UNINSURED AND UNDERINSURED MOTORIST
COVERAGE AMENDMENTS
2018 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Curtis S. Bramble
House Sponsor: Michael K. McKell
LONG TITLE
General Description:
This bill amends provisions related to uninsured and underinsured motorist coverage.
Highlighted Provisions:
This bill:
 addresses the relationship between uninsured and underinsured motorist coverage
and workers' compensation benefits;
 repeals provisions related to an underinsured motorist insurer's right to subrogation;
 provides that an underinsured motorist insurer does not have a right of
reimbursement against another insurer if an insurer of a person liable for the
damages resulting from the injury-causing occurrence has tendered the policy limit;
 addresses the effect on the applicable statute of limitations when a claimant submits
an uninsured or underinsured motorist claim to binding arbitration; and
makes technical and conforming changes.
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
AMENDS:
31A-22-305, as last amended by Laws of Utah 2014, Chapters 290 and further amended

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t	31A-22-305.3, as last amended by Laws of Utah 2016, Chapter 361
I	Be it enacted by the Legislature of the state of Utah:
	Section 1. Section 31A-22-305 is amended to read:
	31A-22-305. Uninsured motorist coverage.
	(1) As used in this section, "covered persons" includes:
	(a) the named insured;
	(b) for a claim arising on or after May 13, 2014, the named insured's dependent minor
C	children;
	(c) persons related to the named insured by blood, marriage, adoption, or guardianship,
V	who are residents of the named insured's household, including those who usually make their
ŀ	nome in the same household but temporarily live elsewhere;
	(d) any person occupying or using a motor vehicle:
	(i) referred to in the policy; or
	(ii) owned by a self-insured; and
	(e) any person who is entitled to recover damages against the owner or operator of the
ι	uninsured or underinsured motor vehicle because of bodily injury to or death of persons under
S	Subsection (1)(a), (b), (c), or (d).
	(2) As used in this section, "uninsured motor vehicle" includes:
	(a) (i) a motor vehicle, the operation, maintenance, or use of which is not covered
ι	under a liability policy at the time of an injury-causing occurrence; or
	(ii) (A) a motor vehicle covered with lower liability limits than required by Section
3	31A-22-304; and
	(B) the motor vehicle described in Subsection (2)(a)(ii)(A) is uninsured to the extent of
t	he deficiency;
	(b) an unidentified motor vehicle that left the scene of an accident proximately caused

by the motor vehicle operator;

(c) a motor vehicle covered by a liability policy, but coverage for an accident is disputed by the liability insurer for more than 60 days or continues to be disputed for more than 60 days; or

- (d) (i) an insured motor vehicle if, before or after the accident, the liability insurer of the motor vehicle is declared insolvent by a court of competent jurisdiction; and
- (ii) the motor vehicle described in Subsection (2)(d)(i) is uninsured only to the extent that the claim against the insolvent insurer is not paid by a guaranty association or fund.
- (3) Uninsured motorist coverage under Subsection 31A-22-302(1)(b) provides coverage for covered persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, disease, or death.
- (4) (a) For new policies written on or after January 1, 2001, the limits of uninsured motorist coverage shall be equal to the lesser of the limits of the named insured's motor vehicle liability coverage or the maximum uninsured motorist coverage limits available by the insurer under the named insured's motor vehicle policy, unless a named insured rejects or purchases coverage in a lesser amount by signing an acknowledgment form that:
 - (i) is filed with the department;
 - (ii) is provided by the insurer;
 - (iii) waives the higher coverage;
- (iv) need only state in this or similar language that uninsured motorist coverage provides benefits or protection to you and other covered persons for bodily injury resulting from an accident caused by the fault of another party where the other party has no liability insurance; and
- (v) discloses the additional premiums required to purchase uninsured motorist coverage with limits equal to the lesser of the limits of the named insured's motor vehicle liability coverage or the maximum uninsured motorist coverage limits available by the insurer under the named insured's motor vehicle policy.

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83	(b) Any selection or rejection under this Subsection (4) continues for that issuer of the
84	liability coverage until the insured requests, in writing, a change of uninsured motorist
85	coverage from that liability insurer.
86	(c) (i) Subsections (4)(a) and (b) apply retroactively to any claim arising on or after
87	January 1, 2001, for which, as of May 14, 2013, an insured has not made a written demand for
88	arbitration or filed a complaint in a court of competent jurisdiction.
89	(ii) The Legislature finds that the retroactive application of Subsections (4)(a) and (b)
90	clarifies legislative intent and does not enlarge, eliminate, or destroy vested rights.
91	(d) For purposes of this Subsection (4), "new policy" means:
92	(i) any policy that is issued which does not include a renewal or reinstatement of an
93	existing policy; or
94	(ii) a change to an existing policy that results in:
95	(A) a named insured being added to or deleted from the policy; or
96	(B) a change in the limits of the named insured's motor vehicle liability coverage.
97	(e) (i) As used in this Subsection (4)(e), "additional motor vehicle" means a change
98	that increases the total number of vehicles insured by the policy, and does not include
99	replacement, substitute, or temporary vehicles.
100	(ii) The adding of an additional motor vehicle to an existing personal lines or
101	commercial lines policy does not constitute a new policy for purposes of Subsection (4)(d).
102	(iii) If an additional motor vehicle is added to a personal lines policy where uninsured
103	motorist coverage has been rejected, or where uninsured motorist limits are lower than the
104	named insured's motor vehicle liability limits, the insurer shall provide a notice to a named
105	insured within 30 days that:
106	(A) in the same manner as described in Subsection (4)(a)(iv), explains the purpose of

- (A) in the same manner as described in Subsection (4)(a)(iv), explains the purpose of uninsured motorist coverage; and
- (B) encourages the named insured to contact the insurance company or insurance producer for quotes as to the additional premiums required to purchase uninsured motorist

coverage with limits equal to the lesser of the limits of the named insured's motor vehicle liability coverage or the maximum uninsured motorist coverage limits available by the insurer under the named insured's motor vehicle policy.

- (f) A change in policy number resulting from any policy change not identified under Subsection (4)(d)(ii) does not constitute a new policy.
- (g) (i) Subsection (4)(d) applies retroactively to any claim arising on or after January 1, 2001, for which, as of May 1, 2012, an insured has not made a written demand for arbitration or filed a complaint in a court of competent jurisdiction.
 - (ii) The Legislature finds that the retroactive application of Subsection (4):
 - (A) does not enlarge, eliminate, or destroy vested rights; and
- (B) clarifies legislative intent.

