

**STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE  
45 Fremont Street, 21<sup>st</sup> Floor  
San Francisco, California 94105**

**REG-2008-00006**

**August 15, 2008**

**PROPOSED PLAN OF OPERATIONS TEXT<sup>1</sup>**

**CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM**

[Amend the Introduction to read as follows:]

**INTRODUCTION**

The California Low Cost Automobile Insurance Program (LCA) has been established to make private passenger automobile insurance available in the voluntary market to low income good drivers ~~for all counties in the state of California.~~ (For complete eligibility requirements, see Section 22.) ~~Initially available only in the city and county of San Francisco and Los Angeles County, the program has subsequently expanded operations to include eligible drivers in Alameda, Fresno, Orange, Riverside, San Bernardino, and San Diego, effective April 1, 2006, and has subsequently expanded operations to include eligible drivers in additional designated counties.~~ The Program shall become operational in all other counties in California designated by the Commissioner, at his discretion, subject to specified procedures. (For designated counties, refer to the Residence Eligibility Guidelines in the Appendix.) Eligible California Low Cost Automobile Insurance Program risks are shared among the insurers who are subscribers to the Plan and are writing automobile insurance in the state of California.

[Part V, second paragraph, is amended as follows:]

The Plan of Operations is divided into five parts as follows:

- |        |   |
|--------|---|
| Part V | Appendix  |
|        | <ul style="list-style-type: none"><li>• <del>Residence eligibility</del> <u>Statistical</u> guidelines</li><li>• Income eligibility guidelines</li><li>• Vehicle eligibility guidelines</li><li>• Rates by county</li></ul> |

[The text, beginning with “What to Send to the Plan” is amended as follows:]

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<sup>1</sup> The proposed changes amend the California Automobile Insurance Low Cost Program Plan of Operations approved by the Commissioner. Deletions appear in ~~striketrough~~ and additions appear in underline. Words that appear in [brackets] reflect instructions to help the reader to ascertain the specific portion of the Plan of Operations for which a change has been proposed.

## WHAT TO SEND TO THE PLAN

An original completed current LCA application shall be forwarded to the Plan Office no later than two working days after its completion, as evidenced by the postmark of the United States Postal Service.

Applications should be accompanied by the following documents:

- Deposit check
- ~~Privacy Waiver Form (AIP 128 (3/00))~~
- Copies of the following:
  - Applicant's Federal or State Income Tax Return or other income eligibility documentation in accordance with Program rules in Section 23.B.
  - Applicant's and all operator's licenses
  - Vehicle registration(s) or proof of ownership
  - Proof of the value of the vehicle at the time of application for insurance as evidenced by the vehicle license fee code given to the auto by the Department of Motor Vehicles as shown on the vehicle registration

## AVAILABILITY OF APPLICATIONS, FORMS, AND MANUALS

Application forms to be used when applying to the California Automobile Assigned Risk Plan are available at no charge from AIPSO – Mail Order Management Department by calling (401) 942-9799. The following materials are available at no charge:

- LCA Application (Form AIP 126 ~~E (7/00)~~ Rev 04/06.2-06/08) (NOTE: The application form for hard copy or online use is the same.)
- ~~Privacy Waiver Form (Form AIP 128 (3/00))~~
- Policy Change Request – Certification Form (Form AIP 127 ~~(3/00)~~ Rev 1/1/06)
- \* Electronic Effective Date Procedure Retraction Request (Form AIP 1247 (07-05) referenced in CAARP Manual Section 20.A.5 ~~as the form shown in Appendix B2~~)
- Insurer Complaint Form (Form AIP 1255 ~~REV 4/96~~ 12/04), a copy of which is incorporated herein by reference

- Electronic Effective Date Procedure Pamphlet (AIP 101 Rev-1/99 01/05), a copy of which is incorporated herein by reference

All applications, forms, and manuals can also be downloaded from the AIPSO website at [www.aipso.com/ca/lowcost](http://www.aipso.com/ca/lowcost) [www.aipso.com/lc](http://www.aipso.com/lc).

