

MAINE STATE LEGISLATURE

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N I N E T Y - T H I R D L E G I S L A T U R E

Legislative Document

No. 563

S. P. 216

In Senate, February 6, 1947

Referred to the Committee on Mercantile Affairs and Insurance, sent down for concurrence and ordered printed.

CHESTER T. WINSLOW, Secretary

Presented by Senator Hopkins of Kennebec.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED
FORTY-SEVEN

AN ACT Relating to Casualty and Surety Insurance Rate Regulation.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. R. S., c. 56, §§ 291-309, additional. Chapter 56 of the revised statutes is hereby amended by adding thereto 19 new sections to be numbered 291 to 309, inclusive, to read as follows:

‘Sec. 291. Purpose of §§ 291-309. The purpose of sections 291 to 309, inclusive, is to promote the public welfare by regulating insurance rates to the end that they shall not be excessive, inadequate or unfairly discriminatory, and to authorize and regulate cooperative action among insurers in rate making and in other matters within the scope of said sections. Nothing in sections 291 to 309, inclusive, is intended (1) to prohibit or discourage reasonable competition, or (2) to prohibit, or encourage except to the extent necessary to accomplish the aforementioned purpose, uniformity in insurance rates, rating systems, rating plans or practices. Said sections shall be liberally interpreted to carry into effect the provisions of this section.

Sec. 292. Scope of §§ 291-309. The provisions of sections 291 to 309, inclusive, shall apply to casualty insurance, including fidelity, surety and guaranty bonds, and to all other forms of motor vehicle insurance, as

authorized by section 25 of chapter 56 of the revised statutes, but not including the kinds of insurance authorized by subdivisions I, II (except motor vehicle insurance), VI, IX, and X of said section, on risks or operations in this state. This act shall not apply to:

I. Reinsurance, other than joint reinsurance to the extent stated in section 301;

II. Accident and health insurance;

III. Insurance against loss of or damage to aircraft or against liability, other than workmen's compensation and employers' liability, arising out of the ownership, maintenance or use of aircraft.

Sections 291 to 309, inclusive, shall apply to all insurers authorized to transact any of said kinds of business under any provision of the laws of this state.

If any kind of insurance, subdivision or combination thereof, or type of coverage, subject to the provisions of sections 291 to 309, inclusive, is also subject to regulation by any other rate regulatory law of this state, an insurer to which any of such laws are otherwise applicable shall file with the commissioner a designation as to which rate regulatory law shall be applicable to it with respect to such kind of insurance, subdivision or combination thereof, or type of coverage.

Sec. 293. Making of rates.

I. All rates shall be made in accordance with the following provisions:

A. Due consideration shall be given to past and prospective loss experience within and outside this state, to catastrophe hazards, if any, to a reasonable margin for underwriting profit and contingencies, to dividends, savings or unabsorbed premium deposits allowed or returned by insurers to their policyholders, members or subscribers, to past and prospective expenses both countrywide and those specially applicable to this state, and to all other relevant factors within and outside this state;

B. The systems of expense provisions included in the rates for use by any insurer or group of insurers may differ from those of other insurers or groups of insurers to reflect the requirements of the operating methods of any such insurer or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof for which subdivision or combination separate expense provisions are applicable;

C. Risks may be grouped by classifications for the establishment of rates and minimum premiums. Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any differences among risks that can be demonstrated to have a probable effect upon losses or expense;

D. Rates shall not be excessive, inadequate or unfairly discriminatory.

II. Except to the extent necessary to meet the provisions of paragraph D of subsection I of this section, uniformity among insurers in any matters within the scope of this section is neither required nor prohibited.

Sec. 294. Rate filings.

