

2025 Regular Session

HOUSE BILL NO. 437

BY REPRESENTATIVES FIRMENT, BERAULT, BILLINGS, BUTLER, CARRIER,
CARVER, COX, DEVILLIER, DEWITT, EGAN, EMERSON, MIKE JOHNSON,
MCFARLAND, OWEN, AND WILDER

1 AN ACT

2 To amend and reenact R.S. 22:1892(A)(7), (B)(4), and (B)(5)(introductory paragraph) and
3 (b) and to enact R.S. 22:1892(A)(8) and 1892.3, relative to property and casualty
4 insurance; to provide for payments of claims for property damage; to provide for
5 payments of deductibles; to provide for insurers' payments for replacement costs of
6 insured property; to provide for sources used to determine retail costs; to provide
7 with respect to motor vehicle insurance; to provide for first-party insureds and
8 third-party claimants; to provide for settlement practices relative to claims for rental
9 vehicles; to provide for penalties; to provide for proof of loss statements with respect
10 to insurers' payments of claims; and to provide for related matters.

11 Be it enacted by the Legislature of Louisiana:

12 Section 1. R.S. 22:1892(A)(7), (B)(4), and (B)(5)(introductory paragraph) and (b)
13 are hereby amended and reenacted and R.S. 22:1892(A)(8) and 1892.3 are hereby enacted
14 to read as follows:

15 §1892. Payment and adjustment of claims; policies other than life and health and
16 accident; good faith duty; breach of good faith duty; vehicle damage claims;
17 extension of time to respond to claims during emergency or disaster;
18 penalties; arson-related claims suspension; definitions

19 A.

20 * * *

1 B. The insurer may require a proof of loss statement on a form consistent
 2 with and limited to the form provided for in Subsection F of this Section; however,
 3 nothing in this Section shall be construed to limit an insurer from utilizing a different
 4 font, format, or trade dress than is used in this Section. Prior to requiring a proof of
 5 loss statement as a prerequisite to making payment on a claim, the insurer shall file
 6 its proof of loss statement with the commissioner and receive approval from the
 7 commissioner.

8 C. If an insurer requires submission of a proof of loss statement as a
 9 prerequisite to making payment on a claim, the insurer shall provide the proof of loss
 10 statement form to the claimant within ten business days of receiving the claim. The
 11 insurer shall also maintain the proof of loss statement form on its website in a
 12 location easily accessible by claimants.

13 D. If an insurer requires submission of a proof of loss statement as a
 14 prerequisite to making payment on a claim, the insurer's receipt of a completed proof
 15 of loss statement from the claimant is the only means of constituting satisfactory
 16 proof of loss, as required by R.S. 22:1892 and 1892.2. Within ten business days of
 17 receipt of a proof of loss statement, the insurer shall notify the claimant whether the
 18 proof of loss statement was complete or incomplete.

19 E. The commissioner may promulgate and adopt rules and regulations in
 20 accordance with the Administrative Procedure Act for the implementation and
 21 enforcement of this Section.

22 F. The following form is a model proof of loss statement:

PROOF OF LOSS FORM	
INSURANCE COMPANY:	
POLICY NUMBER:	POLICY COVERAGE PERIOD: <i>From:</i> _____ <i>To:</i> _____
POLICYHOLDER NAME(S):	POLICY LIMITS:
INSURED'S CURRENT CONTACT INFORMATION: <i>Phone Number:</i> _____ <i>Email Address:</i> _____	

1
2
3
4
5
6
7
8
9
10
11
12
13

INSURANCE CLAIM NUMBER:	DATE OF LOSS:
LOCATION OF LOSS (physical address):	
TYPE OF PROPERTY (dwelling, other structure, contents):	
BRIEFLY IDENTIFY HOW YOUR LOSS OCCURRED (fire, flood, hurricane, or other windstorm event):	
LEGAL OWNER(S) OF THE PROPERTY ON THE DATE OF LOSS, INCLUDING MORTGAGEES (if any):	
ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO DATE*	
ARE THERE ANY OTHER INSURANCE POLICIES THAT COVER THIS PROPERTY? Y or N (circle one)	
If yes, please identify the name of the insurance company, policy number, policy limits, and the amount of policy proceeds recovered to date for this loss (if any).	

I certify that the information provided in this Proof of Loss Form is true, correct, and current to the best of my knowledge and belief. The loss(es) identified herein did not originate due to any act, plan, or procurement on my part. Additionally, I have not taken nor consented to any action designed to violate the conditions of my Policy or render it void. I further certify that all material facts known to date have been provided to my Insurance Company, and I have not artificially inflated any part or portion of my loss claim, concealed or misrepresented the pre-loss condition of my property, or otherwise engaged in any deceptive conduct with respect to my property loss claim.

The furnishing of this form or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

Executed this _____ day of _____, 20__.

Signature: _____
INSURED

Signature: _____
INSURED

*** Please note, this PROOF OF LOSS FORM does not preclude an insured from submitting a supplemental loss claim if necessary. The amount identified in response to the "ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO DATE " inquiry is based solely upon the damages and losses ascertained to date.**

1 *If you have any questions or concerns regarding your claim or the claims process, please refer*
2 *to the Louisiana Department of Insurance's Catastrophe Claims Process Disclosure Guide on the*
3 *Louisiana Department of Insurance's website.*

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____