

# State of Delaware



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INSURANCE COMMISSIONER

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## Department of Insurance AUTO BULLETIN NO. 7

### ADOPTION OF SECTION 3915 OF TITLE 18

Original No. 90-3  
Adopted June 12, 1990  
Amended April 15, 1992

Title 18 Del. C., Section 3915 requires that no cash refunds on auto policy cancellations be provided by insurers until there is "sufficient evidence" that one of the following has occurred:

- (1) The insured has other insurance in effect which provides at least the minimum insurance coverage as set forth in Section 3902 of Title 18.
- (2) The insured vehicle is no longer owned by the insured.
- (3) The vehicle is no longer operable or capable of being repaired so as to become operable.
- (4) The insured becomes self-insured under the provisions of 21 Del. C., Section 2904.

An insurer has "sufficient evidence" to refund unearned premium when provided with an insured's affidavit certifying that one of the above criteria have been met.

The Department will approve for use in Delaware only affidavits which comply with the legislative intent to reduce the number of uninsured drivers by requiring proof of substitute minimum coverage under the no fault law. The following format is offered for illustration only.

#### SAMPLE AFFIDAVIT

I \_\_\_\_\_, hereby certify that the cash refund on policy  
(print name)  
number \_\_\_\_\_ which I have requested is based upon the following:

\_\_\_\_\_ I have substituted, or replaced the above policy with different insurance coverage which complies with the minimum no fault coverage required under Delaware law. My new insurance carrier is \_\_\_\_\_.  
(name of insurer)

\_\_\_\_\_ I have sold the vehicle which the policy covered. The new owner is \_\_\_\_\_.  
(name and address of new owner)

\_\_\_\_\_ The insured vehicle is no longer operable or capable of repair so as to become operable. The expiration date of the registration tags is \_\_\_\_\_.  
(date)

\_\_\_\_\_ I have been approved by the Department of Public Safety as a self insurer. The date of the Department's approval was \_\_\_\_\_.  
(date)

**NOTICE:** Delaware law requires us to inform you that if you make a statement which you know is false or which you do not believe is true, such a statement is punishable pursuant to 11 Delaware Code, Section 1233.

\_\_\_\_\_  
Policyholder