



~ Our Mission ~

"A professional organization dedicated to the ongoing education of the claims community. Providing an arena for member interaction and the sharing of resources."

Next Regular Meeting: November 1, 2019

Renaissance Hotel, Seattle

— See page 2 for details



Claims Conversation

with **Roger Howson**, Claims Dispute Resolution, PSAA Newsletter Editor & Education Chair, TCAA Past President



The Washington State Court of Appeals has REVERSED the Keodalalah/Allstate ruling, so insurance company employees CANNOT be held liable for Bad Faith.

This ruling should give all claims professionals and service providers a measure of relief, but there's still been no mention about the ruling in the Merriman/York case which holds the Third Party Administrator legally liable for Bad Faith. In other words, the court recognizes that insurance company employees should not be held accountable for Bad Faith, but the jury is still out (metaphorically) regarding the legal exposure to Independent Adjusters who are not direct employees of an insurance company. Although, I don't imagine the courts will impose a higher standard of responsibility on adjusters just because they document their Income Tax with a 1099 instead of a W-2.

Thankfully, attorneys Jennifer Dinning and Paul Rosner from Soha & Lang will explain to us at the November 1st PSAA meeting what all this Keodalalah/Allstate Court of Appeals ruling means for claims professionals and service providers of every type. Paul Rosner helped write the Amicus brief that helped to sway the Appellate Court to reverse the court's prior ruling. **[See article on page 12]**

Remember, that's Friday, NOVEMBER 1st... because this year PSAA is neither meeting nor bowling in October due to the complaint from a number of PSAA members that we're all too

(Continued on page 3)

NO PSAA MEETING IN OCTOBER!!! Join us in November on a new date:

November 1st

See page 2 for specific details

Attorneys Jennifer Dinning and Geoff Bedell from Soha & Lang will be discussing the reversal of the Keodalalah/Allstate ruling, AND they'll explain the upside and downside of adjusters authorized by the courts in the "Limited Practice of Law".

You're invited!!!

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Registration now available online at www.pugetsoundadjusters.org/calendar / Also see page 21



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Bowling: Keely Abbas, Co-Chair
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Legal Update Presenter:
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PSAA Next Luncheon Mtg

Next Meeting: November 1, 2019

Time: 11:30am to 1:30pm

Location: Renaissance Seattle Hotel

515 Madison Street
Seattle, WA
206/583-0300 www.marriott.com/Seattle

Cost: Claims Personnel—Active Member Status
No charge for lunch or parking

Vendors & Non-Members
\$35 if paid in advance (\$50 @ door)
Parking \$12

Presentations: Attorneys Jennifer Dinning and Geoff Bedell from Soha & Lang will be discussing the reversal of the Keodalah/Allstate ruling, AND they'll explain the upside and downside of adjusters authorized by the courts in the "Limited Practice of Law".

Sponsors: FRSTeam

To RSVP or to stay in touch with PSAA use our social media tools listed below!

www.pugetsoundadjusters.org/calendar



Additional Meeting Information

Please keep in mind that we'd like to start and end promptly during our monthly meetings. Here is the timeline for each meeting:

- 11:30 a.m. Registration
- 11:45 a.m. Buffet
- 12:00 p.m. Meeting Called to Order
- 1:30 p.m. End of Meeting

Please arrive on time and have your cash or check (payable to PSAA) ready, or provide your online payment receipt. We appreciate your cooperation and assistance.

President's Choice Charity for 2019-20
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Claims Conversation... *(Continued from front page)*

busy to be attending a PSAA function EVERY month.

Our September PSAA meeting had so many adjuster attendees you might've thought you'd accidentally wandered into a PSAA Golf Tournament instead.

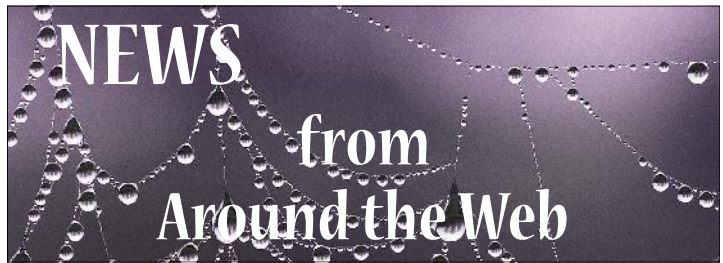
This year's 2019-2020 PSAA president, Deanna Boras, vowed to dramatically increase PSAA adjuster membership and monthly meeting attendance, and she wasted no time in accomplishing that audacious vow by featuring David Forte from the Washington State Office of the Insurance Commissioner as our guest speaker.

