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

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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:

- (1) Requires the insurer to provide the insured a written status report that includes at least the following:
  - (a) Provide a summary of decisions or actions that are substantially related to the disposition of the claim.
  - (b) Provide the dollar amount of coverage for losses to structures or contents.
  - (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.
- (3) Provide the insured with two or more direct means of communication with the 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.

Proposed law 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)