§ 2319. Information to be furnished insureds; aggrieved person. (a) Every insurer and rate service organization shall within a reasonable time after receiving written request therefor, and upon payment of a reasonable charge, furnish to any insured affected by a rate made by it, or to the authorized representative of the insured, all pertinent information as to the rate.

(b) Except as provided in subsection (c) of this section, every insurer or rate service organization shall provide within this state reasonable means whereby any person aggrieved by the application of its rating system may be heard, in person or by an authorized representative, on written request to review the manner in which such rating system has been applied in connection with the insurance afforded or offered. If the insurer or rate service organization fails to grant or reject the request within thirty days, applicant may proceed in the same manner as if the application had been rejected. Any party affected by the action of the insurer or rate service organization on the request may within thirty days after written notice of such action appeal to the superintendent, who, after a hearing held upon not less than ten days written notice to the appellant and to the insurer or rate service organization, may affirm, modify or reverse such action.

(c) (1) Subject to the regulations of the superintendent, every workers' compensation rate service organization shall establish and implement procedures for the review of its determination to make a rating classification, relating to insurance authorized pursuant to paragraph fifteen of subsection (a) of section one thousand one hundred thirteen of this chapter, which has been filed with and approved by the superintendent. Such procedures for review shall (A) ensure that such organization shall, within a reasonable period of time after receiving written request therefor, furnish any insured affected by a rating classification made by the organization, or to the authorized representative of the insured, any information pertaining to the insured's file and any information, upon request, pertaining to the application of the classification, and (B) require an insured aggrieved by such determination to submit a written request for review of the rating classification. The failure of such rate service organization to respond in writing to a written request submitted pursuant to this subsection within sixty days, shall authorize the applicant for review

to proceed as though the classification challenged was disapproved by the rate service organization. If the workers' compensation rate service organization cannot, within such sixty day period, make such determination or advise the insured that an inspection, audit or study is required, the organization shall submit a written request to the superintendent, within the sixty day period, requesting a reasonable extension of the time period in which to make such determination.

(2) Any insured adversely affected by a review, completed pursuant to paragraph one of this subsection, may, within thirty days of receiving written notice of the results of the review, appeal such review in writing to the superintendent. Such appeal shall specify the grounds to be relied upon by the appellant. The superintendent shall make a determination and notify the insured within sixty days of receipt of the request for an appeal as to whether he or she finds that the application is made in good faith, that the applicant would be so aggrieved if his grounds are established, and that such grounds otherwise justify holding such a hearing. If the superintendent determines that such criteria have been met by the insured's application, then the superintendent shall hold a hearing on such matter within sixty days of receipt of the request for an appeal, but upon no less than ten days written notice to the parties of the hearing. The superintendent may affirm, modify or reverse the review of the rate service organization.

(3) Any determination by the superintendent, pursuant to paragraph two of this subsection, shall be reviewable pursuant to article seventy-eight of the civil practice law and rules.