And David Forte did NOT disappoint.

He challenged us claims professionals to actively engage the Office of the Insurance Commissioner, because he says there's currently NO communication from the local claims community. He says that insurance companies, agents, brokers, consumers, attorneys (defense and plaintiff), service providers, law enforcement, hospitals, health care providers, and even PUBLIC INSURANCE ADJUSTERS are making their voices heard, but us adjusters are curiously silent about many of the issues and concerns that directly affect our livelihood. He told us that our failure to reach out to the Office of the Insurance Commissioner sends them a clear message that either we don't care, don't have an opinion, or that we're quite satisfied with the status quo.

I've been actively engaged for 40+ years with insurance claims professionals, the local claims community, and adjusters from just about every state and country, and I am very well aware of how passionately we care, how loudly we opine, and how energetically we battle the status quo. So, if the Office of the Insurance Commissioner thinks that we don't care, don't have an opinion, and/or meekly accept the status quo... that misperception is on US adjusters as an organization.

PSAA is now working hard to reach out to the Office of the Insurance Commissioner, and make our voices heard. Nicole Porter with Grange Insurance will be as actively involved in this effort as her time allows (Grange keeps her plenty busy...). We've already heard from former PSAA president Michael Radcliff about issues he thinks needs to be addressed, and we're looking to hear from anyone and everyone else who has some thoughts and/or ideas that should be shared with the powers that be. I can be reached at rhowson@icdrinc.com. ❖



Earthquake Warning App Coming to Washington Next Year

Reprinted from www.insurancejournal.com

Washington state officials have announced an earthquake warning phone application is expected to be available for download October 2020.

KING-TV reports that the app ShakeAlert was designed to send people an alert on how much time they have before earthquake shaking reaches them.

ShakeAlert was developed by the U.S. Geological Survey and research universities in California, Oregon and the University of Washington.

Officials say the system reads seismometers to pick up initial detection waves, and scientists have plans

September Winners!

Adjuster Drawing:
 Jeffrey Griffin, Norcross
 Joel Mattes, Frontier
 Slade Spiller, Sedgwick



Vendor Drawing:
 Gary Goldsmith, WeGoLook/Crawford & Co
 (Gary donated his winnings to Light My Fire)

Blue Bucket Drawing... No Winner! Pot grows to \$100 in November!



Save these dates in 2019-20

Nov 1	PSAA Luncheon Meeting, Renaissance
Dec 6	PSAA Pajama Jam Holiday Party, Renaissance
Feb 21	PSAA Bowling @ Acme
Mar 20	PSAA Mini Symposium
May 15	PSAA Past Presidents & Vendor Appreciation Luncheon, Renaissance
June 19	PSAA Zombie Golf Tournament, Northshore
Note:	No meeting or event in the months of October, January, April



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to assemble 100 more meters in Washington and Oregon for network density.

Officials say ShakeAlert is available in Washington now as a pilot for utilities, cities and other business and government users.

The app has also launched in Los Angeles because of the higher number of seismometers placed permanently around the state. ❖

Accelerated speed of today's home fires prompts NFPA to focus on escape planning and practice

Reprinted from www.nfpa.org

Research shows occupants may have less than two minutes to escape safely from the time the smoke alarm sounds

September 25, 2019 – Today's home fires burn faster than ever, making escape planning all the more critical to home fire safety. Studies show that in the past, people had approximately 17 minutes to escape a typical home fire from the time the smoke alarm sounds. Now they may have as little as two minutes to get out safely.

With these concerns in mind, the National Fire Protection Association (NFPA) has announced "Not Every Hero Wears a Cape. Plan and Practice Your Escape™!" as the theme for this year's Fire Preven-

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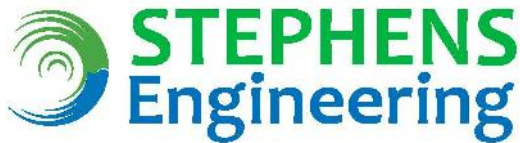




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tion Week campaign, October 6-12, 2019. Working to better educate the public about the importance of home escape planning and practice, the theme recognizes the potentially heroic impact of everyday people who put these messages into action.