I. Every insurer shall file with the commissioner every manual of classifications, rules and rates, every rating plan and every modification of any of the foregoing which it proposes to use. Every such filing shall state the proposed effective date thereof, and shall indicate the character and extent of the coverage contemplated. When a filing is not accompanied by the information upon which the insurer supports such filing, and the commissioner does not have sufficient information to determine whether such filing meets the requirements of sections 291 to 309, inclusive, he shall require such insurer to furnish the information upon which it supports such filing and in such event the waiting period shall commence as of the date such information is furnished. The information furnished in support of a filing may include (1) the experience or judgment of the insurer or rating organization making the filing, (2) its interpretation of any statistical data it relies upon, (3) the experience of other insurers or rating organizations, or (4) any other relevant factors. A filing and any supporting information shall be open to public inspection after the filing becomes effective.

II. An insurer may satisfy its obligation to make such filings by becoming a member of, or a subscriber to, a licensed rating organization which makes such filings, and by authorizing the commissioner to accept such filings on its behalf; provided, that nothing contained in sections 291 to 309, inclusive, shall be construed as requiring any insurer to become a member of or a subscriber to any rating organization.

III. The commissioner shall review filings as soon as reasonably possible after they have been made in order to determine whether they meet the requirements of sections 291 to 309, inclusive.

IV. Subject to the exception specified in subsection V of this section, each filing shall be on file for a waiting period of 15 days before it becomes effective, which period may be extended by the commissioner for an additional period not to exceed 15 days if he gives written notice within such waiting period to the insurer or rating organization which made the filing that he needs such additional time for the consideration of such filing. Upon written application by such insurer or rating organization, the commissioner may authorize a filing which he has reviewed to become effective before the expiration of the waiting period or any extension thereof. A filing shall be deemed to meet the requirements of sections 291 to 309, inclusive, unless disapproved by the commissioner within the waiting period or any extension thereof.

V. Any special filing with respect to a surety or guaranty bond required by law or by court or executive order or by order, rule or regulation of a public body, not covered by a previous filing, shall become effective when filed and shall be deemed to meet the requirements of sections 291 to 309, inclusive, until such time as the commissioner reviews the filing and so long thereafter as the filing remains in effect.

VI. Under such rules and regulations as he shall adopt the commissioner may, by written order, suspend or modify the requirement of filing as to any kind of insurance, subdivision or combination thereof, or as to classes of risks, the rates for which cannot practicably be filed before they are used. Such orders, rules and regulations shall be made known to insurers and rating organizations affected thereby. The commissioner may make such examination as he may deem advisable to ascertain whether any rates affected by such order meet the standards set forth in paragraph D of subsection I of section 293.

VII. Upon the written application of the insured, stating his reasons therefor, filed with and approved by the commissioner, a rate in excess of that provided by a filing otherwise applicable may be used on any specific risk.

VIII. Beginning ninety days after the effective date of sections 291 to 309, inclusive, no insurer shall make or issue a contract or policy except in accordance with filings which are in effect for said insurer as provided in sections 291 to 309, inclusive, or in accordance with subsections VI or VII of this section.

Sec. 295. Disapproval of filings.

I. If within the waiting period or any extension thereof as provided in subsection IV of section 294, the commissioner finds that a filing does not meet the requirements of sections 291 to 309, inclusive, he shall send to the insurer or rating organization which made such filing written notice of disapproval of such filing specifying therein in what respects he finds such filing fails to meet the requirements of sections 291 to 309, inclusive, and stating that such filing shall not become effective.

II. If within 30 days after a special surety or guaranty filing subject to subsection V of section 294 has become effective, the commissioner finds that such filing does not meet the requirements of sections 291 to 309, inclusive, he shall send to the insurer or rating organization which made such filing written notice of disapproval of such filing specifying therein in what respects he finds that such filing fails to meet the requirements of sections 291 to 309, inclusive, and stating when, within a reasonable period thereafter, such filing shall be deemed no longer effective. Said disapproval shall not affect any contract made or issued prior to the expiration of the period set forth in said notice.

III. If at any time subsequent to the applicable review period provided for in subsection I or II of this section, the commissioner finds that a filing does not meet the requirements of sections 291 to 309, inclusive, he shall, after a hearing held upon not less than 10 days' written notice, specifying the matters to be considered at such hearing, to every insurer and rating organization which made such filing, issue an order specifying in what respects he finds that such filing fails to meet the requirements of sections 291 to 309, inclusive, and stating when, within a reasonable period thereafter, such filing shall be deemed no longer effective. Copies of said order shall be sent to every such insurer and rating organization. Said order shall not affect any contract or policy made or issued prior to the expiration of the period set forth in said order.

