
A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 431:13-103, Hawaii Revised Statutes, is
2 amended by amending subsection (a) to read as follows:

3 "(a) The following are defined as unfair methods of
4 competition and unfair or deceptive acts or practices in the
5 business of insurance:

6 (1) Misrepresentations and false advertising of insurance
7 policies. Making, issuing, circulating, or causing to
8 be made, issued, or circulated, any estimate,
9 illustration, circular, statement, sales presentation,
10 omission, or comparison which:

11 (A) Misrepresents the benefits, advantages,
12 conditions, or terms of any insurance policy;

13 (B) Misrepresents the dividends or share of the
14 surplus to be received on any insurance policy;

15 (C) Makes any false or misleading statement as to the
16 dividends or share of surplus previously paid on
17 any insurance policy;



- 1 (D) Is misleading or is a misrepresentation as to the
2 financial condition of any insurer, or as to the
3 legal reserve system upon which any life insurer
4 operates;
- 5 (E) Uses any name or title of any insurance policy or
6 class of insurance policies misrepresenting the
7 true nature thereof;
- 8 (F) Is a misrepresentation for the purpose of
9 inducing or tending to induce the lapse,
10 forfeiture, exchange, conversion, or surrender of
11 any insurance policy;
- 12 (G) Is a misrepresentation for the purpose of
13 effecting a pledge or assignment of or effecting
14 a loan against any insurance policy;
- 15 (H) Misrepresents any insurance policy as being
16 shares of stock;
- 17 (I) Publishes or advertises the assets of any insurer
18 without publishing or advertising with equal
19 conspicuousness the liabilities of the insurer,
20 both as shown by its last annual statement; or



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- 1 (J) Publishes or advertises the capital of any
2 insurer without stating specifically the amount
3 of paid-in and subscribed capital;
- 4 (2) False information and advertising generally. Making,
5 publishing, disseminating, circulating, or placing
6 before the public, or causing, directly or indirectly,
7 to be made, published, disseminated, circulated, or
8 placed before the public, in a newspaper, magazine, or
9 other publication, or in the form of a notice,
10 circular, pamphlet, letter, or poster, or over any
11 radio or television station, or in any other way, an
12 advertisement, announcement, or statement containing
13 any assertion, representation, or statement with
14 respect to the business of insurance or with respect
15 to any person in the conduct of the person's insurance
16 business, which is untrue, deceptive, or misleading;
- 17 (3) Defamation. Making, publishing, disseminating, or
18 circulating, directly or indirectly, or aiding,
19 abetting, or encouraging the making, publishing,
20 disseminating, or circulating of any oral or written
21 statement or any pamphlet, circular, article, or



1 literature which is false, or maliciously critical of
2 or derogatory to the financial condition of an
3 insurer, and which is calculated to injure any person
4 engaged in the business of insurance;

5 (4) Boycott, coercion, and intimidation.

6 (A) Entering into any agreement to commit, or by any
7 action committing, any act of boycott, coercion,
8 or intimidation resulting in or tending to result
9 in unreasonable restraint of, or monopoly in, the
10 business of insurance; or

11 (B) Entering into any agreement on the condition,
12 agreement, or understanding that a policy will
13 not be issued or renewed unless the prospective
14 insured contracts for another class or an
15 additional policy of the same class of insurance
16 with the same insurer;

17 (5) False financial statements.

18 (A) Knowingly filing with any supervisory or other
19 public official, or knowingly making, publishing,
20 disseminating, circulating, or delivering to any
21 person, or placing before the public, or



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1 knowingly causing, directly or indirectly, to be
2 made, published, disseminated, circulated,
3 delivered to any person, or placed before the
4 public, any false statement of a material fact as
5 to the financial condition of an insurer; or
6 (B) Knowingly making any false entry of a material
7 fact in any book, report, or statement of any
8 insurer with intent to deceive any agent or
9 examiner lawfully appointed to examine into its
10 condition or into any of its affairs, or any
11 public official to whom the insurer is required
12 by law to report, or who has authority by law to
13 examine into its condition or into any of its
14 affairs, or, with like intent, knowingly omitting
15 to make a true entry of any material fact
16 pertaining to the business of the insurer in any
17 book, report, or statement of the insurer;
18 (6) Stock operations and advisory board contracts.
19 Issuing or delivering or permitting agents, officers,
20 or employees to issue or deliver, agency company stock
21 or other capital stock, or benefit certificates or

1 shares in any common-law corporation, or securities or
2 any special or advisory board contracts or other
3 contracts of any kind promising returns and profits as
4 an inducement to insurance;

5 (7) Unfair discrimination.

