



**AUTO BULLETIN NO. 29**

**TO: ALL INSURERS WRITING AUTOMOBILE INSURANCE COVERAGE IN DELAWARE, AND THEIR BROKERS AND AGENTS**

**RE: REMINDER OF THE PASSAGE OF HB 114 AND NEW OPTION TO NOT REISSUE FORM A FOR RENEWING POLICY HOLDERS WHOSE COVERAGE ALREADY EXCEEDS THE HB 114 MINIMUM LIMITS**

**DATED: May 1, 2018**

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It has come to the Department's attention that not all Delaware automobile insurers are complying with the new minimum coverage limits that are now required for policies newly written or renewed after December 13, 2017. Therefore, the purpose of this bulletin is to remind all auto insurers, their brokers, and their agents that all newly written or renewed automobile insurance policies must be issued with the new coverage limits set forth in HB 114.

**To make compliance easier, the Department is not requiring brokers or agents to have their insureds fill out a new Regulation 603 Form A where the insured is renewing a policy that is written with limits in excess of the minimum limits set forth in HB 114.**

To recap:

- House Bill 114 amends Section 2902 of the Motor Vehicle Code (Title 21) to raise the minimum bodily injury and property damage liability limits in all automobile insurance policies newly written or renewed after December 13, 2017 **from \$15,000/\$30,000/\$5000 to \$25,000/\$50,000/\$10,000**. Details concerning these amendments may be found in Auto Bulletin 25;
- A General Notice updating Regulation 603 to conform Form A that includes the new limits was published in the Delaware *Register of Regulations* on August 1, 2017. **A copy of the newly promulgated Form A is attached to this Bulletin for ease of reference;** and
- On August 2, 2017, the Department issued Auto Bulletin No. 26, which allows an auto insurer to make a single, consolidated filing to cover the requirements contained in both HS1/HB 80 concerning use of credit scores, and HB 114.

The statutes, bulletin and rulemakings referred to in this bulletin are easily accessible by clicking on the Legal dropdown menu of the Department's website, <https://insurance.delaware.gov/>.

Questions concerning Auto Bulletin No. 29 should be emailed to [consumer@state.de.us](mailto:consumer@state.de.us).

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.

Handwritten signature of Trinidad Navarro in blue ink.

Trinidad Navarro  
Delaware Insurance Commissioner

*NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Delaware*

**TITLE 18 INSURANCE  
DELAWARE ADMINISTRATIVE CODE**

STATE OF DELAWARE - INSURANCE DEPARTMENT

DELAWARE MOTORISTS PROTECTION ACT  
REQUIRED STATEMENT TO POLICYHOLDERS

FORM A  
REVISED 9-1-2017,  
EFFECTIVE 12-13-2017

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists Protection Act.

- Bodily Injury Liability: (\$25,000 each person; \$50,000 each accident)
- Property Damage Liability: (\$10,000 each accident)
- Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
- Damage to Property Other Than a Motor Vehicle (\$10,000)

INSURED \_\_\_\_\_ POLICY NO. \_\_\_\_\_ CO. \_\_\_\_\_

EFF. \_\_\_\_\_ EXP. \_\_\_\_\_ VEHICLE: \_\_\_\_\_

A. COVERAGES	B. OPTIONS (YOU MUST SELECT LIMITS AND COVERAGE DESIRED)	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	I WANT 1. Limits as Shown in Column C <input type="checkbox"/> 2. Minimum Limits <input type="checkbox"/>	Bodily Injury Limits Each Person    Each Accident \$ _____,000    \$ _____,000
2. PROPERTY DAMAGE LIABILITY (Compulsory)	I WANT 1. Limits as Shown in Column C <input type="checkbox"/> 2. Minimum Limits <input type="checkbox"/>	Property Damage Limits \$ _____,000
3. NO-FAULT	I WANT	Personal Injury

