

THE INSURANCE CODE OF 1956 (EXCERPT)
Act 218 of 1956

500.7925 "Covered claims" defined; definitions.

Sec. 7925.

- (1) "Covered claims" means obligations of an insolvent insurer that meet all of the following requirements:
- (a) Arise out of the insurance policy contracts of the insolvent insurer issued to residents of this state or are payable to residents of this state on behalf of insureds of the insolvent insurer.
 - (b) Were unpaid by the insolvent insurer.
 - (c) Are presented as a claim to the receiver in this state or the association on or before the last date fixed for the filing of claims in the domiciliary delinquency proceedings.
 - (d) Were incurred or existed before, at the time of, or within 30 days after the date the receiver was appointed.
 - (e) Arise out of policy contracts of the insolvent insurer issued for all kinds of insurance except life and disability insurance.
 - (f) Arise out of insurance policy contracts issued on or before the last date on which the insolvent insurer was a member insurer.
- (2) Covered claims shall not include any of the following:
- (a) Obligations to refund unearned premiums above the first \$500.00 of unearned premiums from each person from any 1 insolvent insurer. The maximum amount of unearned premiums which shall constitute a covered claim shall be adjusted annually to reflect changes in the cost of living under rules prescribed by the commissioner. A refund in an amount less than \$50.00 shall not be made for unearned premiums.
 - (b) Obligations incurred after the expiration date of the insurance policy, after the insurance policy has been replaced by the insured, or after the insurance policy has been canceled by the association as provided in this chapter.
 - (c) Obligations arising out of sections 2001 to 2050, or similar provisions of law in another jurisdiction.
- (3) Covered claims shall not include any amount due any reinsurer, insurer, insurance pool, underwriting association, health maintenance organization, or health care corporation as subrogation recoveries, contribution, indemnification, or other obligation. A claim for any amount due any reinsurer, insurer, insurance pool, underwriting association, health maintenance organization, or health care corporation shall not be brought against an insured or claimant under a policy issued by the insolvent insurer unless the claim exceeds the association's obligation limitations under subsection (6).
- (4) Covered claims shall not include obligations for any first party or third party claim by or against an insured whose net worth exceeds \$25,000,000.00 on December 31, or on the last date of the insured's fiscal period if that is other than December 31, of the year immediately preceding the date the insurer becomes an insolvent insurer. In determining net worth on this date, an insured's net worth shall include the aggregate net worth of the insured and all of its subsidiaries and affiliates as calculated on a consolidated basis. The \$25,000,000.00 net worth limit shall be adjusted annually to reflect the aggregate annual percentage change in the consumer price index since the previous adjustment, rounded to the nearest \$10,000.00. The effective date of the adjustment shall be January 1 of each year. This subsection applies to an insolvency that occurs on or after the effective date of the amendatory act that added this subsection.
- (5) Covered claims shall not include any portion of a claim that is in excess of an applicable limit provided in the insurance policy.
- (6) Covered claims shall not include that portion of a claim, other than a worker's compensation claim or a claim for personal protection insurance benefits under section 3107, that is in excess of \$5,000,000.00. The \$5,000,000.00 claim cap shall be adjusted annually to reflect the aggregate annual percentage change in the consumer price index since the previous adjustment, rounded to the nearest \$10,000.00. The effective date of the adjustment shall be January 1 of each year and shall apply to claims made on or after that date. The claim cap in effect at the time of payment of a claim shall apply.
- (7) Covered claims shall not include adjustment fees and expenses, attorneys' fees and expenses, court costs, interest, or bond premiums if the fees, expenses, costs, interest, or premiums were incurred by the insolvent insurer before the receiver was appointed.
- (8) As used in this section:
- (a) "Consumer price index" means the consumer price index for all urban consumers in the U.S. city average, as most recently reported by the United States department of labor, bureau of labor statistics, and as certified by the commissioner.
 - (b) "Control" means that term as defined in section 115(b)(i).
 - (c) "Health care corporation" means that term as defined in section 105 of the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1105.

History: Add. 1969, Act 277, Imd. Eff. Aug. 11, 1969 ;-- Am. 1972, Act 207, Imd. Eff. June 30, 1972 ;-- Am. 1980, Act 41, Imd. Eff. Mar. 17, 1980 ;-- Am. 2006, Act 362, Imd. Eff. Sept. 18, 2006

Popular Name: Act 218

Admin Rule: R 500.351 of the Michigan Administrative Code.