6 (A) Making or permitting any unfair discrimination
7 between individuals of the same class and equal
8 expectation of life in the rates charged for any
9 policy of life insurance or annuity contract or
10 in the dividends or other benefits payable
11 thereon, or in any other of the terms and
12 conditions of the contract;

13 (B) Making or permitting any unfair discrimination in
14 favor of particular individuals or persons, or
15 between insureds or subjects of insurance having
16 substantially like insuring, risk, and exposure
17 factors, or expense elements, in the terms or
18 conditions of any insurance contract, or in the
19 rate or amount of premium charge therefor, or in
20 the benefits payable or in any other rights or
21 privilege accruing thereunder;



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- 1 (C) Making or permitting any unfair discrimination
2 between individuals or risks of the same class
3 and of essentially the same hazards by refusing
4 to issue, refusing to renew, canceling, or
5 limiting the amount of insurance coverage on a
6 property or casualty risk because of the
7 geographic location of the risk, unless:
8 (i) The refusal, cancellation, or limitation is
9 for a business purpose which is not a mere
10 pretext for unfair discrimination; or
11 (ii) The refusal, cancellation, or limitation is
12 required by law or regulatory mandate;
- 13 (D) Making or permitting any unfair discrimination
14 between individuals or risks of the same class
15 and of essentially the same hazards by refusing
16 to issue, refusing to renew, canceling, or
17 limiting the amount of insurance coverage on a
18 residential property risk, or the personal
19 property contained therein, because of the age of
20 the residential property, unless:



1 (i) The refusal, cancellation, or limitation is
2 for a business purpose which is not a mere
3 pretext for unfair discrimination; or
4 (ii) The refusal, cancellation, or limitation is
5 required by law or regulatory mandate;

6 (E) Refusing to insure, refusing to continue to
7 insure, or limiting the amount of coverage
8 available to an individual because of the sex or
9 marital status of the individual; however,
10 nothing in this subsection shall prohibit an
11 insurer from taking marital status into account
12 for the purpose of defining persons eligible for
13 dependent benefits;

14 (F) Terminating or modifying coverage, or refusing to
15 issue or renew any property or casualty policy or
16 contract of insurance solely because the
17 applicant or insured or any employee of either is
18 mentally or physically impaired; provided that
19 this subparagraph shall not apply to accident and
20 health or sickness insurance sold by a casualty
21 insurer; provided further that this subparagraph



1 shall not be interpreted to modify any other
2 provision of law relating to the termination,
3 modification, issuance, or renewal of any
4 insurance policy or contract;

5 (G) Refusing to insure, refusing to continue to
6 insure, or limiting the amount of coverage
7 available to an individual based solely upon the
8 individual's having taken a human
9 immunodeficiency virus (HIV) test prior to
10 applying for insurance; or

11 (H) Refusing to insure, refusing to continue to
12 insure, or limiting the amount of coverage
13 available to an individual because the individual
14 refuses to consent to the release of information
15 which is confidential as provided in section 325-
16 101; provided that nothing in this subparagraph
17 shall prohibit an insurer from obtaining and
18 using the results of a test satisfying the
19 requirements of the commissioner, which was taken
20 with the consent of an applicant for insurance;
21 provided further that any applicant for insurance



1 who is tested for HIV infection shall be afforded
2 the opportunity to obtain the test results,
3 within a reasonable time after being tested, and
4 that the confidentiality of the test results
5 shall be maintained as provided by section
6 325-101;

7 (8) Rebates. Except as otherwise expressly provided by
8 law:

9 (A) Knowingly permitting or offering to make or
10 making any contract of insurance, or agreement as
11 to the contract other than as plainly expressed
12 in the contract, or paying or allowing, or giving
13 or offering to pay, allow, or give, directly or
14 indirectly, as inducement to the insurance, any
15 rebate of premiums payable on the contract, or
16 any special favor or advantage in the dividends
17 or other benefits, or any valuable consideration
18 or inducement not specified in the contract; or

19 (B) Giving, selling, or purchasing, or offering to
20 give, sell, or purchase as inducement to the
21 insurance or in connection therewith, any stocks,



