## HB 632 INTRODUCED BY WHALEN, ET AL. INSURANCE SETTLEMENT PRACTICE NEED NOT BE FREQUENT TO BE UNFAIR

2/06 INTRODUCED

2/06 REFERRED TO BUSINESS & LABOR

2/07 REREFERRED TO JUDICIARY

2/19 HEARING

2/23 TABLED IN COMMITTEE

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insurance policies;

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1	House BILL NO. 132
2	INTRODUCED BY Wholen Ally
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4	A BILL FOR AN ACT ENTITLED: "AN ACT REMOVING THE
5	REQUIREMENT THAT AN INSURANCE CLAIM SETTLEMENT PRACTICE MUST
6	BE DONE WITH SUCH FREQUENCY AS TO INDICATE A GENERAL
7	BUSINESS PRACTICE BEFORE THE PRACTICE IS CONSIDERED UNFAIR;
8	PROVIDING THAT EVIDENCE OF A DEFENDANT INSURER'S VIOLATIONS
9	OF TITLE 33, CHAPTER 18, IS ADMISSIBLE TO SHOW A GENERAL
10	BUSINESS PRACTICE; AND AMENDING SECTION 33-18-201, MCA."
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12	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
13	Section 1. Section 33-18-201, MCA, is amended to read:
14	"33-18-201. Unfair claim settlement practices
15	prohibited. No person mayywithsuchfrequencyasto
16	indicateageneralbusinesspractice; do any of the
17	following:
18	(1) misrepresent pertinent facts or insurance policy
19	provisions relating to coverages at issue;
20	(2) fail to acknowledge and act reasonably promptly
21	upon communications with respect to claims arising under
22	insurance policies;

(3) fail to adopt and implement reasonable standards

for the prompt investigation of claims arising under

1	(4)	refuse	to	pay	claims	with	out	conducting	á
2	reasonable	inve	investigation		based	u <b>p</b> on	all	availab	1
3	informatio	n;							

- (5) fail to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed;
- (6) neglect to attempt in good faith to effectuate prompt, fair, and equitable settlements of claims in which liability has become reasonably clear;
- (7) compel insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by such insureds;
- (8) attempt to settle a claim for less than the amount to which a reasonable man would have believed he was entitled by reference to written or printed advertising material accompanying or made part of an application;
- (9) attempt to settle claims on the basis of an application which was altered without notice to or knowledge or consent of the insured;
- 21 (10) make claims payments to insureds or beneficiaries 22 not accompanied by statements setting forth the coverage 23 under which the payments are being made;
  - (11) make known to insureds or claimants a policy of appealing from arbitration awards in favor of insureds or

claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration;

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- (12) delay the investigation or payment of claims by requiring an insured, claimant, or physician of either to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information;
- (13) fail to promptly settle claims, if liability has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage; or
- (14) fail to promptly provide a reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement."
- NEW SECTION. Section 2. Evidence of violations as a general business practice. In a civil action based in whole or part on a provision or the violation of a provision of this chapter, evidence of multiple violations of this chapter by a defendant insurer is admissible to show that the frequency of the violations indicates a general business practice or practices.
- 25 NEW SECTION. Section 3. Extension of authority. Any

- existing authority of the commissioner of insurance to make
- 2 rules on the subject of the provisions of this act is
- 3 extended to the provisions of this act.

-End-