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Lt. Governor



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BULLETIN 08-02

To: Property and Casualty Insurers and All Interested Parties

**Re: Amended Reporting Instructions for cases under §27-1001 of the Insurance Article
and §3-1701 of the Courts and Judicial Proceedings Article**

Date: January 15, 2008

The purpose of this Bulletin is to advise Property and Casualty Insurers that the Administration has amended the reporting forms to be completed by an insurer that is served with a §27-1001 Filing or that is served with a civil complaint that alleges an absence of good faith and seeks enhanced damages under §3-1701 of the Courts and Judicial Proceedings Article. The forms referenced in Bulletin 07-15 as Exhibits 2 and 3 are hereby withdrawn and the amended forms, attached hereto as Exhibits 1 and 2, are now substituted as the proper reporting forms to be utilized.

Each property and casualty insurer that is served with a 27-1001 Filing that is initially filed with the Administration and then becomes subject to further adjudication shall complete a Notice of Disposition Form and submit it to the Administration within 30 days of the disposition by any adjudicatory body with regard to the civil action. The Notice of Disposition Form is attached hereto as Exhibit 1 and is to be supplied to the Administration in an Excel spread sheet format containing all the listed information.

Each property and casualty insurer that is served with a civil complaint that alleges an absence of good faith and seeks enhanced damages under Section 3-1701 of the Courts and Judicial Proceedings Article, but was not originally filed with the Administration shall file a Notice of Pending Complaint and submit it to the Administration within 30 days of service of process. The Notice of Pending Complaint is attached hereto as Exhibit 2 and is to be supplied to the Administration in an Excel spread sheet format containing all the required information.

These forms, the Notice of Disposition and the Notice of Pending Complaint, are to be updated as the civil action proceeds through each level of adjudication and as each adjudicatory body issues a disposition.

The amended reporting forms are designed to make it easier for the insurers to make the required filings and to more easily provide the required information to the Administration. These reporting forms will be on the Administration's website (www.mdinsurance.state.md.us) in Excel spread sheet format. Once you have opened the Excel spread sheet, you need to save the form to your computer in Excel and complete the form. You will note that the shaded areas (light blue in color) are areas which provide a drop down for completion so all you have to do is click on the proper choice and that information will automatically transfer onto the form. Once the form is completed, you need to save it with the case name or number and then return the completed form to the Administration by attaching it to an email you send to Pamela Hirsch at phirsch@mdinsurance.state.md.us.

If you have questions regarding the process for submitting the §27-1001 Notice of Disposition or the §3-1701 Notice of Pending Complaint, please contact Pamela Hirsch, Maryland Insurance Administration, Phone: (410) 468-2346, Email: phirsch@mdinsurance.state.md.us

Ralph S. Tyler, Insurance Commissioner

By: _____
P. Randi Johnson, Associate Commissioner
Property & Casualty

Exhibit 1

27-1001 Notice of Disposition

Insurer Name: _____

NAIC Number: _____

(a) What adjudicatory body issued the disposition?

Select the following adjudicatory body:

Answer: _____

Select the city/county in which your court is located?

Circuit Court

Answer: _____

District Court

Answer: _____

Federal Court

Answer: _____

(b) The case name and number before that adjudicatory body, as well as the case name and number of any underlying or prior dispositions with respect to that Complaint:

Case Name: List Names	Court/Any underlying or prior dispositions List Dispositions

Case Number: List Numbers	Court/Any underlying or prior dispositions List dispositions

(c) Whether the Complaint sought a determination as to coverage and/or alleged a failure by the Defendant Insurer to adequately value and/or pay the underlying insurance claim:

Please select:

Answer:

(d) The type of coverage at issue in the Complaint, such Auto UM/UIM, Homeowner's, Commercial General Liability, etc.:

Please select both first and second level:

Answer:

Answer:

(e) The amount sought as damages in the Complaint, itemized by:

(i) The amount sought as actual damages

Please enter amount \$

; and

(ii) The amount sought as expenses and litigation costs, including attorney's fees:

Type	Amount
Expenses	\$ <input type="text"/>
Litigation Costs	\$ <input type="text"/>
Attorney Fees	\$ <input type="text"/>
Interest	\$ <input type="text"/>

(f) The disposition of each count of the Complaint:

List disposition:

(g) A summary of any determinations made:

(h) A listing of any amounts awarded by the adjudicatory body:

(i) The amount awarded as actual damages

Please enter amount \$; and

(ii) The amount awarded as expenses and litigation costs, including attorney's fees;

Type	Amount
Expenses	\$ <input type="text"/>
Litigation Costs	\$ <input type="text"/>
Attorney Fees	\$ <input type="text"/>
Interest	\$ <input type="text"/>

(i) Whether any further proceedings before that body or another tribunal have been filed or are expected to be filed.

An appeal filed

Answer:

If yes, where was the appeal filed

Answer:

Exhibit 2

3-1701 Notice of Pending Complaint

Insurer Name: _____

NAIC Number: _____

(a) The court in which the Complaint was filed:

Answer: _____

Select the city/county in which your court is located?

Circuit Court

Answer: _____

District Court

Answer: _____

Federal Court

Answer: _____

(b) The case name and number assigned to the Complaint:

Case Name _____

Case Number _____

(c) The parties to the complaint

List Parties and Designation (Name(s), Plaintiff and Name(s), Defendant):

(d) The reason why the Complaint was not required to be filed with the Administration prior to being filed with the court:

Answer:

(e) Whether the Complaint sought a determination as to coverage and/or alleged a failure by the Defendant Insurer to adequately value and/or pay the underlying insurance claim:

Please select:

Answer:

(f) The type of coverage at issue in the Complaint, such Auto UM/UIM, Homeowner's, Commercial General Liability, etc.:

Please select both first and second level:

First Level Answer:

Second Level Answer:

(g) The amount sought as damages in the Complaint, itemized by:

(i) The amount sought as actual damages

Please enter amount \$

; and

(ii) The amount sought as expenses and litigation costs, including attorney's fees:

Type	Amount
Expenses	\$
Litigation Costs	\$
Attorney Fees	\$
Interest	\$

(f) The disposition of each count of the Complaint:

List disposition:

(g) A summary of any determinations made:

(h) A listing of any amounts awarded by the adjudicatory body:

(i) The amount awarded as actual damages

Please enter amount

\$

;and

(ii) The amount awarded as expenses and litigation costs, including attorney's fees;

Type	Amount
Expenses	\$
Litigation Costs	\$
Attorney Fees	\$
Interest	\$

(i) Whether any further proceedings before that body or another tribunal have been filed or are expected to be filed.

An appeal filed

Answer:

If yes, where was the appeal filed

Answer: