SLS 22RS-444 ORIGINAL

2022 Regular Session

SENATE BILL NO. 198

BY SENATOR TALBOT

INSURANCE CLAIMS. Provides relative to the adjustment of residential claims. (1/1/23)

1	AN ACT
2	To enact R.S. 22:46(14.1) and 1897, relative to the adjustment of claims; to provide for
3	definitions; to provide for a written status report; to provide for a primary contact
4	with the insurer; and to provide for related matters.
5	Be it enacted by the Legislature of Louisiana:
6	Section 1. R.S. 22:46(14.1) and 1897 is hereby enacted to read as follows:
7	§46. General definitions
8	In this Code, unless the context requires, the following definitions apply:
9	* * *
10	(14.1) "Residential coverage" means coverage for persons that have an
11	interest in residential property that is either personal or commercial and
12	includes coverage for particular perils like wind, named storms, and hurricanes.
13	(a) "Personal residential coverage" means the type of coverage provided
14	by homeowners, mobile homeowners, dwelling, tenant, condominium unit
15	owner, and similar policies.
16	(b) "Commercial residential coverage" means the type of coverage
17	provided by condominium or homeowners' association, apartment building, and

1	similar policies.
2	* * *
3	§1897. Adjuster communications
4	A. For an insurance claim that arises out of a state of emergency or
5	disaster declared pursuant to R.S. 29:724, and the insurer within a six-month
6	period assigns a third or subsequent claims adjuster to be primarily responsible
7	for the insurance claim, the insurer shall provide the insured in a timely manner
8	all of the following:
9	(1) A written status report that shall include at least the following:
10	(a) A summary of any decisions or actions that are substantially related
11	to the disposition of the claim.
12	(b) The dollar amount of coverage for losses to structures or contents.
13	(c) The undisputed dollar amount of losses to structures or contents.
14	(d) If the insurer has or intends to retain or consult design or
15	construction professionals.
16	(e) All items of dispute.
17	(2) A primary contact for the insured.
18	(3) Two or more direct means of communications with the primary
19	contact.
20	B."Primary contact" in Paragraph (A)(2) of this Section means an
21	adjuster or team employed as a member or members of the insurer's staff who
22	are knowledgeable about the claim. Once assigned, the primary contact shall
23	remain assigned to the insured's claim until the insurer closes the claim or a
24	party files suit on the claim. The designation of a primary contact shall not
25	preclude other claims personnel, vendors, or professionals, including clerical
26	staff members, and call center staff members from working on portions of the
27	insured's claim.
28	C. If the insured needs additional information the insurer shall ensure
29	that the primary contact refers and transfers the insured to the appropriate

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supervisor with a span of control over the primary contact, that shall be satisfied by a referral to a first-tier or second-tier manager who has authority over claim handling.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Beth O'Quin.

## **DIGEST**

SB 198 Original

2022 Regular Session

Talbot

Present law provides general definitions applicable to the insurance code.

Proposed law retains present law and adds definitions for "residential coverage", "personal residential coverage", and "commercial residential coverage".

Proposed law provides that if an insurance claim that arises out of a declared state of emergency or disaster, and within a six-month period the insurer assigns a third or subsequent claims adjuster to be primarily responsible for the insurance claim, requires the insurer in a timely manner provide insured all of the following:

- Requires the insurer to provide the insured a written status report that includes at (1) least the following:
  - (a) Provide a summary of decisions or actions that are substantially related to the disposition of the claim.
  - Provide the dollar amount of coverage for losses to structures or contents. (b)
  - (c) Provide the undisputed dollar amount of losses to structures or contents.
  - (d) Provide information on whether the insurer has or intends to retain or consult design or construction professionals.
  - (e) Provide all items in dispute.
- (2) Provide the insured a primary contact.
- Provide the insured with two or more direct means of communication with the (3) primary contact.

Proposed law defines "primary contact" is an adjuster or team employed as a member or members of the insurer's staff who is knowledgeable about the claim. Requires the primary contact to remain assigned to the insured's claim until the insurer closes the claim or a party files suit on the claim. Requires the designation of the primary contact does not preclude other claims personnel, vendors, or professionals, including clerical staff members and call staff members from working on portions of the insured's claim.

<u>Proposed law</u> provides that if the insured needs information, the insurer is required to ensure that the primary contact refers and transfers the insured to the appropriate supervisor that has a span of control over the primary contact, and is satisfied by a referral to a first-tier or second tier manager who has authority over claim handling.

Effective on January 1, 2023.

(Adds R.S. 22:46(14.1) and R.S. 22:1897)

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Coding: Words which are struck through are deletions from existing law; words in **boldface type and underscored** are additions.