECTIVE this 23 day of 1

DEPARTMENT OF INSURANCE

DEAN L. CAMERON

Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 23 day and correct copy of the foregoing fully-executed ST the following by the designated means:	, 2021, I caused a true TPULATION AND ORDER to be served upon
Wellfleet New York Insurance Company Attn: Kimberly Nielsen 5814 Reed Road Fort Wayne, IN 46835-3568 wellfleetregulatory@medpro.com	 ☐ first class mail ☐ certified mail ☐ hand delivery ☐ via facsimile ☑ via email
John C. Keenan Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3 rd Floor P.O. Box 83720 Boise, ID 83720-0043	☐ first class mail ☐ certified mail ☑ hand delivery ☐ via facsimile ☐ via email