- (h) A self-insured, including a governmental entity, may elect to provide uninsured motorist coverage in an amount that is less than its maximum self-insured retention under Subsections (4)(a) and (5)(a) by issuing a declaratory memorandum or policy statement from the chief financial officer or chief risk officer that declares the:
 - (i) self-insured entity's coverage level; and
 - (ii) process for filing an uninsured motorist claim.
- (i) Uninsured motorist coverage may not be sold with limits that are less than the minimum bodily injury limits for motor vehicle liability policies under Section 31A-22-304.
- (j) The acknowledgment under Subsection (4)(a) continues for that issuer of the uninsured motorist coverage until the named insured requests, in writing, different uninsured motorist coverage from the insurer.
- (k) (i) In conjunction with the first two renewal notices sent after January 1, 2001, for policies existing on that date, the insurer shall disclose in the same medium as the premium renewal notice, an explanation of:
- 135 (A) the purpose of uninsured motorist coverage in the same manner as described in 136 Subsection (4)(a)(iv); and

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Compensation Act;]

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137	(B) a disclosure of the additional premiums required to purchase uninsured motorist
138	coverage with limits equal to the lesser of the limits of the named insured's motor vehicle
139	liability coverage or the maximum uninsured motorist coverage limits available by the insurer
140	under the named insured's motor vehicle policy.
141	(ii) The disclosure required under Subsection (4)(k)(i) shall be sent to all named
142	insureds that carry uninsured motorist coverage limits in an amount less than the named
143	insured's motor vehicle liability policy limits or the maximum uninsured motorist coverage
144	limits available by the insurer under the named insured's motor vehicle policy.
145	(l) For purposes of this Subsection (4), a notice or disclosure sent to a named insured in
146	a household constitutes notice or disclosure to all insureds within the household.
147	(5) (a) (i) Except as provided in Subsection (5)(b), the named insured may reject
148	uninsured motorist coverage by an express writing to the insurer that provides liability
149	coverage under Subsection 31A-22-302(1)(a).
150	(ii) This rejection shall be on a form provided by the insurer that includes a reasonable
151	explanation of the purpose of uninsured motorist coverage.
152	(iii) This rejection continues for that issuer of the liability coverage until the insured in
153	writing requests uninsured motorist coverage from that liability insurer.
154	(b) (i) All persons, including governmental entities, that are engaged in the business of,
155	or that accept payment for, transporting natural persons by motor vehicle, and all school
156	districts that provide transportation services for their students, shall provide coverage for all
157	motor vehicles used for that purpose, by purchase of a policy of insurance or by self-insurance,
158	uninsured motorist coverage of at least \$25,000 per person and \$500,000 per accident.
159	(ii) This coverage is secondary to any other insurance covering an injured covered
160	person.
161	(c) Uninsured motorist coverage:

[(i) is secondary to the benefits provided by Title 34A, Chapter 2, Workers'

164	(i) does not cover any benefit paid or payable under Title 34A, Chapter 2, Workers'
165	Compensation Act, except that the covered person is credited an amount described in
166	<u>Subsection 34A-2-106(5);</u>
167	(ii) may not be subrogated by the workers' compensation insurance carrier;
168	(iii) may not be reduced by any benefits provided by workers' compensation insurance;
169	(iv) may be reduced by health insurance subrogation only after the covered person has
170	been made whole;
171	(v) may not be collected for bodily injury or death sustained by a person:
172	(A) while committing a violation of Section 41-1a-1314;
173	(B) who, as a passenger in a vehicle, has knowledge that the vehicle is being operated
174	in violation of Section 41-1a-1314; or
175	(C) while committing a felony; and
176	(vi) notwithstanding Subsection (5)(c)(v), may be recovered:
177	(A) for a person under 18 years of age who is injured within the scope of Subsection
178	(5)(c)(v) but limited to medical and funeral expenses; or
179	(B) by a law enforcement officer as defined in Section 53-13-103, who is injured
180	within the course and scope of the law enforcement officer's duties.
181	(d) As used in this Subsection (5), "motor vehicle" has the same meaning as under
182	Section 41-1a-102.
183	(6) When a covered person alleges that an uninsured motor vehicle under Subsection
184	(2)(b) proximately caused an accident without touching the covered person or the motor
185	vehicle occupied by the covered person, the covered person shall show the existence of the
186	uninsured motor vehicle by clear and convincing evidence consisting of more than the covered
187	person's testimony.
188	(7) (a) The limit of liability for uninsured motorist coverage for two or more motor
189	vehicles may not be added together, combined, or stacked to determine the limit of insurance
190	coverage available to an injured person for any one accident

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- (b) (i) Subsection (7)(a) applies to all persons except a covered person as defined under Subsection (8)(b)(ii).
- (ii) A covered person as defined under Subsection (8)(b)(ii) is entitled to the highest limits of uninsured motorist coverage afforded for any one motor vehicle that the covered person is the named insured or an insured family member.
- (iii) This coverage shall be in addition to the coverage on the motor vehicle the covered person is occupying.
 - (iv) Neither the primary nor the secondary coverage may be set off against the other.
- (c) Coverage on a motor vehicle occupied at the time of an accident shall be primary coverage, and the coverage elected by a person described under Subsections (1)(a), (b), and (c) shall be secondary coverage.
- (8) (a) Uninsured motorist coverage under this section applies to bodily injury, sickness, disease, or death of covered persons while occupying or using a motor vehicle only if the motor vehicle is described in the policy under which a claim is made, or if the motor vehicle is a newly acquired or replacement motor vehicle covered under the terms of the policy. Except as provided in Subsection (7) or this Subsection (8), a covered person injured in a motor vehicle described in a policy that includes uninsured motorist benefits may not elect to collect uninsured motorist coverage benefits from any other motor vehicle insurance policy under which the person is a covered person.
- (b) Each of the following persons may also recover uninsured motorist benefits under any one other policy in which they are described as a "covered person" as defined in Subsection (1):
 - (i) a covered person injured as a pedestrian by an uninsured motor vehicle; and
- (ii) except as provided in Subsection (8)(c), a covered person injured while occupying or using a motor vehicle that is not owned, leased, or furnished:
 - (A) to the covered person;
- (B) to the covered person's spouse; or

218	(C) to the covered person's resident parent or resident sibling.
219	(c) (i) A covered person may recover benefits from no more than two additional
220	policies, one additional policy from each parent's household if the covered person is:
221	(A) a dependent minor of parents who reside in separate households; and
222	(B) injured while occupying or using a motor vehicle that is not owned, leased, or
223	furnished:
224	(I) to the covered person;
225	(II) to the covered person's resident parent; or
226	(III) to the covered person's resident sibling.
227	(ii) Each parent's policy under this Subsection (8)(c) is liable only for the percentage of
228	the damages that the limit of liability of each parent's policy of uninsured motorist coverage
229	bears to the total of both parents' uninsured coverage applicable to the accident.
230	(d) A covered person's recovery under any available policies may not exceed the full
231	amount of damages.
232	(e) A covered person in Subsection (8)(b) is not barred against making subsequent
233	elections if recovery is unavailable under previous elections.
234	(f) (i) As used in this section, "interpolicy stacking" means recovering benefits for a
235	single incident of loss under more than one insurance policy.
236	(ii) Except to the extent permitted by Subsection (7) and this Subsection (8),
237	interpolicy stacking is prohibited for uninsured motorist coverage.
238	(9) (a) When a claim is brought by a named insured or a person described in
239	Subsection (1) and is asserted against the covered person's uninsured motorist carrier, the
240	claimant may elect to resolve the claim:
241	(i) by submitting the claim to binding arbitration; or
242	(ii) through litigation.
243	(b) Unless otherwise provided in the policy under which uninsured benefits are
244	claimed, the election provided in Subsection (9)(a) is available to the claimant only, except that

if the policy under which insured benefits are claimed provides that either an insured or the	
insurer may elect arbitration, the insured or the insurer may elect arbitration and that election to	
arbitrate shall stay the litigation of the claim under Subsection (9)(a)(ii).	
(c) Once the claimant has elected to commence litigation under Subsection (9)(a)(ii),	
the claimant may not elect to resolve the claim through binding arbitration under this section	
without the written consent of the uninsured motorist carrier.	
(d) For purposes of the statute of limitations applicable to a claim described in	
Subsection (9)(a), if the claimant does not elect to resolve the claim through litigation, the	
claim is considered filed when the claimant submits the claim to binding arbitration in	
accordance with this Subsection (9).	
[(d)] (e) (i) Unless otherwise agreed to in writing by the parties, a claim that is	
submitted to binding arbitration under Subsection (9)(a)(i) shall be resolved by a single	
arbitrator.	
(ii) All parties shall agree on the single arbitrator selected under Subsection	
(9)[(d)] <u>(e)</u> (i).	
(iii) If the parties are unable to agree on a single arbitrator as required under Subsection	
(9)[(d)](e)(ii), the parties shall select a panel of three arbitrators.	
$[\underline{(e)}]$ If the parties select a panel of three arbitrators under Subsection (9) $[\underline{(d)}]$ (e)(iii):	
(i) each side shall select one arbitrator; and	
(ii) the arbitrators appointed under Subsection $(9)[\underline{(e)}]\underline{(f)}(i)$ shall select one additional	
arbitrator to be included in the panel.	
[(f)] (g) Unless otherwise agreed to in writing:	
(i) each party shall pay an equal share of the fees and costs of the arbitrator selected	
under Subsection (9)[(d)](e)(i); or	
(ii) if an arbitration panel is selected under Subsection (9)[(d)](e)(iii):	
(A) each party shall pay the fees and costs of the arbitrator selected by that party; and	