IV. Any person or organization aggrieved with respect to any filing which is in effect may make written application to the commissioner for a hearing thereon, provided, however, that the insurer or rating organization that made the filing shall not be authorized to proceed under this subsection. Such application shall specify the grounds to be relied upon by the applicant. If the commissioner shall find that the application is made in good faith, that the applicant would be so aggrieved if his grounds are established, and that such grounds otherwise justify holding such a hearing, he shall, within 30 days after receipt of such application, hold a hearing upon not less than 10 days' written notice to

the applicant and to every insurer and rating organization which made such filing.

If, after such hearing, the commissioner finds that the filing does not meet the requirements of sections 291 to 309, inclusive, he shall issue an order specifying in what respects he finds that such filing fails to meet the requirements of sections 291 to 309, inclusive, and stating when, within a reasonable period thereafter, such filing shall be deemed no longer effective. Copies of said order shall be sent to the applicant and to every such insurer and rating organization. Said order shall not affect any contract or policy made or issued prior to the expiration of the period set forth in said order.

V. No manual of classifications, rules, rating plan, or any modification of any of the foregoing which establishes standards for measuring variations in hazards or expense provisions, or both, and which has been filed pursuant to the requirements of section 294 shall be disapproved if the rates thereby produced meet the requirements of sections 291 to 309, inclusive.

Sec. 296. Rating organizations.

I. A corporation, an unincorporated association, a partnership or an individual, whether located within or outside this state, may make application to the commissioner for license as a rating organization for such kinds of insurance or subdivisions thereof as are specified in its application and shall file therewith (1) a certified copy of its constitution, its articles of agreement or association or its certificate of incorporation, and of its by-laws, rules and regulations governing the conduct of its business, (2) a certified list of its members and subscribers, (3) the name and address of a resident of this state upon whom notices or orders of the commissioner or process affecting such rating organizations may be served, (4) a statement of its qualifications as a rating organization, and (5) a power of attorney appointing the commissioner to be the true and lawful attorney of such organization in and for this state, upon whom all lawful process in any action or proceeding against the organization other than an action or proceeding instituted by the said commissioner may be served with the same effect as if the organization existed in this state. Whenever any process against such organization shall be served upon said commissioner he shall forthwith forward a copy of the process served on him, by mail, postpaid, and directed to the secretary of the organization. If the commissioner finds that the applicant is competent, trustworthy and otherwise qualified to act as a rating organ-

ization and that its constitution, articles of agreement or association or certificate of incorporation, and its by-laws, rules and regulations governing the conduct of its business conform to the requirements of law, he shall issue a license specifying the kinds of insurance or subdivisions thereof for which the applicant is authorized to act as a rating organization. Every such application shall be granted or denied in whole or in part by the commissioner within 60 days of the date of its filing with him.

Licenses issued pursuant to this section shall remain in effect until the 1st day of the next July and annually thereafter such license may be renewed but in all cases to terminate on the 1st day of the succeeding July. The fee for said license and for each annual renewal thereof shall be \$30 and shall be subject to the same provisions regarding license fees as set forth by section 272. Licenses issued pursuant to this section may be suspended or revoked by the commissioner, after hearing upon notice, in the event the rating organization ceases to meet the requirements of this subsection. Every rating organization shall notify the commissioner promptly of every change in (1) its constitution, its articles of agreement or association, or its certificate of incorporation, and its by-laws, rules and regulations governing the conduct of its business, (2) its list of members and subscribers, and (3) the name and address of the resident of this state designated by it upon whom notices or orders of the commissioner or process affecting such rating organization may be served.