The California Low Cost Automobile Insurance Program Plan is available with the purchase of a California Automobile Assigned Risk Plan Manual from AIPSO – Mail Order Management Department by calling (401) 942-9799. The following manuals are available for purchase at cost from AIPSO—Mail Order Management Department:

- California Automobile Assigned Risk Plan Manual of Rules and Rates, which includes LCA rates
- Portfolio of Endorsements and Forms

[Amend Section 1 to read as follows:]

## **Sec. 1. DEFINITIONS**

[Amend the following definitions as follows:]

~~“Designated city or county” means a location in the state identified by the Commissioner which is eligible for the Low Cost Automobile Insurance Program.~~

~~“Policy Change Request – Certification Form” means the form which must be completed by the insured and accompany each policy change request (Form AIP-127 (3/00) Rev 1/1/06), a copy of which is incorporated herein by reference. By completing the form, the insured certifies may request a policy change and certify that he or she either continues to be eligible for coverage through the Program or is ineligible for reason(s) indicated on the form.~~

~~“Policy Waiver Form” means the form AIP 128 (3/00) used to verify income eligibility, a copy of which is incorporated herein by reference. This form must be completed by the applicant and submitted as part of the application materials.~~

[Amend Section 2 to read as follows:]

## **Sec. 2 PURPOSE AND SCOPE OF THE CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM**

In accordance with California Insurance Code Section 11629.7, the California Low Cost Automobile Insurance Program has been established to make private passenger automobile insurance available in the voluntary market to low income good drivers ~~for all counties in California. Refer to the Residence Eligibility Guidelines Exhibits in the Appendix for cities and counties which have been designated operational.~~

[Amend Section 15, paragraph B to read as follows:]

**Sec. 15            RATE DETERMINATION**

**B.        Rate Determination**

Rates shall be set with respect to this Program in accordance with Section 11629.72 of the California Insurance Code.

Commencing on January 1, 2001, and annually thereafter, CAARP shall submit to the Commissioner the loss and expense data together with a proposed rate and surcharge authorized by Section 11629.72 of the California Insurance Code for the Low Cost Auto Insurance Policy for ~~the designated areas to which this Program is applicable~~ all counties in the state. The Commissioner shall act on the recommendation within 90 days.

[Amend Section 20 to read as follows:]

**Sec. 20.            PERFORMANCE STANDARDS FOR PRODUCERS WRITING  
CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM  
RISKS**

Producers writing California Low Cost Automobile Insurance Program risks shall comply with the producer performance standards set forth in CAARP Manual Section 20. This section sets forth additional producer performance standards applicable only to the LCA. For the purpose of assessing performance for CAARP producer certification, violations assessed for the servicing of LCA and CAARP business shall be combined.

**A.        Original Applications**

1.        Each application shall be accompanied by all of the following:
  - a.        ~~An original Privacy Waiver Form containing the signatures of the applicant and each member of the household~~
  - b.        One document to verify income as specified in Section 23.B.
  - e b.    Proof of the value of the vehicle at the time of application for insurance.

[The remainder of paragraph A, and paragraphs B and C remain unchanged]

**D. Policy Change Requests**

Producers must use the Policy Change Request – Certification Form when making a change to a Low Cost Auto policy and provide any applicable documentation. The Policy Change Request – Certification Form must be completed and mailed in accordance with Program rules.

[Amend Section 22 to read as follows:]

**Sec. 22. ELIGIBILITY**

[Amend Paragraph A.1.a. as follows:]

**A. New Applications**

1. Applicants Eligible for Program

To be eligible for a Low Cost Auto Policy, the applicant must meet all of the following criteria:

a. Residence Requirement

The Low Cost Automobile Insurance Program shall be available to persons who are residents of California ~~and reside in a designated city or county.~~

~~For residence eligibility information, refer to the zip code listings shown in the Residence Eligibility Guidelines Exhibits in the Appendix.~~

[Amend Paragraph A.1.d. as follows:]

d. Applicant Requirements

The applicant must meet all of the following requirements:

- (1) Be 19 years of age or older.
- (2) Have no felony or misdemeanor convictions for a violation of the Vehicle Code on his or her motor vehicle record.
- (3) During the three years prior to the effective date of the Low Cost Auto Policy
  - (a) have been continuously licensed to drive an auto;
  - (b) have no at fault accident involving bodily injury or death on his or her motor vehicle record;

- (c) have not had more than **one of either** of the following:
  - An accident resulting in only property damage in which he or she was principally at fault as described in Title 10, California Code of Regulations Section 2632.13 (c), (d), and (e)
  - A point for a moving violation
- (d) have not had both an accident resulting in only property damage in which he or she was principally at fault as described in Title 10, California Code of Regulations Section 2632.13(c), (d), and (e) and a point for a moving violation.

