

PROCEDURES FOR REVIEW OF ASSIGNMENT OF SDIP POINTS ARISING
OUT OF ACCIDENTS

1. If a named insured or named insured's authorized representative (hereinafter collectively "named insured") disputes a company's determination of negligence or assignment of Safe Driver Insurance Plan ("SDIP") points as a result of an accident, the named insured may appeal to the North Carolina Rate Bureau ("Bureau") and be heard in person before the Bureau's hearing officer authorized by the Governing Committee of the Bureau to hear such appeals.
2. Upon being notified by the named insured that the named insured desires to contest the assignment of SDIP points as a result of an accident, the Bureau shall forward to such named insured a request for information with respect to the accident at issue, the company or companies involved, the specific relief sought, and such other information deemed necessary by the Bureau.
3. If the Bureau does not receive the requested information from the named insured within 45 days from the date of the letter to the insured requesting such information, the matter will be deemed concluded. Such 45-day period may be extended by the Bureau for good cause shown by the named insured.
4. Upon receipt of the requested information within the timeframe set forth above, the Bureau shall forward a copy of the information received from the named insured to the appropriate company or companies (if the current company and the company at the time of the accident differ) and request information to assist the Bureau in reviewing the named insured's appeal, including, but not limited to:
 - (a) A summary of the company's understanding of the details of the accident at issue along with any explanatory documents contained in the company's files, including, but not limited to:
 - (1) A copy of any notice of loss submitted on the accident at issue;
 - (2) A copy of the investigating officer's report of the accident;
 - (3) A copy of photographs or diagrams of the accident scene;

- (4) A copy of any statement concerning the accident obtained from any insured, claimant or witnesses (if any such statement was oral, provide a transcript or, if not recorded, the log entry as shown in the company's file.)
 - (b) Copies of estimates or appraisals describing property damage resulting from the accident and amounts paid by the company.
 - (c) If bodily injury is involved, a summary of the type of bodily injury involved, the treatment received, any special damages arising out of such bodily injury, and all amounts paid by the company on account of such bodily injury.
 - (d) A summary of why the company considers the insured to be negligent and how such negligence constituted a proximate cause of the accident at issue.
 - (e) The number of SDIP points assigned to the named insured's policy for the accident and the effective date of the policy under which SDIP points were first assigned for the accident at issue;
 - (f) Information indicating whether the named insured's policy is still in force with the company and, if not, the date such policy terminated or was cancelled.
5. The company response to the Bureau's request described above shall be due within 45 days from the date of the Bureau's original letter to the Company concerning the accident at issue. Such 45-day period may be extended by the Bureau for good cause shown upon request by the company.
6. Following receipt of the company's response, the Bureau shall forward a copy of the company's response to the named insured.
7. If the company advises the Bureau that it agrees to the request of the named insured, the matter shall be deemed concluded.

8. If the company advises the Bureau that it does not agree to the request of the named insured, the named insured may request a hearing before a hearing officer designated by the Bureau. Such request must be made in writing and must be received by the Bureau within 30 days of the date of the Bureau's letter to the named insured forwarding the company's response.
9. If no written request for hearing is received by the Bureau within 30 days of the date of the Bureau's letter forwarding the Company's response to the named insured, the matter shall be deemed concluded.
10. If the named insured requests a hearing, the Bureau shall notify the named insured and the Company in writing setting a hearing date. The Bureau shall endeavor to set a hearing date convenient to all parties.
11. Hearings shall be conducted at the Bureau's offices in Raleigh, North Carolina or at such other location as may be determined by the Bureau for the convenience of all parties. Parties may appear in person for such hearings unless the Bureau, in its sole discretion, permits a party to participate via telephone. However, if a party elects not to attend the hearing or participate by telephone, the hearing officer will rely only on the written evidence submitted for review by that party.
12. Hearings need not be conducted according to technical rules relating to evidence and witnesses. Any relevant evidence may be considered by the hearing officer if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of any common law or statutory rule which might make improper the admission of such evidence over objection in civil actions. The hearing may be continued or rescheduled by the hearing officer in order to obtain such additional information as the hearing officer deems appropriate.

13. The named insured may retain and have present counsel at any or all stages of the investigation and at the hearing before the hearing officer.

14. Within 30 days following the close of the hearing, the hearing officer shall issue and mail to the named insured and the company a written decision setting forth the hearing officer's decision and the basis for such decision. Such decision shall either:
 - (a) affirm the assignment of SDIP points on the named insured's policy as a result of the accident at issue,
 - (b) order a reduction of the number of SDIP points assigned on the named insured's policy as a result of the accident at issue, or
 - (c) order the removal of the SDIP points assigned on the named insured's policy as a result of the accident at issue.