(B) each party shall pay an equal share of the fees and costs of the arbitrator selected

272 under Subsection $(9)[\frac{(e)}{(f)}](f)(ii)$. 273 [(g)] (h) Except as otherwise provided in this section or unless otherwise agreed to in 274 writing by the parties, an arbitration proceeding conducted under this section shall be governed 275 by Title 78B, Chapter 11, Utah Uniform Arbitration Act. 276 [th] (i) (i) The arbitration shall be conducted in accordance with Rules 26(a)(4) 277 through (f), 27 through 37, 54, and 68 of the Utah Rules of Civil Procedure, once the 278 requirements of Subsections (10)(a) through (c) are satisfied. 279 (ii) The specified tier as defined by Rule 26(c)(3) of the Utah Rules of Civil Procedure 280 shall be determined based on the claimant's specific monetary amount in the written demand 281 for payment of uninsured motorist coverage benefits as required in Subsection (10)(a)(i)(A). 282 (iii) Rules 26.1 and 26.2 of the Utah Rules of Civil Procedure do not apply to 283 arbitration claims under this part. 284 (i) All issues of discovery shall be resolved by the arbitrator or the arbitration 285 panel. 286 [(i)] (k) A written decision by a single arbitrator or by a majority of the arbitration 287 panel shall constitute a final decision. 288 [(k)] (1) (i) Except as provided in Subsection (10), the amount of an arbitration award 289 may not exceed the uninsured motorist policy limits of all applicable uninsured motorist 290 policies, including applicable uninsured motorist umbrella policies. 291 (ii) If the initial arbitration award exceeds the uninsured motorist policy limits of all 292 applicable uninsured motorist policies, the arbitration award shall be reduced to an amount 293 equal to the combined uninsured motorist policy limits of all applicable uninsured motorist 294 policies. 295 [(1)] (m) The arbitrator or arbitration panel may not decide the issues of coverage or 296 extra-contractual damages, including:

(i) whether the claimant is a covered person;

(ii) whether the policy extends coverage to the loss; or

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299	(iii) any allegations or claims asserting consequential damages or bad faith liability.
300	[(m)] (n) The arbitrator or arbitration panel may not conduct arbitration on a class-wide
301	or class-representative basis.
302	[(n)] (o) If the arbitrator or arbitration panel finds that the action was not brought,
303	pursued, or defended in good faith, the arbitrator or arbitration panel may award reasonable
304	attorney fees and costs against the party that failed to bring, pursue, or defend the claim in good
305	faith.
306	[(o)] (p) An arbitration award issued under this section shall be the final resolution of
307	all claims not excluded by Subsection $(9)[\frac{(1)}{(m)}]$ between the parties unless:
308	(i) the award was procured by corruption, fraud, or other undue means;
309	(ii) either party, within 20 days after service of the arbitration award:
310	(A) files a complaint requesting a trial de novo in the district court; and
311	(B) serves the nonmoving party with a copy of the complaint requesting a trial de novo
312	under Subsection $(9)[(o)](p)(ii)(A)$.
313	[(p)] (q) (i) Upon filing a complaint for a trial de novo under Subsection $(9)[(o)](p)$, the
314	claim shall proceed through litigation pursuant to the Utah Rules of Civil Procedure and Utah
315	Rules of Evidence in the district court.
316	(ii) In accordance with Rule 38, Utah Rules of Civil Procedure, either party may
317	request a jury trial with a complaint requesting a trial de novo under Subsection
318	$(9)[\underline{(0)}](\underline{p})(ii)(A).$
319	$[\frac{q}{q}]$ (i) If the claimant, as the moving party in a trial de novo requested under
320	Subsection (9)[(o)](p), does not obtain a verdict that is at least \$5,000 and is at least 20%
321	greater than the arbitration award, the claimant is responsible for all of the nonmoving party's
322	costs.
323	(ii) If the uninsured motorist carrier, as the moving party in a trial de novo requested
324	under Subsection $(9)[(0)](p)$, does not obtain a verdict that is at least 20% less than the
325	arbitration award, the uninsured motorist carrier is responsible for all of the nonmoving party's

326	costs.
327	(iii) Except as provided in Subsection $(9)[(q)](r)(iv)$, the costs under this Subsection
328	$(9)[\frac{(q)}{(r)}]$ shall include:
329	(A) any costs set forth in Rule 54(d), Utah Rules of Civil Procedure; and
330	(B) the costs of expert witnesses and depositions.
331	(iv) An award of costs under this Subsection $(9)[(q)](r)$ may not exceed \$2,500 unless
332	Subsection (10)(h)(iii) applies.
333	[(r)] (s) For purposes of determining whether a party's verdict is greater or less than the
334	arbitration award under Subsection $(9)[(q)](r)$, a court may not consider any recovery or other
335	relief granted on a claim for damages if the claim for damages:
336	(i) was not fully disclosed in writing prior to the arbitration proceeding; or
337	(ii) was not disclosed in response to discovery contrary to the Utah Rules of Civil
338	Procedure.
339	[(s)] If a district court determines, upon a motion of the nonmoving party, that the
340	moving party's use of the trial de novo process was filed in bad faith in accordance with
341	Section 78B-5-825, the district court may award reasonable attorney fees to the nonmoving
342	party.
343	[(t)] (u) Nothing in this section is intended to limit any claim under any other portion
344	of an applicable insurance policy.
345	$[\underline{(u)}]$ $\underline{(v)}$ If there are multiple uninsured motorist policies, as set forth in Subsection (8),
346	the claimant may elect to arbitrate in one hearing the claims against all the uninsured motorist
347	carriers.
348	(10) (a) Within 30 days after a covered person elects to submit a claim for uninsured
349	motorist benefits to binding arbitration or files litigation, the covered person shall provide to
350	the uninsured motorist carrier:
351	(i) a written demand for payment of uninsured motorist coverage benefits, setting forth:
352	(A) subject to Subsection (10)(1) the specific monetary amount of the demand