1 bonds, or other securities of any insurance
2 company or other corporation, association, or
3 partnership, or any dividends or profits accrued
4 thereon, or anything of value not specified in
5 the contract;

6 (9) Nothing in paragraph (7) or (8) shall be construed as
7 including within the definition of discrimination or
8 rebates any of the following practices:

9 (A) In the case of any life insurance policy or
10 annuity contract, paying bonuses to policyholders
11 or otherwise abating their premiums in whole or
12 in part out of surplus accumulated from
13 nonparticipating insurance; provided that any
14 bonus or abatement of premiums shall be fair and
15 equitable to policyholders and in the best
16 interests of the insurer and its policyholders;

17 (B) In the case of life insurance policies issued on
18 the industrial debit plan, making allowance to
19 policyholders who have continuously for a
20 specified period made premium payments directly
21 to an office of the insurer in an amount which



1 fairly represents the saving in collection
2 expense;

3 (C) Readjustment of the rate of premium for a group
4 insurance policy based on the loss or expense
5 experience thereunder, at the end of the first or
6 any subsequent policy year of insurance
7 thereunder, which may be made retroactive only
8 for the policy year; and

9 (D) In the case of any contract of insurance, the
10 distribution of savings, earnings, or surplus
11 equitably among a class of policyholders, all in
12 accordance with this article;

13 (10) Refusing to provide or limiting coverage available to
14 an individual because the individual may have a third-
15 party claim for recovery of damages; provided that:

16 (A) Where damages are recovered by judgment or
17 settlement of a third-party claim, reimbursement
18 of past benefits paid shall be allowed pursuant
19 to section 663-10;

20 (B) This paragraph shall not apply to entities
21 licensed under chapter 386 or 431:10C; and



1 (C) For entities licensed under chapter 432 or 432D:
2 (i) It shall not be a violation of this section
3 to refuse to provide or limit coverage
4 available to an individual because the
5 entity determines that the individual
6 reasonably appears to have coverage
7 available under chapter 386 or 431:10C; and
8 (ii) Payment of claims to an individual who may
9 have a third-party claim for recovery of
10 damages may be conditioned upon the
11 individual first signing and submitting to
12 the entity documents to secure the lien and
13 reimbursement rights of the entity and
14 providing information reasonably related to
15 the entity's investigation of its liability
16 for coverage.
17 Any individual who knows or reasonably should
18 know that the individual may have a third-party
19 claim for recovery of damages and who fails to
20 provide timely notice of the potential claim to
21 the entity, shall be deemed to have waived the



1 prohibition of this paragraph against refusal or
2 limitation of coverage. "Third-party claim" for
3 purposes of this paragraph means any tort claim
4 for monetary recovery or damages that the
5 individual has against any person, entity, or
6 insurer, other than the entity licensed under
7 chapter 432 or 432D;

8 (11) Unfair claim settlement practices. Committing or
9 performing with such frequency as to indicate a
10 general business practice any of the following:

11 (A) Misrepresenting pertinent facts or insurance
12 policy provisions relating to coverages at issue;

13 (B) With respect to claims arising under its
14 policies, failing to respond with reasonable
15 promptness, in no case more than fifteen

16 [~~working~~] calendar days, to communications
17 received from:

18 (i) The insurer's policyholder;

19 (ii) Any other persons, including the
20 commissioner; or



1 (iii) The insurer of a person involved in an
2 incident in which the insurer's policyholder
3 is also involved.

4 The response shall be more than an acknowledgment
5 that such person's communication has been
6 received, and shall adequately address the
7 concerns stated in the communication;

8 (C) Failing to adopt and implement reasonable
9 standards for the prompt investigation of claims
10 arising under insurance policies;

11 (D) Refusing to pay claims without conducting a
12 reasonable investigation that is initiated within
13 fifteen calendar days of receipt of the notice of
14 claim by and agent, producer, or insurer and is
15 investigated by either the insurer's adjuster or
16 the insurer's independent adjuster and based upon
17 all available information;

18 (E) Failing to affirm or deny coverage of claims
19 within [~~a reasonable time~~] thirty calendar days
20 after an insured or claimant's proof of loss



