

HOUSE SUMMARY OF SENATE AMENDMENTS

HB 936

2022 Regular Session

Huval

INSURERS: Provides for the payment and adjustment of claims

Synopsis of Senate Amendments

1. Requires an insurer to pay the amount of any claim due to an insured within 30 days after receiving satisfactory proof of loss.
2. Requires acknowledgment of receipt of a claim to be sent by mail, electronic delivery, or hand delivery.
3. Removes a requirement in proposed law that provided if acknowledgment of receipt of a claim is not made in writing, the insurer shall make a record of the date, manner, and content of the acknowledgment.
4. Allows an insurer to make additional requests for information if the additional requests are absolutely necessary and not redundant.
5. Requires an insurer to accept or reject a claim in whole or in part no later than 30 days after receiving the items required by the insurer.
6. Makes technical changes.

Digest of Bill as Finally Passed by Senate

Present law requires insurers to pay the amount of any claim due any insured within 30 days after receiving satisfactory proof of loss from the insured or a party in interest.

Proposed law retains present law

Present law requires, except in the case of catastrophic loss, the insurer to initiate loss adjustment of a claim within 14 days after notification of loss by the insured.

Proposed law changes the time frame in present law from 14 days after notification of loss to 15 days after notification of loss and requires the insurer to also acknowledge receipt of the claim and request from the insured any items, statements, and forms that the insurer reasonably believes, at that time, will be required from the insured within 15 days after notification of loss.

Proposed law requires the insurer to send acknowledgment of receipt to the insured by U.S. mail, electronic delivery, or hand delivery,

Present law requires the insurer, in the case of catastrophic loss, to initiate loss adjustment of a claim within 30 days after notification of loss by the insured, unless the commissioner promulgates a rule extending the time frame.

Proposed law retains present law requires the insurer to also acknowledge receipt of the claim and request from the insured any items, statements, and forms that the insurer reasonably believes, at that time, will be required from the insured within 30 days after notification of loss by the insured, unless the commissioner promulgates a rule extending the time frame.

Proposed law allows an insurer to make additional requests for information if during the investigation of the claim the additional requests are absolutely necessary and not redundant.

Proposed law requires an insurer to accept or reject a claim within 15 business days of receiving all items, statements, and forms required by the insurer to secure satisfactory proof of loss, except in the case a presidential or gubernatorial disaster has been declared, the insurer shall accept or reject a claim in whole or in part within 30 business days.

Proposed law provides that if an insurer is unable to accept or reject a claim within 15 business days, or within 30 business days for a presidential or gubernatorial disaster was declared, after receiving all the items, statements, and forms required by the insurer, the insurer, within the same time period, shall notify the insured of the reasons that the insurer needs additional time to assess the claim.

Proposed law requires the insurer to thereafter accept or reject the claim in whole or in part no later than 30 days after receiving the items, statements, and forms required by the insurer.

(Amends R.S. 22:1892(A)(1), (3), and (4))