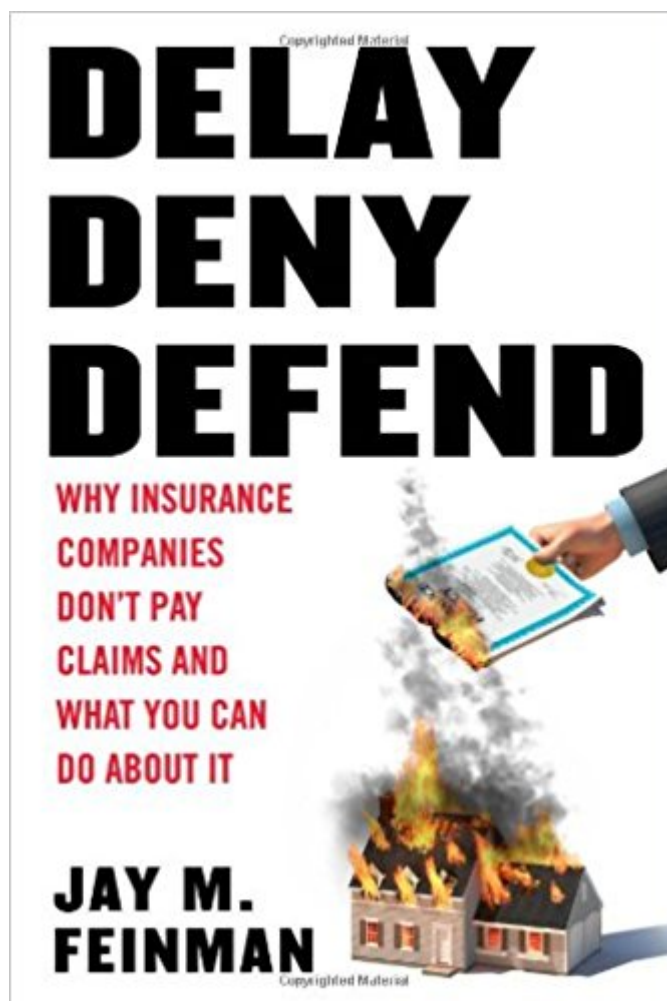


The book was found

Delay, Deny, Defend: Why Insurance Companies Don't Pay Claims And What You Can Do About It



Synopsis

An expose of insurance injustice and a plan for consumers and lawmakers to fight it Over the last two decades, insurance has become less of a safety net and more of a spider's web: sticky and complicated, designed to ensnare as much as to aid. Insurance companies now often try to delay payment of justified claims, deny payment altogether, and defend these actions by forcing claimants to enter litigation. Jay M. Feinman, a legal scholar and insurance expert, explains how these trends developed, how the government ought to fix the system, and what the rest of us can do to protect ourselves. He shows that the denial of valid claims is not occasional or accidental or the fault of a few bad employees. It's the result of an increasing and systematic focus on maximizing profits by major companies such as Allstate and State Farm. Citing dozens of stories of victims who were unfairly denied payment, Feinman explains how people can be more cautious when shopping for policies and what to do when pursuing a disputed claim. He also lays out a plan for the legal reforms needed to prevent future abuses. This exposé will help drive the discussion of this increasingly hot-button issue.

Book Information

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Customer Reviews

“As a trial lawyer fighting these battles every day, I can tell you that the insurance industry has mutated from a business that was bound by promise and contract to one of profit-through-deception. Feinman focuses the bright light of truth on an industry that, like the financial services industries it is tied to, has run amok. This is a book all Americans need to read.” —John Elliott Leighton, Esq., chairman, The Academy of Trial Advocacy “Jay Feinman’s book shows how, time and again, policyholders with legitimate claims encounter nothing but resistance from insurance companies,

leaving people frustrated and angry, and sometimes, destitute. Luckily, he provides some great suggestions about how consumers can fight back. This book is a must-read for anyone who needs insurance to functionâand thatâs everyone!âJoanne Doroshow, executive director, Center for Justice & Democracy "Feinman explains how America's premier insurance companies systematically rip off consumers. Do not settle your auto or home insurance claim without reading this book---you could avoid losing hundreds, thousands, or even millions of dollars that you are owed."âJ. Robert Hunter, director of insurance, Consumer Federation of America â Jay Feinman has found all the puzzle pieces and fit them into the complete picture of how insurers cheat, whoâs working to stop them, and what you can do to protect yourself.âAmy Bach, executive director, United Policyholders

Jay M. Feinman is a Distinguished Professor of Law at the Rutgers University School of Law, Camden, where he teaches contracts, torts, insurance law, and other subjects. He is a member of The American Law Institute. --This text refers to an out of print or unavailable edition of this title.