[Amend Section 23 to read as follows:]

**Sec. 23. APPLICATION REQUIREMENTS**

**A. Application Information**

- 2. The application shall require the following information:

[Subsections A.2.a. through A.2.c. remain unchanged]

- d. Applicant’s former address for the past three years
- ~~e.e.~~ Occupation and length of time at current employer and nature of business
- ~~e.f.~~ Employer name (or DBA), street number, street name, suite number, city, state, zip code, and business telephone number, if any
- ~~f.g.~~ Vehicle year, make, model, vehicle identification number, whether new or used, and the value of the vehicle at the time of application for insurance
- ~~g.h.~~ State registered and registered owner’s name
- ~~h.i.~~ Garaging address if vehicle not garaged at residence
- j. Indicate whether during the three years prior to the effective date of the Low Cost Auto Policy the applicant has been involved in any accident where he/she was principally at fault involving bodily injury or death, where he/she was principally at fault that resulted only in property damage, and in which he/she was considered to be not at fault
- ~~i.k.~~ Total policy premium amounts for coverages and applicable surcharges

- ~~j.l.~~ The gross deposit amount submitted
- ~~k.m.~~ Selection of payment plan option and method of payment
- n. Total deposit amount received from applicant, method of payment (if producer's check, method by which applicant paid the producer and whether a receipt was provided to the applicant), and the number of the check or money order submitted
- ~~l.o.~~ California driver's license number of all drivers in the household, and license number of any driver's license issued by another state within the last 12 months, if any
- ~~m.p.~~ Indicate years licensed of all drivers in the household, and if less than three years indicate date license was first issued
- ~~n.q.~~ Indicate the annual income for each individual in the household
- ~~o.r.~~ Indicate individuals in the household who do not drive or are not licensed due to license suspension or revocation
- ~~p.s.~~ Indicate relationship to applicant, ~~percentage of use of vehicle,~~ birth date, and gender of all licensed drivers in the household.
- ~~q.t.~~ Marital status, including name of spouse or registered domestic partner if not listed as an additional driver
- ~~r.u.~~ Indicate whether the applicant or any other eligible operator is required to file evidence of financial responsibility with the Department of Motor Vehicles, and if so, indicate all information needed to make filing (the name of the individual requiring the filing, case file number, relationship to the applicant, whether they reside with the applicant, the type of filing required, the reason for the filing, and state where filing is required)
- ~~s.v.~~ Name of the last automobile insurer, policy number, termination date, and reason for termination, if available
- ~~t.~~ ~~Provide details about all motor vehicle convictions and accidents in the preceding three years involving the applicant and anyone who operates the applicant's vehicle.~~
- w. Indicate whether there is an automobile insurance policy currently in effect for the vehicle being insured on the application and whether there are any other vehicles owned by any other member of the household (if so, provide name of insurer and a copy of the declarations page)

**B. Supporting Documentation**

- ~~1. A completed original Privacy Waiver Form must accompany each application. The signatures of the applicant and each member of the household must be provided on the form.~~
2. Each new application submitted to the Plan shall be accompanied by a legible photocopy made by the producer of **all** of the following:

[The remainder of this paragraph and Section remains unchanged]

[Amend Section 26 to read as follows:]

**Section 26. PREMIUM PAYMENT OPTIONS**

The applicant or producer shall submit a separate check or money order payable to the California Automobile Assigned Risk Plan with each application. Payments for renewal insurance policies shall be submitted directly to the assigned insurer. The initial payment shall be in the form of an applicant's check, producer's trust account check, certified check, bank check, or money order. The full annual premium payment option, the advance premium payment option, and the installment premium payment options shall be available to applicants.

[The remainder of this paragraph and Section, up to subsection D, remains unchanged]

**D. Deposit, Installment, or Additional Premium Payments Applicable to A, B, or C, Above**

The deposit accompanying the application shall be by the applicant's check, producer's trust account check, certified check, bank check, or money order payable to the California Automobile Assigned Risk Plan. All deposits, installment payments, and additional premium payments must be submitted on a gross basis. No commission shall be withheld by the producer. Producer commission shall be paid in accordance with Section 34

The Manager shall immediately return the premium check if the risk is not assigned. The insurer shall credit the deposit against the gross premium if the risk is assigned. The insurer shall refund any portion of the deposit only as provided in Section 26.E.

