## OKLAHOMA INSURANCE DEPARTMENT Market Survey Attestation

Due December 31, 2024 pursuant to OID Bulletin No. 2024-07

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

Insurer's NAIC CoCode:

## Rule Change effective August 11, 2024

## OAC 365: 15-1-26 Motor vehicle repairs

(a) "Core Based Statistical Area" or "CBSA" means the geographic area designated by the U.S. Office of Management and Budget based on the most recent census data.

(b) "Repair facility" means a motor vehicle repair or motor vehicle glass repair or replacement facility, whichever is applicable.

(c) To establish a competitive price for motor vehicle repairs in accordance with 36 O.S. § 1250.8(H), an insurer shall conduct a market survey of the prices charged for repairs performed in accordance with manufacturing standards by repair facilities within the CBSA the facility performing the repairs is located within or is nearest to. A competitive price shall be an amount equal to or greater than the mean of all of the prices provided to the insurer by repair facilities within the CBSA that are capable of making the repairs in accordance with the applicable manufacturing standards.

(d) Insurers may use automobile collision repair estimating software to establish competitive prices if the software complies with the requirements set forth in 36 O.S. § 1250.8 and this rule.

(e) Market Surveys shall be updated sufficiently to reflect current market conditions.

(f) Upon request by the Department, insurers shall provide copies of the market surveys and all related documentation to the Department within twenty (20) days.

(g) Insurers and their representatives shall not make false or misleading statements about market surveys or competitive prices for motor vehicle repairs to repair facilities, policyholders, or members of the public.

## ATTESTATION

By signing below, the authorized officer of the above listed insurer certifies, under penalties provided by the laws of Oklahoma, that the insurer is aware of the rule change located at **OAC 365: 15-1-26** and is in compliance with said provision.

Date:\_\_\_\_\_

Authorized Officer Signature \_\_\_\_\_

Authorized Officer Title:\_\_\_\_\_