"Home escape planning and practice may seem so basic that it's not even necessary, but in reality, these efforts can have tremendous impact," said Lorraine Carli, NFPA's vice president of Outreach and Advocacy. "We've seen time and again that advance planning can make a potentially life-saving difference in a fire situation."

NFPA statistics show that the number of reported U.S. home fires in 2018 is half that reported in 1980. However, the death rate per 1000 reported fires has remained fairly steady, reflecting the continued challenges of safely escaping today's home fires.

While home is the place people are at greatest risk to fire - approximately 80 percent of all U.S. fire deaths occur in homes - people tend to underestimate their risk. That over-confidence lends itself to a complacency toward home escape planning and practice.

"Most people don't recognize the true value of home escape planning until they've experienced a home fire, and by then it's too late to start developing a plan," said Carli. "The people who take the time to prepare in advance really are heroes - their actions can help make their families much safer from fire."

A home escape plan includes working smoke alarms on every level of the home, in every bedroom and near all sleeping areas. It also includes two ways out of every room, usually a door and a window, with a clear path to an outside meeting place (like a tree, light pole or mailbox) that's a safe distance from the home. Home escape plans should be practiced twice a year by all members of the household.

Each year, fire departments throughout the U.S. implement Fire Prevention Week and its messages in their communities. For more information about this year's campaign, "Not Every Hero Wears a Cape. Plan and Practice Your Escape!," visit fpw.org. ❖

Replacing Car Mirrors With High-Tech Cameras May be Closer Than It Appears

By Ryan Beene

Reprinted from www.insurancejournal.com

Drivers in the U.S. may one day no longer have to crane their necks to check their blind spots if regulators agree to let high-tech cameras and screens replace the humble side-view mirror.

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ASBESTOS-LEAD PAINT-GENERAL DEMOLITION

The National Highway Traffic Safety Administration said in a notice on Wednesday that it is seeking public and industry input on whether to allow so-called camera monitoring systems to replace rear- and side-view mirrors mandated by a longstanding U.S. auto safety standard.

Tesla Inc. and the Alliance of Automobile Manufacturers in 2014 petitioned the agency to allow cameras to be used in lieu of traditional mirrors, citing improved fuel economy through reduced aerodynamic drag as the primary benefit. Cameras feeding one or more displays inside the car could also improve rear and side visibility, the Auto Alliance has said.

But NHTSA, which has been studying the possibility for more than a decade, says camera monitoring systems may also introduce new safety risks. A five-year agency study of the technology on heavy-duty vehicles found display screens were too bright, making it harder for drivers to see objects on the road ahead.

NHTSA's 2017 tests of a prototype camera monitoring system found it was "generally usable" in most situations, and produced better-quality images than mirrors at dusk and dawn. It also found potential flaws, including displays that were too bright at night, distorted images and camera lenses that would become obscured by raindrops.

NHTSA said in a notice in the online Federal Register is seeking outside research and data about the potential safety impacts of replacing mirrors with cameras to inform a possible proposal to alter the mirror requirement in the future.

The comment period will be active for 60 days after the notice is formally published in the Federal Register on Thursday. The agency didn't offer a timeline for a final decision, but changes to auto safety standards typically take years. ❖

Imagine a World Without Insurance
 By Insurance Information Institute

Have you ever wondered what the world would be like without insurance? The Insurance Information Institute has. It's probably safe to say that life would be a lot different and probably not as exciting. The economy would not be as strong as it is. An I.I.I. video shows how the more than 2.6 million people employed by the industry are helping to make the world safer, more prosperous, more innovative and more resilient. To view the I.I.I. video go to:

www.insurancejournal.com/news/national/2019/10/02/540232.htm

How Drones Are Digitally Transforming Insurance Claims Inspections and Workflows

By Michael Park
 Reprinted from www.claimsjournal.com

Somewhere in central Michigan, a pickup truck drives into a sleepy suburban neighborhood. An autonomous drone takes flight off the truck's flat-bed and, nearly silently, heads a half-mile east, slowing above a mid-20th century craftsman home that has clearly suffered damage to its roof after a particularly brutal hailstorm.

The drone then makes a careful and artful loop of a house's shingled rooftop, snapping hundreds of photos as it circles the perimeter of the home,

barely three feet from the roof itself. Its job done, the drone returns to the truck and snaps back into its docking station. The photos are securely transferred to the cloud.

