

# LYNCH & ASSOCIATES P.C.

## Claims Handling for Minnesota Property & Casualty Insurance

ACT TO BE PERFORMED	COMPLIANCE TIMEFRAME	REFERENCE
Acknowledge and act upon communications with respect to claims	Promptly	M.S.A. § 72A.20 Subd. 12(2)
Affirm or deny coverage of claims	Within a reasonable time after proof of loss statements have been completed	M.S.A. § 72A.20 Subd. 12(5)
Provide reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement	Promptly	M.S.A. § 72A.20 Subd. 12(14)
Inform insured who files a claim related to the I-35W bridge collapse and described in section 65B.133, subdivision 5a, of the provisions of that law, both orally and in writing	Promptly	M.S.A. § 72A.20 Subd. 12(17)
Acknowledge receipt of notification of claim. Acknowledgment must include the telephone number of the representative who can assist the insured or the claimant. If acknowledgment is not made in writing, notate and date the claim file and include the following where the acknowledgment is by telephone or oral contact: telephone number called, name of person making telephone call or oral contact, name of person who actually received the telephone call or oral contact, time of telephone call or oral contact, and date of telephone call or oral contact.	Within 10 business days after receiving notification of claim	M.S.A. § 72A.201 Subd. 4(1)
Reply to all other communications about a claim from an insured or a claimant that reasonably indicate a response is requested or needed	Within 10 business days of receipt	M.S.A. § 72A.201 Subd. 4(2)
Complete investigation and inform insured or claimant of acceptance or denial of a claim	Within 30 business days after receipt of notification of claim	M.S.A. § 72A.201 Subd. 4(3)(i)
If investigation cannot be completed in 30 business days, notify insured or claimant of the reasons why the investigation is not complete and the expected date the investigation will be complete. Where evidence of suspected fraud is present, the reasons for failure to complete the investigation within the time period need not be specific.	Within 30 business days after receipt of notification of claim	M.S.A. § 72A.201 Subd. 4(3)(i) – (4)
Notify insured who has made a notification of claim of all benefits or coverages which the insured may be eligible to receive under the terms of a policy and of all documentation which insured must supply in order to ascertain eligibility	Not specified	M.S.A. § 72A.201 Subd. 4(5)

Advise in writing insured or claimant who has filed a notification of claim known to be unresolved, and who has not retained an attorney, of the expiration of a statute of limitations. Claims on which insurer has received no communication from insured or claimant for period of 2 years preceding the expiration of the applicable statute of limitations are excluded from requirement.	At least 60 days prior to the expiration of the statute of limitations	M.S.A. § 72A.201 Subd. 4(8)
Advise insured of the acceptance or denial of claim. Denial must be in writing and a copy maintained in the claim file.	Within 60 business days after receipt of a properly executed proof of loss	M.S.A. § 72A.201 Subd. 4(11)
If a damaged vehicle of an insured cannot be safely driven, inspect automobile damage prior to repair	Within 5 business days following receipt of notification of claim	M.S.A. § 72A.201 Subd. 6(3)
If a damaged vehicle of an insured can be safely driven, inspect automobile damage prior to repair	Within 15 days following receipt of notification of claim	M.S.A. § 72A.201 Subd. 6(3)
Notify insured in writing of time limitation provisions in an automobile insurance policy	At least 60 days prior to the expiration of that time limitation	M.S.A. § 72A.201 Subd. 6(11)
Provide a complete copy of the claim file to an insured who has submitted a claim for benefits described in section 65B.44, excluding internal memoranda, materials relating to fraud investigation, materials that constitute attorney work-product or that qualify for the attorney-client privilege, and medical reviews subject to section 145.64	Within 10 business days of receiving a written request	M.S.A. § 72A.201 Subd. 6(13)
Respond to inquiry regarding a claim from the commissioner	Within 15 working days after receipt of inquiry	M.S.A. § 72A.201 Subd. 9(1)
Disclose coverage and limits of policy	Within 30 days after the information is requested in writing by a claimant	M.S.A. § 72A.201 Subd. 11

(Current as of August 2008) - **This chart is not to be used as a substitute for reviewing the actual statutes and regulations.**