II. Subject to rules and regulations which have been approved by the commissioner as reasonable, each rating organization shall permit any insurer, not a member, to be a subscriber to its rating services for any kind of insurance or subdivision thereof for which it is authorized to act as a rating organization. Notice of proposed changes in such rules and regulations shall be given to subscribers. Each rating organization shall furnish its rating services without discrimination to its members and subscribers. The reasonableness of any rule or regulation in its application to subscribers, or the refusal of any rating organization to admit an insurer as a subscriber, shall, at the request of any subscriber or any such insurer, be reviewed by the commissioner at a hearing held upon at least 10 days' written notice to such rating organization and to such subscriber or insurer. If the commissioner finds that such rule or regulation is unreasonable in its application to subscribers, he shall order that such rule or regulation shall not be applicable to subscribers. If the rating organization fails to grant or reject an insurer's application for subscribership within 30 days after it was made, the insurer may request a

review by the commissioner as if the application had been rejected. If the commissioner finds that the insurer has been refused admittance to the rating organization as a subscriber without justification, he shall order the rating organization to admit the insurer as a subscriber. If he finds that the action of the rating organization was justified, he shall make an order affirming its action.

III. No rating organization shall adopt any rule the effect of which would be to prohibit or regulate the payment of dividends, savings or unabsorbed premium deposits allowed or returned by insurers to their policyholders, members or subscribers.

IV. Cooperation among rating organizations or among rating organizations and insurers in rate making or in other matters within the scope of sections 291 to 309, inclusive, is hereby authorized, provided the filings resulting from such cooperation are subject to all the provisions of said sections which are applicable to filings generally. The commissioner may review such cooperative activities and practices and if, after a hearing, he finds that any such activity or practice is unfair or unreasonable, or otherwise inconsistent with the provisions of sections 291 to 309, inclusive, he may issue a written order specifying in what respects such activity or practice is unfair or unreasonable or otherwise inconsistent with the provisions of said sections, and requiring the discontinuance of such activity or practice.

Sec. 297. Deviations. Every member of or subscriber to a rating organization shall adhere to the filings made on its behalf by such organization except that any such insurer may make written application to the commissioner for permission to file a uniform percentage decrease or increase to be applied to the premiums produced by the rating system so filed for a kind of insurance, or for a class of insurance which is found by the commissioner to be a proper rating unit for the application of such uniform percentage decrease or increase, or for a subdivision of a kind of insurance (1) comprised of a group of manual classifications which is treated as a separate unit for ratemaking purposes, or (2) for which separate expense provisions are included in the filings of the rating organization. Such application shall specify the basis for the modification and shall be accompanied by the data upon which the applicant relies. A copy of the application and data shall be sent simultaneously to such rating organization. The commissioner shall set a time and place for a hearing at which the insurer and such rating organization may be heard and shall give them not less than 10 days' written notice thereof. In the event the commissioner

is advised by the rating organization that it does not desire a hearing he may, upon the consent of the applicant, waive such hearing. The commissioner shall issue an order permitting the modification for such insurer to be filed if he finds it to be justified and it shall thereupon become effective. He shall issue an order denying such application if he finds that the modification is not justified or that the resulting premiums would be excessive, inadequate or unfairly discriminatory. Each deviation permitted to be filed shall be effective for a period of 1 year from the date of such permission unless terminated sooner with the approval of the commissioner.

Sec. 298. Appeal by minority. Any member of or subscriber to a rating organization may appeal to the commissioner from the action or decision of such rating organization in approving or rejecting any proposed change in or addition to the filings of such rating organization and the commissioner shall, after a hearing held upon not less than 10 days' written notice to the appellant and to such rating organization, issue an order approving the action or decision of such rating organization or directing it to give further consideration to such proposal, or, if such appeal is from the action or decision of the rating organization in rejecting a proposed addition to its filings, he may, in the event he finds that such action or decision was unreasonable, issue an order directing the rating organization to make an addition to its filings, on behalf of its members and subscribers, in a manner consistent with his findings, within a reasonable time after the issuance of such order.

If such appeal is based upon the failure of the rating organization to make a filing on behalf of such member or subscriber which is based on a system of expense provisions which differs, in accordance with the right granted in paragraph B of subsection I of section 293, from the system of expense provisions included in a filing made by the rating organization, the commissioner shall, if he grants the appeal, order the rating organization to make the requested filing for use by the appellant. In deciding such appeal the commissioner shall apply the standards set forth in section 293.

