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Lt. Governor

AL REDMER, JR.  
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### Bulletin 16-30

Date: October 21, 2016

To: **Property and Casualty Insurers, Insurers That Offer Individual Disability Insurance, and All Interested Parties**

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

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The purpose of this Bulletin is to advise property and casualty insurers and insurers that offer individual disability insurance (collectively referred to as the Insurer) that the Maryland Insurance Administration (Administration) has amended the Reporting Forms to be completed by an Insurer that is served with a §27-1001 filing or a civil complaint alleging an absence of good faith and that seeks enhanced damages under §3-1701 of the Courts and Judicial Proceedings Article. Bulletin 08-02 and its Exhibits 1 and 2 are hereby withdrawn as of November 1, 2016. The attached Exhibits A and B are now the proper Reporting Forms to be utilized by an Insurer.

An Insurer served with a §27-1001 filing initially filed with the Administration which then becomes the subject of further adjudication shall complete a [Notice of Disposition Form](#). The Notice of Disposition Form must be filed with 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 A and must be submitted to the Administration in an Excel spread sheet format containing the required information.

An Insurer served with a civil complaint alleging an absence of good faith and seeking enhanced damages under § 3-1701 of the Courts and Judicial Proceedings Article that was not initially filed with the Administration shall file a [Notice of Pending Complaint Form](#) and shall submit it to the Administration within 30 days of service of process. The Notice of Pending Complaint Form is attached hereto as Exhibit B and must be submitted to the Administration in an Excel spread sheet format containing the required information.

The Notice of Disposition and the Notice of Pending Complaint Forms must be updated and filed with the Administration within 30 days of a disposition 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 simplify the reporting process and are located on the Administration's website ([insurance.maryland.gov](http://insurance.maryland.gov)) at the following hyperlink: [Insurer Good Faith Requirements](#). Please note, once you open the Excel spread sheet, you must save the form to your computer in Excel and then complete the form with the required information. The shaded areas (light blue in color) contained on the Excel spread sheet are areas which provide a drop down menu. Please choose the correct information from the drop down menu and that information will automatically transfer onto the Excel spread sheet. Once the Excel spread sheet is complete, please save it with the case name or case number and then submit the completed form to the Administration by attaching it to an email to Pamela Hirsch at [pam.hirsch@maryland.gov](mailto:pam.hirsch@maryland.gov).

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: [pam.hirsch@maryland.gov](mailto:pam.hirsch@maryland.gov).

**ALFRED W. REDMER, JR.**

**Insurance Commissioner**

signature on original

By:

Robert D. Morrow Jr.,  
Associate Commissioner – Hearings

## Exhibit A

## **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:**

**Court/Any underlying or prior dispositions**

**List Names**

**List Dispositions**


**Case Number:**

**Court/Any underlying or prior dispositions**

**List Numbers**

**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, Individual Disability Insurance, 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	\$
Litigation Costs	\$
Attorney Fees	\$
Interest	\$

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

List disposition:

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(g) A summary of any determinations made:

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(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:**

## **Exhibit B**

## **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):**

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(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, Individual Disability Insurance, 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:

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(g) A summary of any determinations made:

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(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: