

RÉSUMÉ DIGEST

ACT 263 (SB 198)

2022 Regular Session

Talbot

Prior law provided general definitions applicable to the insurance code.

New law retains prior law and adds definitions for "residential coverage", "personal residential coverage", and "commercial residential coverage".

New law provides that if an insurance claim arises due to a named storm or hurricane for which 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 a personal residential property insurance claim, the insurer shall in a timely manner provide insured all of the following:

- (1) A written status report that includes at least the following:
 - (a) The manner in which the insured's deductible has been applied and a statement as to whether the applicable deductible has been exhausted.
 - (b) The dollar amounts available under each coverage.
 - (c) The dollar amounts paid under each coverage.
 - (d) The dates on which payments were issued, to whom checks were payable, and addresses to which checks were sent or the means by which funds were otherwise delivered.
 - (e) A summary of items known to the insurer, as of the date of the status report, that remain to be adjusted and for which the insured must provide further information or documentation to the insurer in order to complete the adjustment process.
- (2) A primary contact.
- (3) Two or more direct means of communication with the primary contact.

New law defines "primary contact" as an adjuster or team employed or retained as a member or members of the insurer's staff who is knowledgeable about the claim.

New law requires the insurer to maintain a primary contact until the insurer closes the claim or a party files suit on the claim.

New law provides that 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.

New law requires that the insurer refer the insured to his supervisor at the request of the insured.

Effective August 1, 2022.

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