- including a computation of the covered person's claimed past medical expenses, claimed past lost wages, and the other claimed past economic damages; and
 - (B) the factual and legal basis and any supporting documentation for the demand;
 - (ii) a written statement under oath disclosing:
- (A) (I) the names and last known addresses of all health care providers who have rendered health care services to the covered person that are material to the claims for which uninsured motorist benefits are sought for a period of five years preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the time the election for arbitration or litigation has been exercised; and
- (II) the names and last known addresses of the health care providers who have rendered health care services to the covered person, which the covered person claims are immaterial to the claims for which uninsured motorist benefits are sought, for a period of five years preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the time the election for arbitration or litigation has been exercised that have not been disclosed under Subsection (10)(a)(ii)(A)(I);
- (B) (I) the names and last known addresses of all health insurers or other entities to whom the covered person has submitted claims for health care services or benefits material to the claims for which uninsured motorist benefits are sought, for a period of five years preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the time the election for arbitration or litigation has been exercised; and
- (II) the names and last known addresses of the health insurers or other entities to whom the covered person has submitted claims for health care services or benefits, which the covered person claims are immaterial to the claims for which uninsured motorist benefits are sought, for a period of five years preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the time the election for arbitration or litigation have not been disclosed;
- (C) if lost wages, diminished earning capacity, or similar damages are claimed, all employers of the covered person for a period of five years preceding the date of the event

giving rise to the claim for uninsured motorist benefits up to the time the election for arbitration or litigation has been exercised;

- (D) other documents to reasonably support the claims being asserted; and
- (E) all state and federal statutory lienholders including a statement as to whether the covered person is a recipient of Medicare or Medicaid benefits or Utah Children's Health Insurance Program benefits under Title 26, Chapter 40, Utah Children's Health Insurance Act, or if the claim is subject to any other state or federal statutory liens; and
- (iii) signed authorizations to allow the uninsured motorist carrier to only obtain records and billings from the individuals or entities disclosed under Subsections (10)(a)(ii)(A)(I), (B)(I), and (C).
- (b) (i) If the uninsured motorist carrier determines that the disclosure of undisclosed health care providers or health care insurers under Subsection (10)(a)(ii) is reasonably necessary, the uninsured motorist carrier may:
- (A) make a request for the disclosure of the identity of the health care providers or health care insurers; and
- (B) make a request for authorizations to allow the uninsured motorist carrier to only obtain records and billings from the individuals or entities not disclosed.
 - (ii) If the covered person does not provide the requested information within 10 days:
- (A) the covered person shall disclose, in writing, the legal or factual basis for the failure to disclose the health care providers or health care insurers; and
- (B) either the covered person or the uninsured motorist carrier may request the arbitrator or arbitration panel to resolve the issue of whether the identities or records are to be provided if the covered person has elected arbitration.
- (iii) The time periods imposed by Subsection (10)(c)(i) are tolled pending resolution of the dispute concerning the disclosure and production of records of the health care providers or health care insurers.
 - (c) (i) An uninsured motorist carrier that receives an election for arbitration or a notice

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uninsured motorist claims; and

407	of filing litigation and the demand for payment of uninsured motorist benefits under Subsection
408	(10)(a)(i) shall have a reasonable time, not to exceed 60 days from the date of the demand and
409	receipt of the items specified in Subsections (10)(a)(i) through (iii), to:
410	(A) provide a written response to the written demand for payment provided for in
411	Subsection (10)(a)(i);
412	(B) except as provided in Subsection (10)(c)(i)(C), tender the amount, if any, of the
413	uninsured motorist carrier's determination of the amount owed to the covered person; and
414	(C) if the covered person is a recipient of Medicare or Medicaid benefits or Utah
415	Children's Health Insurance Program benefits under Title 26, Chapter 40, Utah Children's
416	Health Insurance Act, or if the claim is subject to any other state or federal statutory liens,
417	tender the amount, if any, of the uninsured motorist carrier's determination of the amount owed
418	to the covered person less:
419	(I) if the amount of the state or federal statutory lien is established, the amount of the
420	lien; or
421	(II) if the amount of the state or federal statutory lien is not established, two times the
422	amount of the medical expenses subject to the state or federal statutory lien until such time as
423	the amount of the state or federal statutory lien is established.
424	(ii) If the amount tendered by the uninsured motorist carrier under Subsection (10)(c)(i)
425	is the total amount of the uninsured motorist policy limits, the tendered amount shall be
426	accepted by the covered person.
427	(d) A covered person who receives a written response from an uninsured motorist
428	carrier as provided for in Subsection (10)(c)(i), may:
429	(i) elect to accept the amount tendered in Subsection (10)(c)(i) as payment in full of all
430	uninsured motorist claims; or
431	(ii) elect to:

(A) accept the amount tendered in Subsection (10)(c)(i) as partial payment of all

434 (B) continue to litigate or arbitrate the remaining claim in accordance with the election 435 made under Subsections (9)(a), (b), and (c). 436 (e) If a covered person elects to accept the amount tendered under Subsection (10)(c)(i) 437 as partial payment of all uninsured motorist claims, the final award obtained through 438 arbitration, litigation, or later settlement shall be reduced by any payment made by the 439 uninsured motorist carrier under Subsection (10)(c)(i). 440 (f) In an arbitration proceeding on the remaining uninsured claims: 441 (i) the parties may not disclose to the arbitrator or arbitration panel the amount paid 442 under Subsection (10)(c)(i) until after the arbitration award has been rendered; and 443 (ii) the parties may not disclose the amount of the limits of uninsured motorist benefits 444 provided by the policy. 445 (g) If the final award obtained through arbitration or litigation is greater than the 446 average of the covered person's initial written demand for payment provided for in Subsection 447 (10)(a)(i) and the uninsured motorist carrier's initial written response provided for in 448 Subsection (10)(c)(i), the uninsured motorist carrier shall pay: 449 (i) the final award obtained through arbitration or litigation, except that if the award 450 exceeds the policy limits of the subject uninsured motorist policy by more than \$15,000, the 451 amount shall be reduced to an amount equal to the policy limits plus \$15,000; and 452 (ii) any of the following applicable costs: 453 (A) any costs as set forth in Rule 54(d), Utah Rules of Civil Procedure; 454 (B) the arbitrator or arbitration panel's fee; and 455 (C) the reasonable costs of expert witnesses and depositions used in the presentation of 456 evidence during arbitration or litigation. 457 (h) (i) The covered person shall provide an affidavit of costs within five days of an 458 arbitration award. 459 (ii) (A) Objection to the affidavit of costs shall specify with particularity the costs to

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which the uninsured motorist carrier objects.

461	(B) The objection shall be resolved by the arbitrator or arbitration panel.
462	(iii) The award of costs by the arbitrator or arbitration panel under Subsection
463	(10)(g)(ii) may not exceed \$5,000.
464	(i) (i) A covered person shall disclose all material information, other than rebuttal
465	evidence, within 30 days after a covered person elects to submit a claim for uninsured motorist
466	coverage benefits to binding arbitration or files litigation as specified in Subsection (10)(a).
467	(ii) If the information under Subsection (10)(i)(i) is not disclosed, the covered person
468	may not recover costs or any amounts in excess of the policy under Subsection (10)(g).
469	(j) This Subsection (10) does not limit any other cause of action that arose or may arise
470	against the uninsured motorist carrier from the same dispute.
471	(k) The provisions of this Subsection (10) only apply to motor vehicle accidents that
472	occur on or after March 30, 2010.
473	(l) (i) The written demand requirement in Subsection (10)(a)(i)(A) does not affect the
474	covered person's requirement to provide a computation of any other economic damages
475	claimed, and the one or more respondents shall have a reasonable time after the receipt of the
476	computation of any other economic damages claimed to conduct fact and expert discovery as to
477	any additional damages claimed. The changes made by Laws of Utah 2014, Chapter 290,
478	Section 10, and Chapter 300, Section 10, to this Subsection (10)(l) and Subsection
479	(10)(a)(i)(A) apply to a claim submitted to binding arbitration or through litigation on or after
480	May 13, 2014.
481	(ii) The changes made by Laws of Utah 2014, Chapter 290, Section 10, and Chapter
482	300, Section 10, to Subsections (10)(a)(ii)(A)(II) and (B)(II) apply to any claim submitted to
483	binding arbitration or through litigation on or after May 13, 2014.
484	Section 2. Section 31A-22-305.3 is amended to read:
485	31A-22-305.3. Underinsured motorist coverage.
486	(1) As used in this section:

(a) "Covered person" has the same meaning as defined in Section 31A-22-305.