Some 1,000 miles away, a claims adjuster in Shreveport, Louisiana, with 30 years of experience under her belt, views the photos, rendered onto her iPhone in the form of a three-dimensional model of the home. She determines the roof must be replaced and escalates the claim into the payout stage. The claim is processed in record time, without a site visit and at a fraction of the cost.

This was the vision of the future many had hoped for when drone technology was first introduced to the insurance space about six years ago. And to be fair, we're close – particularly when it comes to rapid response following a hurricane or tornado. But the applications on day-to-day insurance claims? It's been a bumpy start. Until very recently, the technology has proven to be exceedingly pricey – some professional-grade drones sported six-figure price tags. To make it more complicated, Federal Aviation Administration regulations slowed the spread of drones into the commercial space. And that caused financial and operational stress for a handful of promising startups that were making noise in the insurance space – many of them have crashed and burned after blowing through hundreds of millions of dollars in funding.

Value of Data

These were bumps in the road, yes. But as with any good technology, sometimes you need those bumps in the road to break down the barriers to entry. Today, we're much closer to that future vision in everyday insurance claims than ever before. It turns out that vision itself was pretty spot on. What it neglected to take into account was that it was never about the drones themselves. The hardware is impressive, but that alone wasn't capable of revolutionizing the insurance space. As it turns out, the real value creation is all about data: how it's captured, processed and augmented. In short, the solution is a sophisticated use of technology to simplify and enhance workflows, while driving down a variety of claim-related costs.

Digital transformation is one of those terms that's being applied to every industry, and in most cases, it's code for "modernization." Of course, that includes fantastic new technology like artificial intelligence, machine learning and blockchain. But people tend to focus more on the "digital" and less on the "transformation" – it's really about how legacy processes within industries are becoming more

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streamlined, more efficient and, ultimately, more cost-effective.

There is tremendous opportunity in the insurance industry, which is still riddled with a host of legacy applications and manual processes. That's why we all get so excited by the idea of insurtech: It is, by definition, digital transformation at work in the industry.

When it comes to drones, the ideal outcome for their application is capturing the highest-precision, highest-quality imagery of damaged – and undamaged – property. The drone's role here is only part one of the process. The next step is passing that data to an expert who can make a determination of whether and how that roof needs to be repaired or replaced, and how to do that in the fastest, best way possible.

This is really where the breakthrough happens, and it's becoming a reality through aerial imagery companies with the right technology and workflows in place. Amazing images can be passed into the cloud almost as soon as they're captured. With AI and machine-learning algorithms sifting through the data, a determination can be made whether it's a simple claim that can go straight to the payout process, or whether the claim should be escalated to an experienced adjuster for a human decision. And with today's visualization technology, any adjuster can see the data in three dimensions on the endpoint/device of his or her choice, whether that's a desktop computer or a mobile device.

In other words, we're now at a point where half of the process flow can be taken care of by a machine, whereas the other half still needs an expert opinion. That is a fundamental change that directly and beneficially impacts the total cost of the process. All told, a claim that typically runs as much as \$1,500 in combined loss adjustment costs can be reduced by 75 percent. And the entire process can be done faster and more accurately.

In many ways, the drone is just the enabler for a smoother, more revolutionary workflow. Even more exciting is that more developments are on the horizon that will further benefit carriers and policyholders. For one, top-of-the-line drones are now available at price points around the \$1,000 mark, obliterating one of the major barriers to entry. And even though the requirements for commercial drone pilots are still high, software will soon be available to optimize drone flights for the specific application of inspections, making it easier for pilots to make those drum-tight flight patterns around a roof.

A little further out on the horizon, momentum is building for the FAA to loosen its restriction that all

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drone pilots must be able to visibly see their craft's flight pattern (the "Beyond Visual Line of Sight (BVLOS)" requirement). That will open the door to a world of fully autonomous drones that can fly further and for longer periods, covering large ranges of geography and capturing aerial imagery at an even more economical rate. This could happen as soon as three years from now, according to a study by Deloitte.