Nearly all of the 3,500 families who burned down in the Oakland 1991 firestorm formed groups by insurance company to compare how we were being treated. There are various "buckets" of money you are trying to get. The first one is living expenses for one year, and right away we could see that minorities, single women, older people, and other vulnerable families were getting less money than other families. Then, after we spent half a year working with a claims examiner to "rebuild" our house, nail by nail, board by board, counter top by counter top, so the value could be assessed, resulting in a 2 inch high document, we were made a low ball offer, which we accepted to get on with our lives. And then this offer was retracted and we were suddenly switched to another examiner and the whole process started again from scratch. We were told this was because the new examiner didn't understand the old examiner's methods. And why were we switched? Because our first examiner had had a family emergency. We called to leave a condolence message with our first examiner, and she said "What emergency?" And this despite the fact that we were ahead of 99% of other homeowners, who had needed to hire architects to reconstruct the plans of their homes. But we had the plans -- the former owner was a contractor who'd added on to our house and had them. We knew of people who were already on their 3rd examiner (and after 2 years, we knew of people on their 8th examiner), so we knew what was coming, and despaired of ever getting on with our lives. And most importantly, of being able to cope with the end of the living expense money which only lasts for 1 year, yet meanwhile you have to pay rent PLUS your mortgage and property

taxes. Well, I won't bore you with the rest of our story, but trust me, it gets much worse. For everyone, not just us. This book is valuable because I can see that the insurance industry learned from the 1991 Oakland firestorm and other disasters how to screw people over even worse and with more sophistication. You simply must read this book if you hope to get any money at all for your claim! And you should also join United Policyholders, the only group I know of dedicated to protecting people from insurance companies, and a way to try to keep up with their latest ways to keep you from collecting the insurance you deserve. Banks and Wall Street are getting all the flak now, but believe me, the insurance companies are just as evil. Though the banks are pretty bad! Look at what the banks and lenders are doing with the insurance checks if you finally manage to get one (from the July 2012 United Policyholders "What's Up" newsletter): If you have a mortgage, the lender is almost always listed on your home insurance as an additional insured. So if your home is significantly damaged (\$5,000 or more) and your insurer sends a check for the repairs, that check will usually be made out to both you and the lender. Before you can access the funds, you need the lender's sign-off. Under normal circumstances, lenders want borrowers to repair and maintain their homes, and they will sign off on insurance checks so that can happen. But in today's economy, lenders are increasingly forcing disaster victims to use their insurance benefits to pay down their loan instead of repairing or rebuilding. This has been a serious problem for wildfire survivors we're helping in Bastrop, Texas. To help consumers successfully negotiate lender releases, UP recently published "Texas Tips on Your Insurance Money and Your Mortgage" to supplement our popular "Getting Your Mortgage Company to Release Insurance Proceeds". The Texas tips were written by volunteer attorneys Ken Klein ('03 Cedar Fire survivor) and Chris Files (Bastrop County Long Team Recovery Team) and published with support from the Austin Community Foundation. This topic is now part of our standard Roadmap to Recovery curriculum and will be on the agenda for our Colorado wildfire recovery program.

Back to the book review. In his introduction, Jay M. Feinman explains why he wrote his book: "Insurance is essential to the middle class standard of living and economic security. Therefore prompt and fair claim handling is a necessity. But it doesn't always happen - and it's less likely to happen now than 15 or 20 years ago. This book explains why. What actually happens: Delay, Deny, Defend. The insurance company will delay payment, deny part or all of your payment, and fight back hard if you bring a lawsuit against them. Insurance is a promise with severe consequences if the promise isn't kept. Why? The less the insurance company pays out in claims, the more money it makes. United States statistics: A trillion-dollar industry* 2,700 property/casualty insurance companies* Collect \$440 billion in premiums* Pay out \$250 billion in claims* Wow - that's \$190 Billion in profits! They keep 43 cents of every premium dollar! Pure Loss

Ratio This is the term for the amount paid out - 56 cents for every dollar received. Of course there are salaries and expenses of many kinds, clearly not all of a dollar can be paid out. When I worked for EDS on the Medicare account, the claims processor, Blue Shield, kept 1 penny for every 99 cents paid out in Medicare claims. It should be total illegal to keep more than 15% of the premiums! The insurance companies say that in the end, after paying salaries, stockholders, rent, and so on, that they get 5 cents of every dollar. But remember, they're not just sitting on it, they're investing it, so much so that they've been described as "investment companies that raise the money for their investments by selling insurance". There's a time lag between taking premiums and paying out claims. The money earned in the meantime is a huge source of profits. So even if the insurance company only breaks even after paying out claims and expenses, they still come out ahead on their investments. When did insurance companies start keeping so much of the money? In the 1990s had a flashbulb go off in their heads: the less paid out in claims, the more profits. At that point, the claims department became a profit center instead of keeping their promises to the insured. Back in 1987, 67 cents was paid out, 10 cents more than today. Key in this happening was when Allstate hired consulting firm McKinsey & Company to study new ways of dealing with claims. McKinsey came up with a strategy of rigged computer systems to set the amounts offered to policyholders, strategies to keep claimants from hiring lawyers to help them, and settlements offered on a take-it-or-litigate basis. McKinsey told Allstate to go from "Good Hands" to "Boxing Gloves". Mutual insurance companies are owned by their policyholders, not stockholders, so they share in the company's profits via payment of dividends on their policies, which reduces their premiums. But in the 1980s and 1990s, companies became "demutualized" and owned by shareholders, who demanded profits. The new computer systems Adjusters found the new computer systems to offer amounts that were unfair and unreasonable. Some became whistle blowers and revealed what was happening. Insurance companies tried to silence them and those who wouldn't give in to the pressure were an important source of information for this book. Processing claims without delay is required by law Yet since delay helps companies bottom line - the longer they hang onto the money, the more it earns in their investments. Delay also increases the likelihood a claimant will take less than what they deserve to get on with their lives. How the delays and denials are done is one of the reasons you should buy this book Seeing what happened to other people may help you see if you're being treated the same way. Chapter 2 "How insurance doesn't work" has examples of medical and home burglary, etc. There must be 50 ways to Deny Claims* Lowballing: offering low settlements to signal the insurance company is willing to fight the claim and lower the claimant's expectations* Stonewalling: refusing to negotiate a settlement because the claimant has limited resources and

increasing medical and legal bills.* Tell the claimant their insurance doesn't cover the loss* Keep denying liability even if sued* If there aren't any facts to deny a claim, find some

Why do insurance companies want tort reform? Insurance companies claim there are too many frivolous lawsuits from greedy plaintiffs and lawyers. Well hello, the reason there's a lot of litigation is because insurance companies have forced claimants to sue them by delaying and denying claims. How else can people get insurance companies to pay them what they're owed? And no one has any idea how many claims should be lawsuits. Many don't realize an event is covered, or that they've been lowballed. And if she does realize she's been wronged, she may not know she should call the state insurance department. If she thinks of a lawsuit, chances are she'll decide it's too expensive or time consuming and that she's not likely to win. And insurance companies try very hard to discourage claimants from hiring a lawyer.

How do insurance companies keep their lack of paying claims hidden? They prevent information from a lawsuit ever reaching the public by offering a settlement only if the material in the case is kept confidential. So the information of many lawsuits is kept sealed. So it's hard to have a class action lawsuit, or win a case based on how another one turned out, when you can't even find out such cases existed. So a pattern of violations of fair claims practices can't be brought to light.

Don't you think it's odd there aren't any insurance companies advertising how few customer complaints they have, how few claims have been filed against them, statistics on how long it takes to process claims, how many are denied, how many policy holders sue the company and the result of those lawsuits? Why don't state insurance commissioners require this? And actually there are some states that do require this, but the information is kept secret.