- 1 ~~[statements have been completed,]~~ submission has
2 been received by the insurer;
- 3 (F) Failing to ~~[offer]~~ make payment within ~~[thirty]~~
4 fifteen calendar days of affirmation of
5 liability~~[, if]~~ of the amount of the claim that
6 has been determined and is not in dispute;
7 provided that the amount of the claim shall be
8 reasonable and the insurer provides a reasonable
9 explanation of the basis for withholding any
10 balance of payment, including the applicable
11 facts and law;
- 12 (G) Failing to provide the insured, or when
13 applicable the insured's beneficiary, with a
14 reasonable written explanation for any delay, on
15 every claim remaining unresolved for thirty
16 calendar days from the date it was reported;
- 17 (H) Not attempting in good faith to effectuate
18 ~~[prompt, fair, and equitable]~~ settlements of
19 claims within fifteen calendar days in which
20 liability has become reasonably clear;



- 1 (I) Compelling insureds to institute litigation to
2 recover amounts due under an insurance policy by
3 offering substantially less than the amounts
4 ultimately recovered in actions brought by the
5 insureds;
- 6 (J) Attempting to settle a claim for less than the
7 amount to which a reasonable person would have
8 believed the person was entitled by reference to
9 written or printed advertising material
10 accompanying or made part of an application;
- 11 (K) Attempting to settle claims on the basis of an
12 application which was altered without notice,
13 knowledge, or consent of the insured;
- 14 (L) Making claims payments to insureds, claimants, or
15 beneficiaries not accompanied by a detailed
16 summary of loss statement setting forth the
17 coverage under which the payments are being made;
- 18 (M) Making known to insureds or claimants a policy of
19 appealing from arbitration awards in favor of
20 insureds or claimants for the purpose of
21 compelling them to accept settlements or



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- 1 compromises less than the amount awarded in
2 arbitration;
- 3 (N) Delaying the investigation or payment of claims
4 by requiring an insured, claimant, or the
5 physician or advanced practice registered nurse
6 of either to submit a preliminary claim report
7 and then requiring the subsequent submission of
8 formal proof of loss forms, both of which
9 submissions contain substantially the same
10 information;
- 11 (O) Failing to [~~promptly~~] settle claims, where
12 liability has become reasonably clear, under one
13 portion of the insurance policy coverage to
14 influence settlements under other portions of the
15 insurance policy coverage[-] within fifteen
16 calendar days from the receipt of a payment by
17 the insurer to an insured claimant;
- 18 (P) Failing to promptly provide a reasonable
19 explanation of the basis in the insurance policy
20 in relation to the facts or applicable law for



- 1 denial of a claim or for the offer of a
- 2 compromise settlement; [~~and~~]
- 3 (Q) Indicating to the insured on any payment draft,
- 4 check, or in any accompanying letter that the
- 5 payment is "final" or is "a release" of any claim
- 6 if additional benefits relating to the claim are
- 7 probable under coverages afforded by the policy;
- 8 unless the policy limit has been paid or there is
- 9 a bona fide dispute over either the coverage or
- 10 the amount payable under the policy;
- 11 (R) Delaying, obstructing, or denying an insured's
- 12 appraisal rights under the insuring policy;
- 13 (S) Manipulating the intent of a policy's appraisal
- 14 clause in order to subjugate the policyholder's
- 15 rights under the insuring agreement; and
- 16 (T) Failing to provide written notice within sixty
- 17 days prior to the expiration of any statute of
- 18 limitation or other time period constraint upon
- 19 which the insurer may rely upon to deny a claim;
- 20 (12) Failure to maintain complaint handling procedures.
- 21 Failure of any insurer to maintain a complete record



1 of all the complaints which it has received since the
2 date of its last examination under section 431:2-302.
3 This record shall indicate the total number of
4 complaints, their classification by line of insurance,
5 the nature of each complaint, the disposition of these
6 complaints, and the time it took to process each
7 complaint. For purposes of this section, "complaint"
8 means any written communication primarily expressing a
9 grievance;

10 (13) Misrepresentation in insurance applications. Making
11 false or fraudulent statements or representations on
12 or relative to an application for an insurance policy,
13 for the purpose of obtaining a fee, commission, money,
14 or other benefit from any insurer, producer, or
15 individual; and

16 (14) Failure to obtain information. Failure of any
17 insurance producer, or an insurer where no producer is involved,
18 to comply with section 431:10D-623(a), (b), or (c) by making
19 reasonable efforts to obtain information about a consumer before
20 making a recommendation to the consumer to purchase or exchange
21 an annuity."