These are exciting times for an industry that has been known for being more traditional in its processes. The technology is certainly thrilling, but it's how that technology is applied and how it overhauls the workflow that really will cause a positive revolution. We're still not at a place of universal adoption, but once these developments become commonplace, those who lag behind will likely be penalized in the marketplace. Policyholders simply won't want to pay for inefficiencies of legacy processes when newer, better and more efficient options arise. This is one revolution that will have been worth the wait. ❖

Nationwide to Honor the Most Unusual Pet Insurance Claim of 2019

By Lyle Adriano
 Reprinted from www.insurancebusinessmag.com

Nationwide is once again holding its annual Hambone Award event, and the insurer [has asked] the public to vote on the weirdest pet insurance claim of 2019.

The Hambone Award, named after one incident wherein a dog ate an entire Thanksgiving ham while stuck inside a refrigerator, was first instituted in 2009. Nationwide has been using the award not just to regale consumers about the strangest things that happen to pets, but also to honor local veterinary practices for their care.

Five finalists were selected for this year's vote – the five claims were selected from Nationwide's database of over 750,000 insured pets.

The finalists are:

- ⌋ Tippy – a Border Collie that ran into a steel trailer hitch while playing fetch and injured her snout.
- ⌋ Jasper – a cat that ended up inside a dryer while it was in the fluff cycle.
- ⌋ Frank – a Rottweiler who ended up getting quills up his snout after sniffing a porcupine.
- ⌋ Minnow – an indoor cat that disappeared for 21 days, only to return with a broken rib.
- ⌋ Max – a Great Pyrenees whose head got caught in a hog trap.

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All nominated pets have made a full recovery and received Nationwide insurance payouts for eligible veterinary expenses. The animal that wins the vote will receive a basket of treats.

As part of the contest, the veterinary practices that treated the finalists will also each receive a portion of the \$30,000 award through the Veterinary Care Foundation. The winning practice will be given \$10,000, while the runner up receives \$7,000, third place gets \$5,000, and fourth and fifth will each collect \$4,000.

"Our annual Hambone Award is a great reminder that pets can make remarkable recoveries because of the diligence of their owners and the incredible skills of their treating veterinarians," commented Nationwide vice-president and chief veterinary officer Carol McConnell, DVM, MBA. ❖



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WA Supreme Court: Employee Adjusters Not Personally Liable for Insurance Bad Faith

By Paul Rosner
Reprinted from www.sohalang.com

We won! On October 3, 2019, in a 5 to 4 decision, the Washington Supreme Court held in *Keodalah v. Allstate Insurance Company*, No. 95867-0 that "employee adjusters are not subject to personal liability for insurance bad faith or per se claims under the CPA [Consumer Protection Act]." The decision, which has been closely monitored across the nation, protects claims professionals, insurance agents, experts, and lawyers who represent insurers from being drawn into disputes between insureds and insurers as parties.

The insured, Moun Keodalah, was injured in an accident where a motorcyclist struck his truck while crossing an intersection. The facts uncovered by the Seattle Police Department ("SPD") investigation, Allstate's witness interviews, and the accident reconstruction firm hired by Allstate to analyze the collision all suggested that the motorcyclist was at fault and that his "excessive speed" caused the collision. Keodalah made a claim under his underinsured motorist ("UIM") coverage and requested that Allstate pay him the \$25,000 limit. Allstate refused, finding Keodalah to be 70 percent at fault, and made a series of offers to settle the claim.

Keodalah filed suit asserting a UIM claim. During discovery, an adjuster employee of Allstate was designated as Allstate's corporate representative for a



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Civil Rule 30(b)(6) deposition. The adjuster contradicted the conclusions reached by the SPD and Allstate’s accident reconstruction analysis by testifying, for example, that Keodalas had run the stop sign and had been on his cell phone at the time of the accident. At trial, Allstate continued to contend that Keodalas was 70 percent at fault. The jury determined that the motorcyclist was 100 percent at fault and awarded Keodalas \$108,868.20 for his injuries, lost wages and medical expenses.

Keodalas then filed a second lawsuit against Allstate that included claims against the adjuster for bad faith and CPA violations. Allstate moved to dismiss the claims on the pleadings under CR 12(b)(6). The trial court dismissed the claims against the adjuster and certified the issue for interlocutory appeal. The Court of Appeals disagreed with the trial court and concluded that the bad faith and CPA claims against the adjuster could proceed. The Court of Appeals found that a Washington statute, RCW 48.18.030, imposes a duty of good faith on an individual adjuster, not just the insurance company, and applies equally both to individuals and to corporations acting as insurance adjusters. The Court of Appeals similarly found that the adjuster could be liable for a CPA violation even absent a contractual relationship between them.