488	(b) (i) "Underinsured motor vehicle" includes a motor vehicle, the operation,
489	maintenance, or use of which is covered under a liability policy at the time of an injury-causing
490	occurrence, but which has insufficient liability coverage to compensate fully the injured party
491	for all special and general damages.
492	(ii) The term "underinsured motor vehicle" does not include:
493	(A) a motor vehicle that is covered under the liability coverage of the same policy that
494	also contains the underinsured motorist coverage;
495	(B) an uninsured motor vehicle as defined in Subsection 31A-22-305(2); [or]
496	(C) a motor vehicle owned or leased by:
497	(I) a named insured;
498	(II) a named insured's spouse; or
499	(III) a dependent of a named insured.
500	(2) (a) Underinsured motorist coverage under Subsection 31A-22-302(1)(c) provides
501	coverage for a covered person who is legally entitled to recover damages from an owner or
502	operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death.
503	(b) A covered person occupying or using a motor vehicle owned, leased, or furnished
504	to the covered person, the covered person's spouse, or covered person's resident relative may
505	recover underinsured benefits only if the motor vehicle is:
506	(i) described in the policy under which a claim is made; or
507	(ii) a newly acquired or replacement motor vehicle covered under the terms of the
508	policy.
509	(3) (a) For purposes of this Subsection (3), "new policy" means:
510	(i) any policy that is issued that does not include a renewal or reinstatement of an
511	existing policy; or
512	(ii) a change to an existing policy that results in:
513	(A) a named insured being added to or deleted from the policy; or

(B) a change in the limits of the named insured's motor vehicle liability coverage.

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(b) For new policies written on or after January 1, 2001, the limits of underinsured
motorist coverage shall be equal to the lesser of the limits of the named insured's motor vehicle
liability coverage or the maximum underinsured motorist coverage limits available by the
insurer under the named insured's motor vehicle policy, unless a named insured rejects or
purchases coverage in a lesser amount by signing an acknowledgment form that:
(i) is filed with the department;
(ii) is provided by the insurer;
(iii) waives the higher coverage;
(iv) need only state in this or similar language that "underinsured motorist coverage
provides benefits or protection to you and other covered persons for bodily injury resulting

(v) discloses the additional premiums required to purchase underinsured motorist coverage with limits equal to the lesser of the limits of the named insured's motor vehicle liability coverage or the maximum underinsured motorist coverage limits available by the insurer under the named insured's motor vehicle policy.

from an accident caused by the fault of another party where the other party has insufficient

- (c) Any selection or rejection under Subsection (3)(b) continues for that issuer of the liability coverage until the insured requests, in writing, a change of underinsured motorist coverage from that liability insurer.
- (d) (i) Subsections (3)(b) and (c) apply retroactively to any claim arising on or after January 1, 2001, for which, as of May 14, 2013, an insured has not made a written demand for arbitration or filed a complaint in a court of competent jurisdiction.
- (ii) The Legislature finds that the retroactive application of Subsections (3)(b) and (c) clarifies legislative intent and does not enlarge, eliminate, or destroy vested rights.
- (e) (i) As used in this Subsection (3)(e), "additional motor vehicle" means a change that increases the total number of vehicles insured by the policy, and does not include replacement, substitute, or temporary vehicles.

542 (ii) The adding of an additional motor vehicle to an existing personal lines or 543 commercial lines policy does not constitute a new policy for purposes of Subsection (3)(a). 544 (iii) If an additional motor vehicle is added to a personal lines policy where 545 underinsured motorist coverage has been rejected, or where underinsured motorist limits are 546 lower than the named insured's motor vehicle liability limits, the insurer shall provide a notice 547 to a named insured within 30 days that: 548 (A) in the same manner described in Subsection (3)(b)(iv), explains the purpose of 549 underinsured motorist coverage; and 550 (B) encourages the named insured to contact the insurance company or insurance 551 producer for quotes as to the additional premiums required to purchase underinsured motorist 552 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle 553 liability coverage or the maximum underinsured motorist coverage limits available by the 554 insurer under the named insured's motor vehicle policy. 555 (f) A change in policy number resulting from any policy change not identified under 556 Subsection (3)(a)(ii) does not constitute a new policy. 557 (g) (i) Subsection (3)(a) applies retroactively to any claim arising on or after January 1, 558 2001 for which, as of May 1, 2012, an insured has not made a written demand for arbitration or 559 filed a complaint in a court of competent jurisdiction. 560 (ii) The Legislature finds that the retroactive application of Subsection (3)(a): 561 (A) does not enlarge, eliminate, or destroy vested rights; and 562 (B) clarifies legislative intent. 563 (h) A self-insured, including a governmental entity, may elect to provide underinsured 564 motorist coverage in an amount that is less than its maximum self-insured retention under 565 Subsections (3)(b) and (1) by issuing a declaratory memorandum or policy statement from the 566 chief financial officer or chief risk officer that declares the:

(i) self-insured entity's coverage level; and

(ii) process for filing an underinsured motorist claim.

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569	(i) Underinsured motorist coverage may not be sold with limits that are less than:
570	(i) \$10,000 for one person in any one accident; and
571	(ii) at least \$20,000 for two or more persons in any one accident.
572	(j) An acknowledgment under Subsection (3)(b) continues for that issuer of the
573	underinsured motorist coverage until the named insured, in writing, requests different
574	underinsured motorist coverage from the insurer.
575	(k) (i) The named insured's underinsured motorist coverage, as described in Subsection
576	(2), is secondary to the liability coverage of an owner or operator of an underinsured motor
577	vehicle, as described in Subsection (1).
578	(ii) Underinsured motorist coverage may not be set off against the liability coverage of
579	the owner or operator of an underinsured motor vehicle, but shall be added to, combined with,
580	or stacked upon the liability coverage of the owner or operator of the underinsured motor
581	vehicle to determine the limit of coverage available to the injured person.
582	(l) (i) In conjunction with the first two renewal notices sent after January 1, 2001, for
583	policies existing on that date, the insurer shall disclose in the same medium as the premium
584	renewal notice, an explanation of:
585	(A) the purpose of underinsured motorist coverage in the same manner as described in
586	Subsection (3)(b)(iv); and
587	(B) a disclosure of the additional premiums required to purchase underinsured motorist
588	coverage with limits equal to the lesser of the limits of the named insured's motor vehicle
589	liability coverage or the maximum underinsured motorist coverage limits available by the
590	insurer under the named insured's motor vehicle policy.
591	(ii) The disclosure required under this Subsection (3)(1) shall be sent to all named
592	insureds that carry underinsured motorist coverage limits in an amount less than the named
593	insured's motor vehicle liability policy limits or the maximum underinsured motorist coverage
594	limits available by the insurer under the named insured's motor vehicle policy.

(m) For purposes of this Subsection (3), a notice or disclosure sent to a named insured

in a household constitutes notice or disclosure to all insureds within the household.

(4) (a) (i) Except as provided in this Subsection (4), a covered person injured in a motor vehicle described in a policy that includes underinsured motorist benefits may not elect to collect underinsured motorist coverage benefits from another motor vehicle insurance policy.

- (ii) The limit of liability for underinsured motorist coverage for two or more motor vehicles may not be added together, combined, or stacked to determine the limit of insurance coverage available to an injured person for any one accident.
- (iii) Subsection (4)(a)(ii) applies to all persons except a covered person described under Subsections (4)(b)(i) and (ii).
- (b) (i) Except as provided in Subsection (4)(b)(ii), a covered person injured while occupying, using, or maintaining a motor vehicle that is not owned, leased, or furnished to the covered person, the covered person's spouse, or the covered person's resident parent or resident sibling, may also recover benefits under any one other policy under which the covered person is also a covered person.
- (ii) (A) A covered person may recover benefits from no more than two additional policies, one additional policy from each parent's household if the covered person is:
 - (I) a dependent minor of parents who reside in separate households; and
- (II) injured while occupying or using a motor vehicle that is not owned, leased, or furnished to the covered person, the covered person's resident parent, or the covered person's resident sibling.
- (B) Each parent's policy under this Subsection (4)(b)(ii) is liable only for the percentage of the damages that the limit of liability of each parent's policy of underinsured motorist coverage bears to the total of both parents' underinsured coverage applicable to the accident.
- (iii) A covered person's recovery under any available policies may not exceed the full amount of damages.
 - (iv) Underinsured coverage on a motor vehicle occupied at the time of an accident is

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623	primary coverage, and the coverage elected by a person described under Subsections
624	31A-22-305(1)(a), (b), and (c) is secondary coverage.
625	(v) The primary and the secondary coverage may not be set off against the other.
626	(vi) A covered person as described under Subsection (4)(b)(i) is entitled to the highest
627	limits of underinsured motorist coverage under only one additional policy per household
628	applicable to that covered person as a named insured, spouse, or relative.
629	(vii) A covered injured person is not barred against making subsequent elections if
630	recovery is unavailable under previous elections.
631	(viii) (A) As used in this section, "interpolicy stacking" means recovering benefits for a
632	single incident of loss under more than one insurance policy.
633	(B) Except to the extent permitted by this Subsection (4), interpolicy stacking is
634	prohibited for underinsured motorist coverage.
635	(c) Underinsured motorist coverage:
636	[(i) is secondary to the benefits provided by Title 34A, Chapter 2, Workers'
637	Compensation Act;]
638	(i) does not cover any benefit paid or payable under Title 34A, Chapter 2, Workers'
639	Compensation Act, except that the covered person is credited an amount described in
640	<u>Subsection 34A-2-106(5);</u>
641	(ii) may not be subrogated by a workers' compensation insurance carrier;
642	(iii) may not be reduced by benefits provided by workers' compensation insurance;
643	(iv) may be reduced by health insurance subrogation only after the covered person is
644	made whole;
645	(v) may not be collected for bodily injury or death sustained by a person:
646	(A) while committing a violation of Section 41-1a-1314;
647	(B) who, as a passenger in a vehicle, has knowledge that the vehicle is being operated
648	in violation of Section 41-1a-1314; or
649	(C) while committing a felony; and

650	(vi) notwithstanding Subsection (4)(c)(v), may be recovered:
651	(A) for a person under 18 years of age who is injured within the scope of Subsection
652	(4)(c)(v), but is limited to medical and funeral expenses; or
653	(B) by a law enforcement officer as defined in Section 53-13-103, who is injured
654	within the course and scope of the law enforcement officer's duties.
655	(5) The inception of the loss under Subsection 31A-21-313(1) for underinsured
656	motorist claims occurs upon the date of the last liability policy payment.
657	[(6) (a) Except as provided in Subsection (6)(d), within five business days after
658	notification that all liability insurers have tendered the liability insurers' policy limits, the
659	underinsured carrier shall either:]
660	[(i) waive any subrogation claim the underinsured carrier may have against the person
661	liable for the injuries caused in the accident; or]
662	[(ii) pay the insured an amount equal to the policy limits tendered by the liability
663	carrier.]
664	[(b) If neither option is exercised under Subsection (6)(a), the subrogation claim is
665	considered to be waived by the underinsured carrier.]
666	[(c) The notification under Subsection (6)(a) shall include:]
667	[(i) the name, address, and phone number for all liability insurers;]
668	[(ii) the liability insurers' liability policy limits; and]
669	[(iii) the claim number associated with each liability insurer.]
670	[(d) (i) A claimant may demand payment of policy limits from all liability insurers by
671	sending notice to all applicable underinsured motorist insurers demanding payment.]
672	[(ii) The notice under Subsection (6)(d)(i) shall include the name, address, and claim
673	number of all liability insurers from which the claimant has demanded policy limits.]
674	[(iii) The claimant shall send a copy of the notice to all liability insurers from which
675	the claimant has demanded policy limits.]
676	[(e) Upon the liability insurer tendering limits to a claimant, the liability insurer shall

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677	provide notice of the tender to all underinsured motorist insurers for which the liability insurer
678	received notice under Subsection (6)(d).]
679	[(f) If a claimant accepts the policy limits tender of each liability insurer, the liability
680	insurer shall pay the claimant the accepted policy limits.]
681	[(g) (i) The subrogation rights of an underinsured motorist insurer are waived, unless:]
682	[(A) within five days of delivery of the notice of tender from the liability insurer, the
683	underinsured motorist insurer affirmatively asserts the underinsured motorist insurer's rights to
684	subrogation by delivering notice to the liability insurer of the underinsured motorist insurer's
685	rights to subrogate; and]
686	[(B) the underinsured motorist insurer reimburses the liability insurer for the policy
687	limits paid to the claimant.]
688	[(ii) If the subrogation rights of an underinsured motorist insurer are not waived under
689	Subsection (6)(g)(i), any liability release signed by the claimant or the claimant's representative
690	is rescinded.]
691	[(iii) A claimant's underinsured motorist coverage is preserved if the claimant provides
692	notice to the underinsured motorist insurer as described in Subsection (6)(d).]
693	[(h) A person providing a notice required in this Subsection (6) shall deliver the notice
694	by a service that provides proof of delivery.]
695	(6) An underinsured motorist insurer does not have a right of reimbursement against a
696	person liable for the damages resulting from an injury-causing occurrence if the person's
697	liability insurer has tendered the policy limit and the limits have been accepted by the claimant.
698	(7) Except as otherwise provided in this section, a covered person may seek, subject to
699	the terms and conditions of the policy, additional coverage under any policy:
700	(a) that provides coverage for damages resulting from motor vehicle accidents; and
701	(b) that is not required to conform to Section 31A-22-302.
702	(8) (a) When a claim is brought by a named insured or a person described in
703	Subsection 31A-22-305(1) and is asserted against the covered person's underinsured motorist

carrier, the claimant may elect to resolve the claim:

- (i) by submitting the claim to binding arbitration; or
- (ii) through litigation.

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- (b) Unless otherwise provided in the policy under which underinsured benefits are claimed, the election provided in Subsection (8)(a) is available to the claimant only, except that if the policy under which insured benefits are claimed provides that either an insured or the insurer may elect arbitration, the insured or the insurer may elect arbitration and that election to arbitrate shall stay the litigation of the claim under Subsection (8)(a)(ii).
- (c) Once a claimant elects to commence litigation under Subsection (8)(a)(ii), the claimant may not elect to resolve the claim through binding arbitration under this section without the written consent of the underinsured motorist coverage carrier.
- (d) For purposes of the statute of limitations applicable to a claim described in Subsection (8)(a), if the claimant does not elect to resolve the claim through litigation, the claim is considered filed when the claimant submits the claim to binding arbitration in accordance with this Subsection (8).
- [(d)] (e) (i) Unless otherwise agreed to in writing by the parties, a claim that is submitted to binding arbitration under Subsection (8)(a)(i) shall be resolved by a single arbitrator.
- (ii) All parties shall agree on the single arbitrator selected under Subsection $(8)[\frac{d}{d}](e)(i)$.
- (iii) If the parties are unable to agree on a single arbitrator as required under Subsection (8)[(d)](e)(ii), the parties shall select a panel of three arbitrators.
- [(e)] (f) If the parties select a panel of three arbitrators under Subsection (8)[(d)](e)(iii):
- 727 (i) each side shall select one arbitrator; and
- 728 (ii) the arbitrators appointed under Subsection (8)[(e)](f)(i) shall select one additional 729 arbitrator to be included in the panel.
 - [(f)] (g) Unless otherwise agreed to in writing:

731	(1) each party shall pay an equal share of the fees and costs of the arbitrator selected
732	under Subsection (8)[(d)] <u>(e)</u> (i); or
733	(ii) if an arbitration panel is selected under Subsection (8)[(d)](e)(iii):
734	(A) each party shall pay the fees and costs of the arbitrator selected by that party; and
735	(B) each party shall pay an equal share of the fees and costs of the arbitrator selected
736	under Subsection (8)[(e)] <u>(f)</u> (ii).
737	[(g)] (h) Except as otherwise provided in this section or unless otherwise agreed to in
738	writing by the parties, an arbitration proceeding conducted under this section is governed by
739	Title 78B, Chapter 11, Utah Uniform Arbitration Act.
740	[(h)] (i) The arbitration shall be conducted in accordance with Rules 26(a)(4)
741	through (f), 27 through 37, 54, and 68 of the Utah Rules of Civil Procedure, once the
742	requirements of Subsections (9)(a) through (c) are satisfied.
743	(ii) The specified tier as defined by Rule 26(c)(3) of the Utah Rules of Civil Procedure
744	shall be determined based on the claimant's specific monetary amount in the written demand
745	for payment of uninsured motorist coverage benefits as required in Subsection (9)(a)(i)(A).
746	(iii) Rules 26.1 and 26.2 of the Utah Rules of Civil Procedure do not apply to
747	arbitration claims under this part.
748	$[\frac{(i)}{2}]$ An issue of discovery shall be resolved by the arbitrator or the arbitration panel
749	[(j)] (k) A written decision by a single arbitrator or by a majority of the arbitration
750	panel constitutes a final decision.
751	[(k)] (i) Except as provided in Subsection (9), the amount of an arbitration award
752	may not exceed the underinsured motorist policy limits of all applicable underinsured motorist
753	policies, including applicable underinsured motorist umbrella policies.
754	(ii) If the initial arbitration award exceeds the underinsured motorist policy limits of all
755	applicable underinsured motorist policies, the arbitration award shall be reduced to an amount
756	equal to the combined underinsured motorist policy limits of all applicable underinsured
757	motorist policies.

758 [(1)] (m) The arbitrator or arbitration panel may not decide an issue of coverage or 759 extra-contractual damages, including: 760 (i) whether the claimant is a covered person; (ii) whether the policy extends coverage to the loss; or 761 762 (iii) an allegation or claim asserting consequential damages or bad faith liability. [(m)] (n) The arbitrator or arbitration panel may not conduct arbitration on a class-wide 763 764 or class-representative basis. 765 [(n)] (o) If the arbitrator or arbitration panel finds that the arbitration is not brought, 766 pursued, or defended in good faith, the arbitrator or arbitration panel may award reasonable 767 attorney fees and costs against the party that failed to bring, pursue, or defend the arbitration in 768 good faith. 769 [(o)] (p) An arbitration award issued under this section shall be the final resolution of 770 all claims not excluded by Subsection (8)[(1)](m) between the parties unless: 771 (i) the award is procured by corruption, fraud, or other undue means; 772 (ii) either party, within 20 days after service of the arbitration award: 773 (A) files a complaint requesting a trial de novo in the district court; and 774 (B) serves the nonmoving party with a copy of the complaint requesting a trial de novo 775 under Subsection (8)[(o)](p)(ii)(A). 776 [(p)] (q) (i) Upon filing a complaint for a trial de novo under Subsection (8)[(o)](p), a 777 claim shall proceed through litigation pursuant to the Utah Rules of Civil Procedure and Utah 778 Rules of Evidence in the district court. 779 (ii) In accordance with Rule 38, Utah Rules of Civil Procedure, either party may 780 request a jury trial with a complaint requesting a trial de novo under Subsection 781 (8)[(o)](p)(ii)(A).782 [(q)] (r) (i) If the claimant, as the moving party in a trial de novo requested under 783 Subsection (8)[(0)](p), does not obtain a verdict that is at least \$5,000 and is at least 20% 784 greater than the arbitration award, the claimant is responsible for all of the nonmoving party's

785	costs
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- (ii) If the underinsured motorist carrier, as the moving party in a trial de novo requested under Subsection (8)[(o)](p), does not obtain a verdict that is at least 20% less than the arbitration award, the underinsured motorist carrier is responsible for all of the nonmoving party's costs.
- (iii) Except as provided in Subsection (8)[$\frac{q}{r}$](r), the costs under this Subsection (8)[$\frac{q}{r}$](r) shall include:
 - (A) any costs set forth in Rule 54(d), Utah Rules of Civil Procedure; and
 - (B) the costs of expert witnesses and depositions.
- (iv) An award of costs under this Subsection $(8)[\frac{q}{2}]$ may not exceed \$2,500 unless Subsection (9)(h)(iii) applies.
- [(r)] (s) For purposes of determining whether a party's verdict is greater or less than the arbitration award under Subsection (8)[(q)](r), a court may not consider any recovery or other relief granted on a claim for damages if the claim for damages:
 - (i) was not fully disclosed in writing prior to the arbitration proceeding; or
- (ii) was not disclosed in response to discovery contrary to the Utah Rules of Civil Procedure.
- [(s)] (t) If a district court determines, upon a motion of the nonmoving party, that a moving party's use of the trial de novo process is filed in bad faith in accordance with Section 78B-5-825, the district court may award reasonable attorney fees to the nonmoving party.
- [(t)] (u) Nothing in this section is intended to limit a claim under another portion of an applicable insurance policy.
- [(u)] (v) If there are multiple underinsured motorist policies, as set forth in Subsection (4), the claimant may elect to arbitrate in one hearing the claims against all the underinsured motorist carriers.
- (9) (a) Within 30 days after a covered person elects to submit a claim for underinsured motorist benefits to binding arbitration or files litigation, the covered person shall provide to

the underinsured motorist carrier:

(i) a written demand for payment of underinsured motorist coverage benefits, setting forth:

- (A) subject to Subsection (9)(1), the specific monetary amount of the demand, including a computation of the covered person's claimed past medical expenses, claimed past lost wages, and all other claimed past economic damages; and
 - (B) the factual and legal basis and any supporting documentation for the demand;
 - (ii) a written statement under oath disclosing:
- (A) (I) the names and last known addresses of all health care providers who have rendered health care services to the covered person that are material to the claims for which the underinsured motorist benefits are sought for a period of five years preceding the date of the event giving rise to the claim for underinsured motorist benefits up to the time the election for arbitration or litigation has been exercised; and
- (II) the names and last known addresses of the health care providers who have rendered health care services to the covered person, which the covered person claims are immaterial to the claims for which underinsured motorist benefits are sought, for a period of five years preceding the date of the event giving rise to the claim for underinsured motorist benefits up to the time the election for arbitration or litigation has been exercised that have not been disclosed under Subsection (9)(a)(ii)(A)(I);
- (B) (I) the names and last known addresses of all health insurers or other entities to whom the covered person has submitted claims for health care services or benefits material to the claims for which underinsured motorist benefits are sought, for a period of five years preceding the date of the event giving rise to the claim for underinsured motorist benefits up to the time the election for arbitration or litigation has been exercised; and
- (II) the names and last known addresses of the health insurers or other entities to whom the covered person has submitted claims for health care services or benefits, which the covered person claims are immaterial to the claims for which underinsured motorist benefits are sought,

for a period of five years preceding the date of the event giving rise to the claim for
underinsured motorist benefits up to the time the election for arbitration or litigation have not
been disclosed;

