

**IAFF CONVENTION
ARKADELPHIA, AR.
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WHAT TO DO AFTER THE FIRE

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Notice of Claim

Notice of Claim = any notification whether in writing or by other means which gives pertinent facts.

Insurer must pay or at least acknowledge the claim within **15 days** of *Notice of Claim*

Recommendations:

1. Call and send certified letter to insurer with the following information:
 - a. Name
 - b. Policy number
 - c. Date of loss
 - d. “Please treat this letter as notice of this claim. Forward a proof of loss form and a copy of my declarations policy and all pertinent benefits and coverages available under my policy.”
2. Take photos / videos of damage
3. Try to protect property from further damage

Recognize Available Coverage and Policy Limits

Insurer must disclose all pertinent benefits, coverages and other provisions of your policy

General Types of Coverage:

1. Dwelling (normally includes attached structures)
2. Other Structures
3. Personal Property Coverage
4. Additional Living Expenses
5. Others

Proof of Loss

Insurer must give forms for proof of loss within **20 days** of *Notice of Claim* – otherwise waive proof of loss requirements.

Insured is not required to calculate depreciation of value

Insurer cannot deny claim because the proof of loss was not timely submitted unless it says so in the policy (this will have to be referenced in a denial).

Insured is not required to exhibit property to insurer unless:

1. Proof of a demand to exhibit
2. Unfounded refusal to exhibit

Recommendations:

1. Complete Proof of Loss form
2. You should have photographs already

Investigation

Insurer has **45 days** from *Notice of Claim* to investigate the claim

If investigation cannot be completed within 45 days then the insurer must provide notice and state reason the investigation was not complete

* Insurer may exceed the 45 day investigation if there is specific proof of arson.

Insurer must conduct a reasonable and prompt investigation

Accept / Deny Claim

Insurer should accept or deny claim within **15 days** of *Notice of Claim*

Insurer must provide notice and reason for additional time needed to investigate not to exceed **45 days**.

Insurer must provide a reasonable explanation why claim is denied and include a reference to the applicable provision in the policy.

Insurer cannot refuse to pay because the loss was someone else's fault.

Payment of Claim

Insurer must mail or deliver the checks within **10 days** from the date the claim is processed.

Insurer cannot attempt to settle a claim for less than the amount to which a reasonable person would have believed he / she was entitled

Release must be limited to the claim