The Washington Supreme Court reversed the Court of Appeals and reinstated the trial court’s dismissal of claims against the adjuster. In its analysis, the Court applied Washington’s three-pronged test for an implied statutory right of action under Bennett v. Hardy, 113 Wn.2d 912, 784 P.2d 1258 (1990) to determine whether RCW 48.01.030 includes an implied cause of action against an adjuster for bad faith. The Court held:

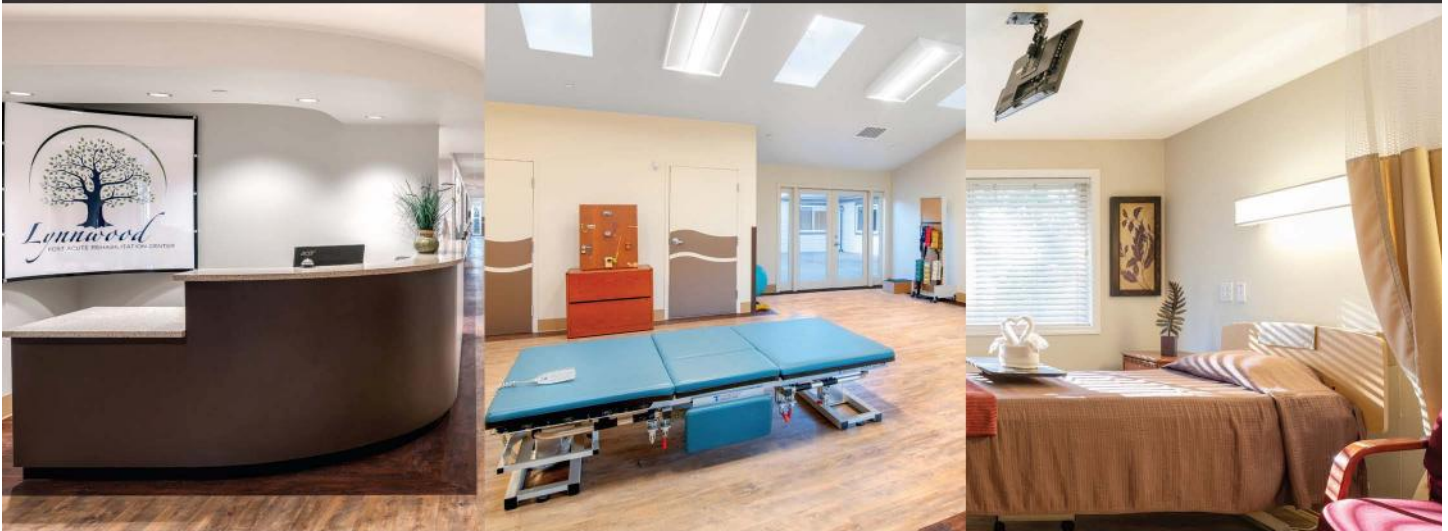
[A]pplication of the Bennett factors does not support the imposition of an implied cause of action here. In light of RCW 48.01.030’s plain language, indicating that the statute is intended to benefit the general public, and the broader statutory and historical context in which the statute appears, we hold that RCW 48.01.030 does not create an implied cause of action for insurance bad faith.

Next, the Court held that an insured cannot sue an adjuster under the CPA. The Court explained that Keodalas’s CPA claim based on RCW 48.01.030 failed because CPA claims based upon a breach of the statutory duty of good faith are limited to the context of the insurer-insured relationship. Thus, although Keodalas may sue his insurer under the CPA, he cannot sue the adjuster:



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Because Keodalah claims a breach of the duty of good faith by someone outside the quasi-fiduciary relationship, his CPA claim based on RCW 48.01.030 was properly dismissed. The majority decision will prevent plaintiffs from bringing specious claims against insurance adjusters and other insurance professionals for purposes of intimidation and to destroy diversity jurisdiction.


Soha & Lang, P. S. attorneys Paul Rosner and Geoff Bedell co-authored an amicus brief on behalf of Washington Defense Trial Lawyers (WDTL). Based upon questions by the court during oral argument, the WDTL brief appears to have helped sway the Washington Supreme Court to make the right decision. ❖

— Disclaimer: Any opinions expressed in this blog are those of the author and do not necessarily reflect those of Soha and Lang, P.S. or its clients.



