

12 NCAC 02I .0210 LIABILITY INSURANCE

(a) Any applicant for a non-public company police agency certification must file with the Company Police Administrator, either a copy of the liability insurance policy or a certificate of self insurance, at the following address:

Company Police Administrator
Company Police Program
Post Office Drawer 310
Raleigh, North Carolina 27602-0310
Telephone: (919) 716-6472

(b) The insurance carrier shall deliver any notice of cancellation of liability insurance by certified mail, return receipt requested, to the following address:

Company Police Administrator
Company Police Program
Post Office Drawer 310
Raleigh, North Carolina 27602-0310
Telephone: (919) 716-6472

(c) The insurance carrier shall deliver a declaration of insurance statement by certified mail, return receipt requested, at the beginning of each new insurance coverage period, to the following address:

Company Police Administrator
Company Police Program
Post Office Drawer 310
Raleigh, North Carolina 27602-0310

*History Note: Authority G.S. 74E-3; 74E-4;
Eff. August 2, 1993;
Amended Eff. January 1, 2008; August 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.*