

## **GENERAL INSTRUCTIONS**

### **Reports of Amounts Recovered on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty Association**

Circular Letter E-05-1651-2002 of May 3, 2002 and Ruling Letter N-AE-07-12-2002 dated on July 12, 2002 require that all Property & Casualty insurers authorized to transact business in Puerto Rico shall have to file each semester of a calendar year, in the prescribed form, the Reports of Amounts Recovered on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty Association. These reports must be filed at this Office within a period of 45 days after the end of each semester.

Please refer to Chapter 38 of the Puerto Rico Insurance Code and the referred regulations letters.

## **INSTRUCCIONES GENERALES**

### **Informes sobre el pago y recobro de las derramas pagadas a la Asociación de Garantía de Seguros Misceláneos de Puerto Rico**

La Carta Circular E-05-1651-2002 de 3 de mayo de 2002 y la Carta Normativa N-AE-07-12-2002 del 22 de julio de 2002 requieren a todos los aseguradores que suscriben riesgos de propiedad y contingencias en Puerto Rico que archiven, en la forma prescrita, cada semestre del año calendario los informes sobre el pago y recobro de la derrama pagadas a la Asociación de Garantía de Seguros Misceláneos de Puerto Rico. Dichos informes deben ser sometidos 45 días, después de finalizado cada semestre.

Refierase al Capítulo 38 del Código del Seguros de Puerto Rico y las cartas reglamentarias antes referidas.

Commonwealth of Puerto Rico  
**OFFICE OF THE COMMISSIONER OF INSURANCE**

Insurer's Name \_\_\_\_\_

**Reports of Amounts Recovered on Assessments Paid to the Puerto Rico and Casualty Insurance Guaranty Association for the Semester Ending on \_\_\_\_\_**

Lines of Business	RECOVERIES								ASSESSMENTS	
	CURRENT SEMESTER						Cumulative to Date		(9) Total Assessments Paid to Date	(10) Assessments Not Recovered (Recovered in Excess) (Col. 9 - Col. 8)
	(1) Direct Written Premiums (Statutory Page 14 Annual Statement)	(2) Returned Premiums Due to Cancellation or Endorsement	(3) Premiums not Subject to Surcharge *	(4) Premiums Subject to Surcharge (Col. 1 - Col. 3)	(5) Percentage (%) of Recovery	(6) Amount of Recoveries (Col. 4 x Col. 5)	(7) Cumulative Amount of Previous Recoveries (Col. 7 of Previous Semester Report **)	(8) Total Recoveries to Date (Col. 6 + Col. 7)		
	<b>ACCOUNT No. 1 - Vehicle Insurance</b>									
19.2	Other Private Passenger Auto Liability									
19.4	Other Commercial Auto Liability									
21.1	Private Passenger Auto Physical Damage									
21.2	Commercial Auto Physical Damage									
	<b>Subtotal Account No. 1</b>									
	<b>ACCOUNT No. 2 - All Other lines of Insurance</b>									
1	Fire									
2.1	Allied Lines									
2.2	Multiple Peril Crop									
3	Farmowners multiple peril									
4	Homeowners multiple peril									
5.1	Commercial Multiple Peril (Non Liability portion)									
5.2	Commercial Multiple Peril (Liability portion)									
9	Inland Marine									
11	Medical Malpractice									
12	Earthquake									
16	Workers' Compensation									
17	Other Liability									
18	Products Liability									
22	Aircraft (All Perils)									
23	Fidelity									
26	Burglary and Theft									
27	Boiler and Machinery									
33	Aggregate Write-Ins for other lines of business									
	<b>Subtotal Account No. 2</b>									
34	<b>GRAND TOTAL</b>									

\* Includes in this column the amounts resulting from rounding and direct written premiums which are not subject to the surcharge, as provided in Circular Letter E-2-1375-95, E-4-1389-95 and E-6-1393-95

\*\* For the subsequent semester the amount indicated in this Column will be the Column 8 of Previous Semester Report.

SWORN STATEMENT

I, \_\_\_\_\_, President of \_\_\_\_\_, depose and declare that the information supplied in the form denominated "Report of Amounts Recovered on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty Association" is correct and faithfully presents the information related to the assessments paid and recovered by this insurer as of the date indicated in the above mentioned form.

I understand that in the event the information supplied is found to be false, in addition to the penalties for perjury that may be applicable, the Commissioner of Insurance of Puerto Rico may determine that the undersigned has incurred in an illegal, unjust and dubious practice, thus subjecting the aforesaid insurer to, among others, the sanctions stipulated in Section 3.260 of the Insurance Code of Puerto Rico, 26 L.P.R.A. sec 326.

At \_\_\_\_\_, Puerto Rico, on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
President

AFFIDAVIT NO. \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ of legal age, President of \_\_\_\_\_ and resident at \_\_\_\_\_ Puerto Rico, whom I give faith to know personally at \_\_\_\_\_ Puerto Rico, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary