JUL 1 0 2014

UTAH STATE
INSURANCE DEPT.

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BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

UTAH INSURANCE DEPARTMENT,

STIPULATION AND ORDER

Complainant,

vs.

Docket No. 2014-066 PC Enforcement Case No. 3491

NOVA CASUALTY COMPANY 5 Waterside Crossing, Suite 201

Windsor, CT 06095 Utah Company ID # 1635,

Respondent.

Judge Mark Kleinfield Administrative Law Judge

The Utah Insurance Department ("Department"), by and through its attorney, Perri Ann Babalis, Assistant Attorney General, and NOVA Casualty Company, ("Respondent"), a New York domiciled insurer authorized to do business in the State of Utah, hereby stipulate and agree as follows:

STIPULATION

- 1. Respondent, NOVA Casualty Company, is an insurer domiciled in the State of New York, authorized to do business in the State of Utah pursuant to Utah Company Identification No. 1635. Respondent's mailing address is 5 Waterside Crossing, Suite 201, Windsor, CT 06095.
- 2. Respondent admits that the Utah Insurance Commissioner has jurisdiction over Respondent and over the subject matter of this action.
- 3. Respondent acknowledges notice of agency action pursuant to Utah Code Ann. § 63G-4-210; further acknowledges that this Stipulation and Order is an informal proceeding pursuant to Utah Code Ann. § 63G-4-202; and waives the right to any hearing in this matter.
- 4. Respondent affirms that Respondent enters into this stipulation voluntarily and knowingly.
- 5. Respondent affirms that the only promises, agreements, or understandings the Respondent has obtained from the Department or from an agent or representative of the Department regarding this stipulation are contained herein.
- 6. Respondent acknowledges that Respondent has the right to be represented by legal counsel and Respondent has either sought the advice of an attorney or has voluntarily chosen not to do so.
- 7. The parties acknowledge that upon approval by the Respondent and the Department, this stipulation shall be made a part of the attached final Order, and shall be the final compromise and settlement of this matter, and is not subject to agency review, reconsideration, renegotiation, modification, appeal, or hearing.
- 8. Respondent admits that it improperly used Network Adjusters d/b/a TCS-One as both an insurance adjuster and a third party administrator, as Network Adjusters d/b/a TCS-One was not properly licensed at the time of this matter in the state of Utah, but has subsequently become licensed within the state of Utah. These practices are in violation of Utah Code Ann. §§ 31A-25-201 and 31A-26-201.

- 9. Respondent admits that the above acts and practices constitute violations of the Utah Insurance Code. Specifically, Respondent admits that Respondent has violated:
 - a. Utah Code Ann. § 31A-25-201, License and authority from insurers required; and
 - b. Utah Code Ann. § 31A-26-201, Insurance Adjusters Requirement of license.
- 11. As full settlement of all of the issues raised in the stipulation, Respondent agrees as follows:
- a. Respondent agrees to pay a forfeiture in the amount of \$23,000.00, due and payable to the Department within 30 days of the date of the Order.

DATED	this	8	day	of	i duly =	2014.
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Donald M. Grzybowski Jonathan ErBryrga AVP & Senior Counsel Vice President & Chief Compliance Office-

NOVA Casualty Company

DATED this ____day of _

SEAN D. REYES Attorney General

Perri Ann Babalis

Assistant Attorney General

Based upon the foregoing Stipulation, and for good cause appearing, the Administrative Law Judge hereby enters the following:

<u>ORDER</u>

IT IS HEREBY ORDERED:

1. Respondent, NOVA Casualty Company, is ordered to pay a forfeiture in the amount of \$23,000.00, due and payable to the Utah Insurance Department within 30 days from the date of this Order.

TODD E. KISER INSURANCE COMMISSIONER

MARK E. KLEINFIELD, Esq.

Administrative Law Judge Utah Insurance Department State Office Building, Room 3110 Salt Lake City, Utah 84114

Telephone (801) 538-3800 Email: <u>mkleinfield@utah.gov</u>

NOTIFICATIONS

- 1. Respondent is hereby notified that failure to abide by the terms of this Order may subject you to further penalties, including additional forfeitures of up to \$5,000.00 per violation.
- 2. You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

CERTIFICATE OF MAILING

The undersigned hereby certify that on this date, a true and correct copy of the STIULATION AND ORDER were mailed, postage prepaid, to the following:

Nova Casualty Company

Attn: Jonathan E. Brynga 5 Waterside Crossing, Suite 201 Windsor, CT 06095

DATED this 5Th day August, 2014

LINDA HARDY

UTAH INSURANCE DEPARTMENT STATE OFFICE BUILDING, ROOM 3110

SALT LAKE CITY, UT 84114-6901

UTAH Invoice

Printed Date: August 05, 2014

Invoice Date: July 22, 2014

Balance Due: \$0.00

Due Date: August 26, 2014

Invoice ID: 705610

NOVA CASUALTY COMPANY 440 LINCOLN ST WORCESTER MA 01653

Item Description

Monetary Penalty Company

Original Amount Due

\$23,000.00 \$23,000.00

Amount

Payments Received

7/22/2014 Check

\$23,000.00 Balance Due \$0.00

UTAH Invoice

Printed Date: August 05, 2014

Invoice Date: July 22, 2014

Balance Due: \$0.00

Due Date: August 26, 2014

Invoice ID: 705610

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department 3110 State Office Building Salt Lake City, UT 84114-6901