Sec. 299. Information to be furnished insureds; hearings and appeals of insureds. Every rating organization and every insurer which makes its own rates shall, within a reasonable time after receiving written request therefor and upon payment of such reasonable charge as it may make, furnish to any insured affected by a rate made by it, or to the authorized representative of such insured, all pertinent information as to such rate.

Every rating organization and every insurer which makes its own rates shall provide within this state reasonable means whereby any person aggrieved by the application of its rating system may be heard, in person or by his authorized representative, on his written request to review the manner in which such rating system has been applied in connection with the insurance afforded him. If the rating organization or insurer fails to grant or reject such request within 30 days after it is made, the applicant may proceed in the same manner as if his application had been rejected. Any party affected by the action of such rating organization or such insurer on such request may, within 30 days after written notice of such action, appeal to the commissioner, who, after a hearing held upon not less than 10 days' written notice to the appellant and to such rating organization or insurer, may affirm or reverse such action.

Sec. 300. Advisory organizations.

I. Every group, association or other organization of insurers, whether located within or outside this state, which assists insurers which make their own filings or rating organizations in rate making, by the collection and furnishing of loss or expense statistics, or by the submission of recommendations, but which does not make filings under the provisions of sections 291 to 309, inclusive, shall be known as an advisory organization.

II. Every advisory organization shall file with the commissioner:

- A. A copy of its constitution, its articles of agreement or association or its certificate of incorporation and of its by-laws, rules and regulations governing its activities;
- B. A list of its members;
- C. The name and address of a resident of this state upon whom notices or orders of the commissioner or process issued at his direction may be served; and
- D. An agreement that the commissioner may examine such advisory organization in accordance with the provisions of section 302.

III. If, after a hearing, the commissioner finds that the furnishing of such information or assistance involves any act or practice which is unfair or unreasonable or otherwise inconsistent with the provisions of sections 291 to 309, inclusive, he may issue a written order specifying in what respects such act or practice is unfair or unreasonable or otherwise inconsistent with the provisions of said sections, and requiring the discontinuance of such act or practice.

IV. No insurer which makes its own filings nor any rating organization shall support its filings by statistics or adopt ratemaking recommendations, furnished to it by an advisory organization which has not complied with the provisions of this section or with an order of the commissioner involving such statistics or recommendations issued under the provisions of subsection III of this section. If the commissioner finds such insurer or rating organization to be in violation of this subsection he may issue an order requiring the discontinuance of such violation.

Sec. 301. Joint underwriting or joint reinsurance.

I. Every group, association or other organization of insurers which engages in joint underwriting or joint reinsurance, shall be subject to regulation with respect thereto as herein provided, subject, however, with respect to joint underwriting, to all other provisions of sections 291 to 309, inclusive, and with respect to joint reinsurance, to sections 302 and 306 to 309, inclusive.

II. If, after a hearing, the commissioner finds that any activity or practice of any such group, association or other organization is unfair or unreasonable or otherwise inconsistent with the provisions of sections 291 to 309, inclusive, he may issue a written order specifying in what respects such activity or practice is unfair or unreasonable or otherwise inconsistent with the provisions of said sections, and requiring the discontinuance of such activity or practice.

Sec. 302. Examinations. The commissioner shall, at least once in 5 years, make or cause to be made an examination of each rating organization licensed in this state as provided in section 296, and he may, as often as he may deem it expedient, make or cause to be made an examination of each advisory organization referred to in section 300 and of each group, association or other organization referred to in section 301. The reasonable costs of any such examination shall be paid by the rating organization, advisory organization, or group, association or other organization examined upon presentation to it of a detailed account of such costs. The officer, manager, agents and employees of such rating organization, advisory organization, or group, association or other organization may be examined at any time under oath and shall exhibit all books, records, accounts, documents, or agreements governing its method of operation. The commissioner shall furnish 2 copies of the examination report to the organization, group or association examined and shall notify such organization, group or association that it may, within 20 days thereafter, request a hear-

ing on said report or on any facts or recommendations therein. Before filing any such report for public inspection, the commissioner shall grant a hearing to the organization, group or association examined. The report of any such examination, when filed for public inspection, shall be admissible in evidence in any action or proceeding brought by the commissioner against the organization, group or association examined, or its officers or agents, and shall be prima facie evidence of the facts stated therein. The commissioner may withhold the report of any such examination from public inspection for such time as he may deem proper. In lieu of any such examination the commissioner may accept the report of an examination made by the insurance supervisory official of another state, pursuant to the laws of such state.

Sec. 303. Rate administration.

I. Recording and reporting of loss and expense experience. The commissioner shall promulgate reasonable rules and statistical plans, reasonably adapted to each of the rating systems on file with him, which may be modified from time to time and which shall be used thereafter by each insurer in the recording and reporting of its loss and country-wide expense experience, in order that the experience of all insurers may be made available at least annually in such form and detail as may be necessary to aid him in determining whether rating systems comply with the standards set forth in section 293. Such rules and plans may also provide for the recording and reporting of expense experience items which are specially applicable to this state and are not susceptible of determination by a prorating of countrywide expense experience. In promulgating such rules and plans, the commissioner shall give due consideration to the rating systems on file with him and, in order that such rules and plans may be as uniform as is practicable among the several states, to the rules and to the form of the plans used for such rating systems in other states. No insurer shall be required to record or report its loss experience on a classification basis that is inconsistent with the rating system filed by it. The commissioner may designate one or more rating organizations or other agencies to assist him in gathering such experience and making compilations thereof, and such compilations shall be made available, subject to reasonable rules promulgated by the commissioner, to insurers and rating organizations.

II. Interchange of rating plan data. Reasonable rules and plans may be promulgated by the commissioner for the interchange of data necessary for the application of rating plans.

III. Consultation with other states. In order to further uniform administration of rate regulatory laws, the commissioner and every insurer and rating organization may exchange information and experience data with insurance supervisory officials, insurers and rating organizations in other states and may consult with them with respect to rate making and the application of rating systems.

IV. Rules and regulations. The commissioner may make reasonable rules and regulations necessary to effect the purposes of sections 291 to 309, inclusive.

Sec. 304. False or misleading information. No person or organization shall wilfully withhold information from, or knowingly give false or misleading information to, the commissioner, any statistical agency designated by the commissioner, any rating organization, or any insurer, which will affect the rates or premiums chargeable under the provisions of sections 291 to 309, inclusive. A violation of the provisions of this section shall subject the one guilty of such violation to the penalties provided in section 307.

Sec. 305. Assigned risks. Agreements may be made among insurers with respect to the equitable apportionment among them of insurance which may be afforded applicants who are in good faith entitled to but who are unable to procure such insurance through ordinary methods and such insurers may agree among themselves on the use of reasonable rate modifications for such insurance, such agreements and rate modifications to be subject to the approval of the commissioner.

Sec. 306. Rebates prohibited. No broker or agent shall knowingly charge, demand or receive a premium for any policy of insurance except in accordance with the provisions of sections 291 to 309, inclusive. No insurer or employee thereof, and no broker or agent shall pay, allow, or give, or offer to pay, allow, or give, directly or indirectly, as an inducement to insurance, or after insurance has been effected, any rebate, discount, abatement, credit or reduction of the premium named in a policy of insurance, or any special favor or advantage in the dividends or other benefits to accrue thereon, or any valuable consideration or inducement whatever, not specified in the policy of insurance, except to the extent provided for in applicable filing. No insured named in a policy of insurance, nor any employee of such insured shall knowingly receive or accept, directly or indirectly, any such rebate, discount, abatement, credit or reduction of premium, or any such special favor or advantage or valuable consideration

or inducement. Nothing in this section shall be construed as prohibiting the payment of commissions or other compensation to duly licensed agents and brokers, nor as prohibiting any insurer from allowing or returning to its participating policyholders, members or subscribers, dividends, savings or unabsorbed premium deposits.