Installments and additional premium payments shall be by applicant's check, producer's trust account check, certified check, bank check, or money order payable to the assigned insurer.

[The remainder of this Section, up to subsection F.2.a, remains unchanged]



**F. Premium Owed for Prior Insurance**

If an applicant is assigned or reassigned to an insurer and the applicant owes an insurer earned premium for prior Program coverage, the deposit check shall be applied to the earned premium and coverage shall be afforded in accordance with this Section.

[Subsection F.1 remains unchanged]

2. If the earned premium meets all of the above criteria, the insurer shall proceed as follows:
  - a. If the deposit premium is insufficient to satisfy the full amount of the outstanding earned premium due for prior Program coverage, the insurer shall apply the deposit check to the prior Low Cost Insurance Policy. The insurer shall return the application to the ~~Plan~~ as producer accompanied by a written notice stating the application is ineligible for Program coverage due to the outstanding premium balance. A copy of this notice shall also be provided to the applicant and the Plan. No coverage is in effect.

[The remainder of this Section remains unchanged]

[Amend Section 28 to read as follows:]

**Sec. 28. APPLICATION FOR ASSIGNMENT, DESIGNATION OF INSURER, EVIDENCE OF INSURANCE, AND EFFECTIVE DATE OF COVERAGE**

[Amend Paragraph A.3 as follows:]

**A. Verification of Application by Plan**

Upon receipt of an application and prior to assignment to an insurer, the Manager shall verify that the form is properly completed, signed, and dated. In so verifying, the Manager shall perform all of the following:

3. Provide written notice to the applicant and the producer specifying all violations in the application, and requiring correction of those violations within 10 working days of the postmark date of the Plan notice.

The application shall be reviewed to determine if appropriate eligibility documentation is attached.

- a. Ineligible Applicant

If the Plan reviews the eligibility documentation and determines that the applicant is not eligible for the Program, the application and deposit shall

be returned to the producer ~~with written~~. Written notice to that effect shall be sent to the applicant and the producer. Coverage is void from inception.

b. Incomplete Eligibility Documentation

If eligibility documentation is not provided with the application, the application and deposit shall be returned to the producer ~~with written~~. Written notice to that effect shall be sent to the applicant and the producer. Coverage is void from inception. If the violation is remedied and the application accompanied by the eligibility documentation and deposit check are returned to the Plan postmarked within 10 working days of the postmark date of the Plan notice, the effective date originally requested will be honored.

[The remainder of this Section, up to subsection D, remains unchanged]

**D. Plan Submission to the Designated Insurer**

The Manager shall forward to the assigned insurer the application, a copy of the notice of the effective date of coverage, and the deposit premium same to be credited by the insurer against the policy premium.

Upon receipt of the application and deposit premium from the Plan and prior to issuance of a policy, the assigned insurer shall review the application and documentation to confirm that the risk is eligible in accordance with Plan rules. If the applicant is found ineligible for coverage within 20 calendar days following the Plan assignment date shown on the notice of effective date of coverage, the application and premium deposit shall be returned to the producer ~~with written~~. Written notice to that effect shall be sent to the applicant and the producer. Coverage is void from inception.

[Amend Section 29 to read as follows:]

**Section 29. POLICY CHANGE REQUESTS**

- A. In the event coverage is desired for a replacement vehicle or a change in driver is requested, ~~a written policy change request accompanied by~~ a completed Policy Change Request –Certification Form and applicable documentation shall be submitted directly to the assigned insurer no later than three working days after its receipt by the producer.
- B. The policy change ~~request~~ requested must meet the eligibility standards of this Program.

- C. Each policy change ~~request must be accompanied by a~~ shall be provided on a signed Policy Change Request – Certification Form in which the insured, to the best of his or her knowledge, indicates that he or she
1. continues to be eligible for a Low Cost Auto Policy; or
  2. is no longer eligible for a Low Cost Auto Policy and provides the reason for the change in status on the form.

The signatures of the insured and the producer and the date and time of completion must be included on the form.

- D. The policy change ~~request submitted~~ included on the Policy Change Request – Certification Form shall be accompanied by supporting documentation to assist the insurer in reviewing eligibility. Documentation requirements for policy changes are as follows:

1. Address Change

The old and new addresses, including zip codes, should be included in the ~~policy change request~~ Change Request sections of the Policy Change Request – Certification Form if the insured has moved within California to another location or to another state.