The McKinsey & Company reports were considered by many to be the smoking gun describing how the claims process shifted from a service to a profit center, and for 7 years Allstate fought to keep them hidden. Even after being receiving fines of \$2.4 million, Allstate refused to release this information. Finally Florida insurance commissioner Kevin McCarty used his regulatory powers to demand Allstate produce these documents. Allstate refused, so McCarty suspended Allstate from selling new insurance policies in Florida. Only when the courts upheld McCarty did Allstate post 150,000 pages of material they'd done their best to keep hidden.

What do they spend money on Advertising that they'll fulfill their promises to you Lawyers to fight back when you sue them No way to compare companies There's way more information on buying a blender than there is on insurance companies. The statistics on which companies are more likely to pay claims is not available. State insurance commissioners do not collect, let alone analyze and publish figures on the payment and denial of claims.

Miscellaneous outrages Unum, the largest provider of disability and long-term care insurance in the USA was notorious for failing to pay claims. Employees who

saved the most money denying claims got the company's Hungry Vulture Award. There are way too many to list here, but the book is full of them. Now go buy the book. The devil is in the details, I can't do justice to the complexities, nuances, and myriad ways delay, deny, and defend are done. You need to know because often people don't realize they've been wronged, and if they do, what to do about it. You'll also understand a lot better how to shop for insurance, what to look for, some good companies, what insurance companies to avoid and where to look for this information in more detail. Finally, get a lawyer if it's a large claim. After what we went through after we lost our home in the 1991 Oakland firestorm, I realize we should have done this. It was only when the chief legal counsel of my Fortune 500 corporation offered to help us for free that we made any headway (that and my husband being on TV with the California State Insurance Commissioner John Garamendi, who after Jeffery told our story, said "If that doesn't put your insurance company out of business, I don't know what will". So don't be afraid to speak out, insurance companies hate bad publicity!

It used to be that insurance companies really cared about their policyholders and WANTED to settle your claim with the most they could pay for your damages. But since the late 1990's, there has been a shift toward stockholders interests. Guess who suffers with that change---YOU. This book helps you to see the how and why of these changes. After reading this book you will be mad as hell. Just take a breath and understand IF you ever have a claim, you DO have choices. Public adjusters- despised by insurers but loved by policyholders. Yes they charge a fee, but when you are paid 20 cents on the dollar, any more money is worth a fee. If insurers paid 80% of a claims worth, public adjusters would not be required. But it will never happen. Cover your assets.

I found it very illuminating and elucidating regarding a personal injury claim I'm pursuing. It helped me understand all the players and the pieces on the board in the settlement game, so to speak. I recommend everyone read it. The insurance industry needs to have lots of public eyes on its dark practices.

Excellent commentary on how insurance companies take advantage of injured people in the civil justice system. A must read

Gives in-depth analysis of insurance industry, but only dedicates less than a chapter on tips on how to overcome delay, deny, defend. Great book if looking for history on insurance industry. Not recommend if you're an adjuster or homeowner looking for tips.

Very insightful commentary about how the promise of insurance commercials is not what insureds actually receive during the processing of their claims. The various state departments of insurance should base their market conduct examinations using this as a guide.

Great reading as it explains the motivations and the systems insurance companies use. Solutions need to be put in place, politicians and consumer rights organisations should be pushing for the sensible controls and reforms that are offered in the book to stop real crimes against people in their time of need.

I read this book to be proactive about an insurance claim and learn how to deal with insurance companies and insurance adjusters during a major flood insurance claim. The book was written as a self-help to consumers, and also as an expose' about the how insurance companies can be dishonest by delaying payment, then denying the claim, then defending their denial. The book was an eye-opener to me, especially since name top insurance companies were named, with examples. It explained the different types of policies and how an "all-risk" policy is only on the title of the policy, while the fine print shows otherwise. When making claims, insurance companies dispute the cause of the damage (wind or flood) to deny claims. Of particular value was how insurance companies have a point grading system when dealing with the insured who are filing a claim, to help determine how vulnerable they are to needing immediate payment, and the likelihood of the insured committing insurance fraud, including how badly and quickly, they need the money to replace their damaged home or car. Despite all the great slogans the insurance company advertisers use for marketing, they are first in the business of making money, and their customers are presumed guilty until proven innocent and deserving of their claim. I recommend this highly.

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