As used in this section the word 'insurance' includes suretyship and the word 'policy' includes bond.

Section 257 of chapter 56 of the revised statutes shall not apply to any kind of insurance subject to the provisions of sections 291 to 309, inclusive.

Sec. 307. Penalties. Any person or organization wilfully violating any provisions of sections 291 to 309, inclusive, shall be subject to a penalty of not more than \$500 for each such violation. Such penalty may be in addition to any other penalty provided by law.

The commissioner may suspend the license of any rating organization or insurer which fails to comply with an order of the commissioner within the time limited by such order, or any extension thereof which the commissioner may grant. The commissioner shall not suspend the license of any rating organization or insurer for failure to comply with an order until the time prescribed for an appeal therefrom has expired or if an appeal has been taken, until such order has been affirmed. The commissioner may determine when a suspension of license shall become effective and it shall remain in effect for the period fixed by him, unless he modifies or rescinds such suspension, or until the order upon which such suspension is based is modified, rescinded or reversed.

No penalty shall be imposed and no license shall be suspended or revoked except upon a written order of the commissioner, stating his findings, made after a hearing held upon not less than 10 days' written notice to such person or organization specifying the alleged violation.

Sec. 308. Hearing procedure and judicial review.

I. Any insurer or rating organization aggrieved by any order or decision of the commissioner made without a hearing, may, within 30 days after notice of the order to the insurer or organization, make written request to the commissioner for a hearing thereon. The commissioner shall hear such party or parties within 20 days after receipt of such request and shall give not less than 10 days' written notice of the time and place of the hearing. Within 15 days after such hearing the commissioner shall affirm, reverse or modify his previous action, specifying

his reasons therefor. Pending such hearing and decision thereon the commissioner may suspend or postpone the effective date of his previous action.

II. Nothing contained in sections 291 to 309, inclusive, shall require the observance at any hearing of formal rules of pleading or evidence.

III. Any order or decision of the commissioner shall be subject to review by a justice of the superior court in term time or vacation by an appeal taken within 15 days after the date of such order or decision to the superior court held in and for the county of Kennebec at the instance of any party in interest and aggrieved by said order or decision. Such appeal shall be prosecuted by petition to which such party shall annex the order or decision of the commissioner and the record upon which such order or decision is based and in which the appellant shall set out the substance of and the reasons for the appeal. Upon the filing thereof the court in term time or a justice thereof in vacation shall order notice thereof. Upon the evidence and after hearing which shall be held not less than 7 days after notice thereof, the court or a justice thereof may modify, affirm or reverse the order or decision of the commissioner in whole or in part in accordance with law and the weight of the evidence. The court or a justice thereof shall, upon hearing, determine whether the filing of the appeal shall operate as a stay of any such order or decision of the commissioner pending the final determination of the appeal, and may impose such terms and conditions as may be deemed proper. Exceptions shall lie to the law court from the decision of the superior court.

Sec. 309. Effective date. The provisions of sections 291 to 308, inclusive, shall take effect October 1, 1947.'

Sec. 2. R. S., c. 56, § 210, amended. The 1st sentence of section 210 of chapter 56 of the revised statutes is hereby amended to read as follows:

'The making of contracts between individuals, firms, or corporations, providing indemnity among themselves from casualty or other contingencies or from loss or damage to their own property, shall not constitute the business of insurance and shall not be subject to the laws of this state relating to insurance, except as provided in this section and the 7 following sections and sections 291 to 309, inclusive, of this chapter.'

Sec. 3. R. S., c. 26, § 6, sub-§ II, repealed. Subsection II of section 6 of chapter 26 of the revised statutes is hereby repealed.

Sec. 4. Constitutionality. If any section, subsection, subdivision, paragraph, sentence or clause of sections 291 to 309, inclusive, of chapter 56 of the revised statutes as enacted by section 1 of this act is held invalid or unconstitutional, such decision shall not affect the remaining portions of said sections.

Sec. 5. Inconsistent laws repealed. All other laws or parts of laws inconsistent with the provisions of this act are hereby repealed.