- a. ~~within the city and county of San Francisco or the county of Los Angeles; or~~
- b. ~~from the city and county of San Francisco to the county of Los Angeles; or~~
- c. ~~from the county of Los Angeles to the city and county of San Francisco; or~~
- d. ~~from the city and county of San Francisco or from the county of Los Angeles to a location which is not eligible for the Program.~~

2. Additional Driver

- a. A copy of a current valid driver's license, temporary license, or operating permit, including licenses issued by other states and licenses issued by foreign counties, must be provided for each additional driver.

- b. If the additional driver has income, a copy of the individual's Federal or State Income Tax Return filed during the previous year, or the current year, whichever is most recent, or another document acceptable under Program rules must also accompany the ~~policy change request~~ Policy Change Request – Certification Form.

3. Replacement Vehicle

- a. A copy of the current vehicle registration, or if not available, a document showing proof of ownership must be provided.
- b. Proof of the value of the replacement vehicle at the time of the policy change must also be provided.

4. Deletion of Surcharge

A copy of the current valid driver's license, temporary license, or operating permit, including licenses issued by other states and licenses issued by foreign countries must be submitted with the ~~policy change request~~ Policy Change Request – Certification Form.

E. Premium requirements for policy changes ~~requests~~ requested include the following:

1. Additional premium due, if applicable, shall be payable in accordance with the provisions of Section 26.
2. All premium payments shall be submitted on a gross basis.

F. Upon receipt of the policy change ~~request~~, indicated on the completed Policy Change Request-Certification Form, and any applicable documentation, the insurer shall endorse the in-force Low Cost Auto Policy.

If the insured has indicated on the Policy Change Request-Certification Form that he or she is no longer eligible for coverage, or if the insured has indicated that he or she continues to be eligible for coverage and the insurer subsequently determines that the policy change ~~request~~ requested makes the insured ineligible, the insurer shall be guided by the following:

1. If the ~~policy change request~~ completed Policy Change Request – Certification Form is submitted 40 days or more prior to the expiration date of the policy, the Low Cost Auto Policy shall remain in force until expiration. The insurer, however, must issue a notice of nonrenewal in accordance with Section 30.C.
2. If the ~~policy change request~~ completed Policy Change Request – Certification Form is submitted less than 40 days prior to the expiration date of the policy, the insurer shall issue a renewal. However, prior to expiration of the renewal policy,

if the insured continues to be ineligible for the Program, the insurer shall issue a notice of nonrenewal in accordance with Section 30 C.

- G. Except as otherwise provided in the policy contract, coverage shall be effective at the date and hour specified in the ~~policy change request~~ Policy Change Request – Certification Form provided
1. the producer and applicant certify the date and hour of completion of the policy change request, and
  2. the producer mails or delivers by means other than the United States Postal Service the policy change request to the insurer within one working day of its completion, and
  3. the United States Postal Service postmark date on the transmittal envelope, or date affixed to the shipping invoice complies with the mailing requirement shown in Section 29 G.2.

In no event shall coverage be effective prior to the date and hour of completion of the ~~request~~ Policy Change Request – Certification Form, except as provided for by the provisions of the policy contract.

- H. If the provisions of subsections 29 G.2 and 3 above are not met, the effective date of coverage shall be determined as follows:
1. The coverage shall be made effective at 12:01 a.m. on the day following the date the ~~policy change request~~ Policy Change Request – Certification Form is mailed to the insurer as shown by the postmark if the transmittal envelope bears a legible postmark affixed by the United States Postal Service.
  2. If the transmittal envelope was mailed and does not bear a legible postmark of the United States Postal Service, or is stamped by a postage metering device or any other computer generated electronic stamp, coverage shall be effective at 12:01 a.m. on the date the ~~policy change request~~ Policy Change Request – Certification Form is received by the insurer.
  3. If the ~~policy change request~~ Policy Change Request – Certification Form is delivered to the insurer by means other than the United States Postal Service, coverage shall be made effective at 12:01 a.m. on the day following receipt by the insurer.
- I. If the ~~policy change request~~ Policy Change Request – Certification Form is transmitted to the assigned insurer via facsimile (fax), coverage shall be made effective at 12:01 a.m. on the day following receipt by the insurer.