1 SECTION 2. Section 431:10-210, Hawaii Revised Statutes, is
2 repealed.

3 ~~["§431:10-210 Standard form fire insurance policy. (a)~~
4 ~~The standard form fire insurance policy as authorized and in~~
5 ~~effect in the State of New York on December 31, 1943, or its~~
6 ~~approved equivalent, is established as the standard form fire~~
7 ~~insurance policy for this State, and no fire insurance policy~~
8 ~~shall be delivered or issued for delivery in this State in any~~
9 ~~other than the standard form or its approved equivalent with~~
10 ~~such additions or modifications as are allowed or required by~~
11 ~~this code. This section is not applicable to inland marine~~
12 ~~policies or policies written upon motor vehicles or aircraft.~~
13 ~~For the purpose of this section, "approved equivalent" means any~~
14 ~~form of policy which does not correspond to the standard fire~~
15 ~~insurance policy, provided that the coverage with respect to the~~
16 ~~peril of fire, when viewed in its entirety, is substantially~~
17 ~~equivalent to, or more favorable to the insured than that~~
18 ~~contained in the standard fire insurance policy and approved for~~
19 ~~use by the commissioner.~~

20 ~~(b) The commissioner shall at all times keep on file in~~
21 ~~the commissioner's office a copy of the standard form fire~~



1 ~~insurance policy certified by the superintendent of insurance of~~
2 ~~the State of New York, and copies of all forms deemed to be~~
3 ~~equivalent.~~

4 ~~(c) Nothing in this section shall affect the validity of~~
5 ~~any policy otherwise valid or of any claim under the policy~~
6 ~~against an insurer.~~

7 ~~(d) No part of the standard form fire insurance policy or~~
8 ~~its approved equivalent shall be omitted from the policy.~~

9 ~~(e) Any policy which, in addition to coverage against~~
10 ~~perils of fire and lightning, includes coverage against other~~
11 ~~perils need not comply with all of the provisions of the~~
12 ~~standard form fire insurance policy or its approved equivalent~~
13 ~~if the policy provisions with respect to the perils of fire and~~
14 ~~lightning are the exact provisions of the standard form fire~~
15 ~~insurance policy or its approved equivalent.~~

16 ~~(f) The following additions to or modifications of the~~
17 ~~standard form fire insurance policy or its approved equivalent~~
18 ~~are permitted:~~

19 ~~(1) An insurer may use in its policies its name, location~~
20 ~~of its principal office and date of incorporation, the~~
21 ~~amount of its paid in capital stock, the amount of~~



1 ~~subscribed capital if separately stated, the names of~~
2 ~~its officers and agents, and the number and date of~~
3 ~~the policy.~~

4 ~~(2) The pages of the standard policy or its approved~~
5 ~~equivalent may be renumbered and rearranged for~~
6 ~~convenience in the preparation of individual contracts~~
7 ~~and to provide space for the description of the~~
8 ~~property insured, the listing of rates and premiums~~
9 ~~for coverages insured under the policy or under~~
10 ~~endorsements attached or printed thereon, and such~~
11 ~~other data as may be conveniently included for~~
12 ~~duplication on daily reports or office records, and~~
13 ~~there may be substituted for the word company a more~~
14 ~~accurate descriptive term for the type of insurer.~~

15 ~~(3) An insurer organized under special charter provisions~~
16 ~~may so indicate upon its policy and may add a~~
17 ~~statement of the plan under which it operates in this~~
18 ~~State.~~

19 ~~(4) An insurer may use in its policies written,~~
20 ~~typewritten or printed forms of description and~~
21 ~~specifications of the property insured.~~



- 1 ~~(5) An insurer may use in its policies with the approval~~
2 ~~of the commissioner, if the same are not already~~
3 ~~included in the standard policy or its approved~~
4 ~~equivalent, any provisions which any insurer is~~
5 ~~required by law to insert in its policies not in~~
6 ~~conflict with the standard policy. The provisions~~
7 ~~shall be printed apart from the other conditions,~~
8 ~~agreements or provisions of the policy under separate~~
9 ~~title as follows: "Provisions required by law to be~~
10 ~~inserted in this policy."~~
- 11 ~~(6) An insurer may affix to or include in the policy a~~
12 ~~written statement that the policy does not cover loss~~
13 ~~or damage caused by nuclear reaction or nuclear~~
14 ~~radiation or radioactive contamination, all whether~~
15 ~~directly or indirectly resulting from an insured peril~~
16 ~~under the policy, provided that nothing herein shall~~
17 ~~be construed to prohibit the attachment to any such~~
18 ~~policy of an endorsement or endorsements specifically~~
19 ~~assuming coverage of loss or damage caused by nuclear~~
20 ~~reaction or nuclear radiation or radioactive~~
21 ~~contamination.~~