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What to Consider when Handling Disaster Claims

There are a number of factors for adjusters to keep in mind when handling claims post-catastrophe
 By Christine G. Barlow, CPCU
 Reprinted from www.propertycasualty360.com

It's disaster season; already Hurricane Barry has caused between \$500 to \$900 million in damages, and the season is just beginning. California has had 6.4 and 7.1 magnitude earthquakes recently, with a number of smaller aftershocks. The National Inter-agency Fire Center predicts that chances of wildfires will be higher than normal in parts of California, Oregon and Washington from June through September. Whether this is your first year handling claims or your fifteenth, there are a number of things to keep in mind when handling claims.

Safety first

Any water on the ground is likely to be contaminated, especially flood water. Sewers, chemical and other waste may be released, and any water could cause significant health concerns. If you have any cuts or are cut, be sure to thoroughly clean the wound once you are out of the area. People have died from infections they received from standing in floodwaters when a new or existing wound became infected.

The ground itself has its own hazards. There may be bits of metal, broken glass and chemical contaminants. Pay attention to where you're walking.

Following the rules

You may be assigned to handle claims in a different state. Be aware of any state-specific claims handling requirements; these will vary. You could need a temporary license or be allowed to adjust claims for a limited number of days or be acting under a special order from the insurance department.

You need to be aware of actions by the local insurance department. After the severe wildfires last year in California, the commissioner imposed a number of new requirements on insurers. Policyholders suffering a total loss were to receive up to at least four months of additional living expense payments in advance upon request, and additional funds with proper documentation after the advance period.


Advance payments of 25% of contents limits were to be paid in advance as well, and debris removal was to be expedited. In addition, carriers were to accept home inventory software or paper docu-



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ments available to the public through the insurance department, Insurance Information Network of California or other reasonable forms without requiring insureds to use company-specific forms. Likewise, reduced itemization of contents was to be accepted; for example, allowing an insured to list 100 books instead of listing each title separately.

A formal notice was issued requiring all companies to ensure adjusters were trained on the California Unfair Practices Act, Fair Claims Settlement Practices Regulations and all of the other California laws relating to relevant insurance claims handling. If you're going to be handling claims in a state you do not normally handle, it is a good idea to review this kind of information so that you can handle claims properly. The insurance department website can be a good place to start.

Preparing for catastrophe

The insurance commissioner of Washington is currently urging residents to prepare for wildfire season by reviewing their policies and making a home inventory. An inventory is a critical piece of information that insureds need to tell adjusters what property was lost. Few people can construct a list of all their personal property on a good day, let alone after having lost everything in a fire or other disas-

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ter. He also recommends reviewing the space around the home and removing debris, dried vegetation and other flammable materials in order to provide a better defensive space for the property.

Puerto Rico developed new flood laws because of issues that became apparent after Hurricane Maria in 2017. Added to the insurance code was a duty of impartiality of appraisers. Policies were to contain clauses providing for resolution of disputes by appraisal without limiting an insured's ability to go to court. Insureds must be allowed one year to bring legal action, and in a state of emergency, the Supreme Court may set up Specialized Chambers of Insurance to handle disputes when the carrier does not submit to the appraisal process. As with the wildfires in California, significant underinsurance issues became apparent following the storm.

After a catastrophe, the commissioner can order carriers to issue partial or advance payments and pay parts of claims where coverage is clear regardless of the rest of the claim. Insurers will be examined every five years for solvency and must have a catastrophe response plan and other provisions regarding company financial standing.

The recent California earthquakes have again highlighted the underinsurance issue. Like floods, few people buy proper earthquake coverage. They assume everything is covered under the homeowners policy when it is not.

Remember, however, that under the standard ISO HO 00 03, direct loss by fire, explosion or theft that results from any earth movement, including earthquake, landslide, mudslide, mudflow or other earth movement including sinking, rising or shifting is covered. Underground gas and water pipes frequently rupture when an earthquake occurs. If an earthquake ruptures the gas pipe and the house explodes, that explosion is covered.

Underinsurance is apparent following wildfire and earthquake catastrophes when the demand for contractors and supplies increases. Being able to explain how policies work and the impact from rising costs and their effect on the price to repair and replace contents will be important. ❖

— Christine G. Barlow, CPCU, (cbarlow@alm.com) is managing editor of FC&S Expert Coverage Interpretation, the authority on insurance coverage interpretation and analysis for the P&C industry.



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