- J. The rates for a replacement vehicle and/or additional driver shall be those in effect at the inception date of the currently in-force insurance policy.
- K. The producer shall maintain appropriate records for all risks for which he or she has submitted ~~policy change requests~~ Policy Change Request – Certification Forms in accordance with Section 20.

[Amend Section 30, Paragraph A.3 to read as follows:]

**Section 30. RENEWAL/NONRENEWAL OF LOW COST AUTO POLICIES**

**A. Requalification**

- 3. If a policy change request is processed which changes the eligibility status of the risk, the insurer shall proceed as follows:
  - a. If the insured is no longer eligible as a result of a policy change ~~request~~ submitted on a Policy Change Request – Certification Form submitted 40 days or more prior to policy expiration in accordance with Section 29.F, the insurer shall issue a notice of nonrenewal.
  - b. If an insurer has issued a notice of renewal and subsequently determines that the insured is no longer eligible as a result of a policy change ~~request~~ submitted on a Policy Change Request – Certification Form submitted less than 40 days prior to the expiration of the policy, the insurer shall issue a renewal policy. If at expiration of the renewal policy the insured is ineligible, the insurer shall issue a notice of nonrenewal.

[Amend Section 37, paragraph A.1.a.(1) to read as follows:]

**Sec. 37. PERFORMANCE STANDARDS FOR INSURERS WRITING CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM RISKS**

**A. Insurer Performance Standards**

These insurer performance standards set forth the specific requirements that insurers shall meet in the underwriting and servicing of all insurance policies written through the Program. Each failure to comply with one of these insurer performance standards, or to comply with any statute or regulation governing California Low Cost Automobile Insurance Program business or reference in this Section, shall be considered one violation of the insurer performance standards. For the purpose of assessing insurer performance, violations assessed for the servicing of LCA and CAARP business shall be combined.

- 1. Issuance of Original Policy

- a. Upon receipt of the assignment letter from CAARP or the Manager that it has been designated as the assigned insurer pursuant to Section 28.B, and the deposit premium from the Plan, the assigned insurer shall
- (1) ~~if the Plan Office is unable to file proof of financial responsibility filing as required by the California Vehicle Code, within five working days after receipt of the Notice of Designation, the insurer shall make filings of policies or Financial Responsibility Certificates, including SR-22s/SR-1P (Rev. 2/00), provided all information necessary is contained in the application form and such application is accompanied by the deposit prescribed in Section 26. Such filings shall indicate the effective date specified by the Plan, in the assignment letter;~~

contact the Plan Office if a financial responsibility filing is needed mid-term. The Plan Office is required to make all financial responsibility filings for new business and requests during the policy period.

[The remainder of subsection A.1, 2, and 3 is unchanged.]

#### 4. Endorsements

The insurer shall mail requested endorsements within 25 business days of receipt of the completed ~~request~~ Policy Change Request – Certification Form for the endorsement. Return premium resulting from changes in the policy shall be used to reduce any premium balance outstanding on the current in-force policy or the renewal deposit. An insurer may at any time solicit the insured's consent or may in its policy reserve the right to apply the unearned premium generated by an amendment or endorsement removing or reducing coverage for an insured person or property to the balance owed on the policy as a whole.

[The remainder of this Section remains unchanged]

## FORMS

### Policy Change Request – Certification Form

[Amend the Policy Change Request – Certification Form as follows: Replace the entire form with the attached Policy Change Request – Certification Form (AIP-127 (Rev 1/1/06))]

### **Insurer Complaint Form**

[Amend the Insurer Complaint Form as follows: Replace the entire form with the attached Company Performance Complaint Form (AIP 1255 Rev 12/04)]

### **Electronic Effective Date Procedure Retraction Request Form**

[Amend the Electronic Date Procedure Retraction Request Form as follows: Replace the entire form with the attached Electronic Effective Date Retraction Request Form (AIP-1247 Rev 07/05)]

### **Electronic Effective Date Procedure Pamphlet**

[Amend the Electronic Date Procedure Pamphlet as follows: Replace the entire pamphlet with the attached Electronic Effective Date Procedure Pamphlet (AIP 101 Rev 01/05)]

### **Privacy Waiver Form**

[Delete the Privacy Waiver Form]

### **LCA Application**

[Amend the LCA Application as follows: Replace the entire application form with the attached California Low Cost Automobile Insurance Program Application for Insurance (AIP 126E Rev. 06/08)]