- (C) if lost wages, diminished earning capacity, or similar damages are claimed, all employers of the covered person for a period of five years preceding the date of the event giving rise to the claim for underinsured motorist benefits up to the time the election for arbitration or litigation has been exercised;
 - (D) other documents to reasonably support the claims being asserted; and
- (E) all state and federal statutory lienholders including a statement as to whether the covered person is a recipient of Medicare or Medicaid benefits or Utah Children's Health Insurance Program benefits under Title 26, Chapter 40, Utah Children's Health Insurance Act, or if the claim is subject to any other state or federal statutory liens; and
- (iii) signed authorizations to allow the underinsured motorist carrier to only obtain records and billings from the individuals or entities disclosed under Subsections (9)(a)(ii)(A)(I), (B)(I), and (C).
- (b) (i) If the underinsured motorist carrier determines that the disclosure of undisclosed health care providers or health care insurers under Subsection (9)(a)(ii) is reasonably necessary, the underinsured motorist carrier may:
- (A) make a request for the disclosure of the identity of the health care providers or health care insurers; and
- (B) make a request for authorizations to allow the underinsured motorist carrier to only obtain records and billings from the individuals or entities not disclosed.
 - (ii) If the covered person does not provide the requested information within 10 days:
- (A) the covered person shall disclose, in writing, the legal or factual basis for the failure to disclose the health care providers or health care insurers; and
- (B) either the covered person or the underinsured motorist carrier may request the arbitrator or arbitration panel to resolve the issue of whether the identities or records are to be

provided if the covered person has elected arbitration.

(iii) The time periods imposed by Subsection (9)(c)(i) are tolled pending resolution of the dispute concerning the disclosure and production of records of the health care providers or health care insurers.

- (c) (i) An underinsured motorist carrier that receives an election for arbitration or a notice of filing litigation and the demand for payment of underinsured motorist benefits under Subsection (9)(a)(i) shall have a reasonable time, not to exceed 60 days from the date of the demand and receipt of the items specified in Subsections (9)(a)(i) through (iii), to:
- (A) provide a written response to the written demand for payment provided for in Subsection (9)(a)(i);
- (B) except as provided in Subsection (9)(c)(i)(C), tender the amount, if any, of the underinsured motorist carrier's determination of the amount owed to the covered person; and
- (C) if the covered person is a recipient of Medicare or Medicaid benefits or Utah Children's Health Insurance Program benefits under Title 26, Chapter 40, Utah Children's Health Insurance Act, or if the claim is subject to any other state or federal statutory liens, tender the amount, if any, of the underinsured motorist carrier's determination of the amount owed to the covered person less:
- (I) if the amount of the state or federal statutory lien is established, the amount of the lien; or
- (II) if the amount of the state or federal statutory lien is not established, two times the amount of the medical expenses subject to the state or federal statutory lien until such time as the amount of the state or federal statutory lien is established.
- (ii) If the amount tendered by the underinsured motorist carrier under Subsection (9)(c)(i) is the total amount of the underinsured motorist policy limits, the tendered amount shall be accepted by the covered person.
- (d) A covered person who receives a written response from an underinsured motorist carrier as provided for in Subsection (9)(c)(i), may:

893	(1) elect to accept the amount tendered in Subsection (9)(c)(1) as payment in full of all
894	underinsured motorist claims; or
895	(ii) elect to:
896	(A) accept the amount tendered in Subsection (9)(c)(i) as partial payment of all
897	underinsured motorist claims; and
898	(B) continue to litigate or arbitrate the remaining claim in accordance with the election
899	made under Subsections (8)(a), (b), and (c).
900	(e) If a covered person elects to accept the amount tendered under Subsection (9)(c)(i)
901	as partial payment of all underinsured motorist claims, the final award obtained through
902	arbitration, litigation, or later settlement shall be reduced by any payment made by the
903	underinsured motorist carrier under Subsection (9)(c)(i).
904	(f) In an arbitration proceeding on the remaining underinsured claims:
905	(i) the parties may not disclose to the arbitrator or arbitration panel the amount paid
906	under Subsection (9)(c)(i) until after the arbitration award has been rendered; and
907	(ii) the parties may not disclose the amount of the limits of underinsured motorist
908	benefits provided by the policy.
909	(g) If the final award obtained through arbitration or litigation is greater than the
910	average of the covered person's initial written demand for payment provided for in Subsection
911	(9)(a)(i) and the underinsured motorist carrier's initial written response provided for in
912	Subsection (9)(c)(i), the underinsured motorist carrier shall pay:
913	(i) the final award obtained through arbitration or litigation, except that if the award
914	exceeds the policy limits of the subject underinsured motorist policy by more than \$15,000, the
915	amount shall be reduced to an amount equal to the policy limits plus \$15,000; and
916	(ii) any of the following applicable costs:
917	(A) any costs as set forth in Rule 54(d), Utah Rules of Civil Procedure;
918	(B) the arbitrator or arbitration panel's fee; and
919	(C) the reasonable costs of expert witnesses and depositions used in the presentation of

evidence during arbitration or litigation.

(h) (i) The covered person shall provide an affidavit of costs within five days of an arbitration award.

- (ii) (A) Objection to the affidavit of costs shall specify with particularity the costs to which the underinsured motorist carrier objects.
 - (B) The objection shall be resolved by the arbitrator or arbitration panel.
- (iii) The award of costs by the arbitrator or arbitration panel under Subsection (9)(g)(ii) may not exceed \$5,000.
- (i) (i) A covered person shall disclose all material information, other than rebuttal evidence, within 30 days after a covered person elects to submit a claim for underinsured motorist coverage benefits to binding arbitration or files litigation as specified in Subsection (9)(a).
- (ii) If the information under Subsection (9)(i)(i) is not disclosed, the covered person may not recover costs or any amounts in excess of the policy under Subsection (9)(g).
- (j) This Subsection (9) does not limit any other cause of action that arose or may arise against the underinsured motorist carrier from the same dispute.
- (k) The provisions of this Subsection (9) only apply to motor vehicle accidents that occur on or after March 30, 2010.
- (l) (i) The written demand requirement in Subsection (9)(a)(i)(A) does not affect the covered person's requirement to provide a computation of any other economic damages claimed, and the one or more respondents shall have a reasonable time after the receipt of the computation of any other economic damages claimed to conduct fact and expert discovery as to any additional damages claimed. The changes made by Laws of Utah 2014, Chapter 290, Section 11, and Chapter 300, Section 11, to this Subsection (9)(l) and Subsection (9)(a)(i)(A) apply to a claim submitted to binding arbitration or through litigation on or after May 13, 2014.
- (ii) The changes made by Laws of Utah 2014, Chapter 290, Section 11, and Chapter 300, Section 11, under Subsections (9)(a)(ii)(A)(II) and (B)(II) apply to a claim submitted to

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binding arbitration or through litigation on or after May 13, 2014.