- 1 ~~(7) An insurer may affix to or include in the policy a~~
2 ~~written statement that the policy does not cover loss~~
3 ~~or damage by fire to sugarcane caused by volcanic~~
4 ~~activity; provided that nothing herein shall be~~
5 ~~construed to prohibit the attachment to any such~~
6 ~~policy of an endorsement or endorsements specifically~~
7 ~~assuming coverage for loss or damage by fire to~~
8 ~~sugarcane caused by volcanic activity.~~
- 9 ~~(8) An insurer may use appropriate forms of additional~~
10 ~~contracts, riders or endorsements adding to or~~
11 ~~modifying the provisions in the standard policy or its~~
12 ~~approved equivalent, or insuring against any~~
13 ~~additional perils which may by law be the subject of~~
14 ~~insurance, or insuring against indirect or~~
15 ~~consequential loss or damage. Such other perils may~~
16 ~~be perils excluded from coverage in the standard~~
17 ~~policy or its approved equivalent. Such form of~~
18 ~~contracts, riders, and endorsements may contain~~
19 ~~provisions or stipulations inconsistent with the~~
20 ~~standard policy or its approved equivalent if such~~
21 ~~provisions and stipulations are applicable only to~~



1 ~~such additional coverage or other additional peril or~~
2 ~~perils insured against.~~

3 ~~(g) A policy issued by a mutual insurer shall contain in~~
4 ~~the body of the policy the total amount for which the insured~~
5 ~~may be liable under the charter or articles of the insurer.~~

6 ~~(h) In the event of any conflict between this section and~~
7 ~~other provisions of this code, this section shall govern."]~~

8 SECTION 3. Section 431:10-211, Hawaii Revised Statutes, is
9 repealed.

10 [~~"§431:10-211 Content of policies in general. (a) A~~
11 ~~policy shall specify:~~

12 ~~(1) The names of the parties to the contract. The~~
13 ~~insurer's name shall be clearly shown in the policy;~~

14 ~~(2) The subject of the insurance;~~

15 ~~(3) The risks insured against and the amount of insurance;~~

16 ~~(4) The time at which the insurance under the policy takes~~
17 ~~effect, and the period during which the insurance is~~
18 ~~to continue or the method of determining the period;~~

19 ~~(5) A statement of the premium or premium rate; and~~

20 ~~(6) The conditions pertaining to the insurance.~~



1 ~~(b) If under the contract the exact amount of premiums is~~
2 ~~determinable only at termination of the contract or at periodic~~
3 ~~intervals of the contract, a statement of the basis and rates~~
4 ~~upon which the final premium is to be determined and paid shall~~
5 ~~be furnished any policy examining bureau having jurisdiction or~~
6 ~~to the insured upon request.~~

7 ~~(c) This section shall not apply to surety insurance or to~~
8 ~~group insurance contracts."]~~

9 SECTION 4. Section 431:10-226, Hawaii Revised Statutes, is
10 repealed.

11 ~~["§431:10-226 Renewal of policy; new policy not required.~~
12 ~~At the option of the insurer, any insurance policy terminating~~
13 ~~at a specified expiration date and not otherwise renewable, may~~
14 ~~be renewed or extended, upon a currently authorized policy form~~
15 ~~and at the premium rate then required for a specific additional~~
16 ~~period or periods by a certificate or by endorsement of the~~
17 ~~policy. The issuance of a new policy is not required."]~~

18 SECTION 6. Statutory material to be repealed is bracketed
19 and stricken. New statutory material is underscored.



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1 SECTION 7. This Act shall take effect upon its approval.

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INTRODUCED BY:

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Report Title:

Insurance; Unfair and Deceptive Practices; Contracts

Description:

Amends certain provisions relating to unfair or deceptive acts in the business of insurance. Repeals certain provisions relating to insurance contracts.

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