## TITLE 18 INSURANCE DELAWARE ADMINISTRATIVE CODE

<p>(Compulsory) (Additional Personal Injury Protection available by selecting higher limits)</p>	<p>1. Add'l Limits as Shown in Column C <input type="checkbox"/></p> <p>2. Minimum Limits <input type="checkbox"/></p> <hr/> <p>3. Full Coverage with no Deductible</p> <hr/> <p>4. Deductible Applicable to Named Insured only <input type="checkbox"/></p> <hr/> <p>5. Deductible Applicable to Named Insured and Members of his household <input type="checkbox"/></p> <hr/> <p>6. (Motorcycle Risks Only) Restricted Coverage -- Excludes off the highway accidents when no other motor vehicle is involved <input type="checkbox"/></p>	<p style="text-align: center;">Protection Limits</p> <p style="text-align: center;">Each Person    Each Accident</p> <p style="text-align: center;">\$ _____,000    \$ _____,000</p> <hr/> <p>Yes _____    No _____</p> <p style="text-align: center;"><input type="checkbox"/> cost-- _____</p> <hr/> <p style="text-align: center;">DEDUCTIBLE</p> <p style="text-align: center;"><input type="checkbox"/> \$250            <input type="checkbox"/> \$500</p> <p style="text-align: center;"><input type="checkbox"/> cost-- _____    <input type="checkbox"/> cost-- _____</p> <p style="text-align: center;"><input type="checkbox"/> \$1,000            <input type="checkbox"/> \$ _____</p> <p style="text-align: center;"><input type="checkbox"/> cost-- _____    <input type="checkbox"/> cost-- _____</p> <hr/> <p style="text-align: center;">DEDUCTIBLE</p> <p style="text-align: center;"><input type="checkbox"/> \$250            <input type="checkbox"/> \$500</p> <p style="text-align: center;"><input type="checkbox"/> cost-- _____    <input type="checkbox"/> cost-- _____</p> <p style="text-align: center;"><input type="checkbox"/> \$1,000            <input type="checkbox"/> \$ _____</p> <p style="text-align: center;"><input type="checkbox"/> cost-- _____    <input type="checkbox"/> cost-- _____</p>
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**TITLE 18 INSURANCE  
DELAWARE ADMINISTRATIVE CODE**

4. PHYSICAL DAMAGE	I WANT 1. Collision <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/> 2. Comprehensive <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/>	DEDUCTIBLE  \$ _____  \$ _____
5. CAR RENTAL EXPENSE (Optional)	\$ _____ per day \$ _____ maximum	Yes _____ No _____
6. UNINSURED/UNDER- INSURED VEHICLE COVERAGE* (Optional) (Available in Limits up to the Bodily Injury Liability Limits or \$100,000/300,000 whichever is less)	I WANT 1. Minimum Limits \$25,000/50,000 <input type="checkbox"/> _____ 2. Bodily Injury Liability Policy Limit <input type="checkbox"/> _____ 3. Other – Specify in Column C <input type="checkbox"/> _____ 4. To reject this coverage entirely <input type="checkbox"/>	LIMITS  Each person _____  Each accident _____

\*Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

My selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible at the cost stated above is based on the information provided to me by the insurer. I understand and agree that my selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible shall be binding on me and all persons subject to the terms of this policy. My selection shall apply to any renewal, reinstatement, substitute amended, altered, modified or replacement policy with this or any affiliated or successor company unless I or a named insured shall submit a written request to change the deductible and pay such lesser or greater premium that may apply to such change.

Signature of Name Insured \_\_\_\_\_ Date \_\_\_\_\_

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above. I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to the policy of insurance on the vehicle described, on all future renewals of the policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request such coverage in writing.

Signature of Name Insured \_\_\_\_\_ Date \_\_\_\_\_

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**TITLE 18 INSURANCE  
DELAWARE ADMINISTRATIVE CODE**

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Agent's Name \_\_\_\_\_

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverage, or other additional coverages which may be available from the company.

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS

My agent has informed me that I am considered a non-standard driver and has notified me of the availability of the Delaware Automobile ("Assigned Risk") Insurance Plan, which provides less expensive automobile insurance for some drivers.

Signature of Named Insured \_\_\_\_\_

**8 DE Reg. 1158 (02/01/05)**

**21 DE Reg. 150 (08/01/17)**

**21 DE Reg. 237 (09/01/17)**