

~~(5) Failing to settle a claim promptly whenever liability is reasonably clear, under one portion of a policy in order to influence settlements under other portions of the policy;~~

~~(6) Failing promptly upon request to provide a reasonable explanation of the basis for a denial of a claim; or~~

~~(7) Failing to meet the requirements of Title 19, Subtitle 13 of the Health General Article for preauthorization for a health care service.~~

~~(d) The following actions by an insurer or nonprofit health service plan, if committed with such frequency as to indicate a general business practice, are unfair claim settlement practices and are violations of this section:~~

~~(1) Misrepresenting pertinent facts or insurance policy provisions relating to the coverages at issue;~~

~~(2) Failing to acknowledge and act with reasonable promptness on communications regarding claims arising under insurance policies;~~

~~(3) Failing to adopt and implement reasonable standards for the prompt investigation of claims arising under insurance policies;~~

~~(4) Refusing to pay claims without conducting a reasonable investigation based on all available information;~~

~~(5) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed;~~

~~(6) Failing to make a good faith attempt promptly, fairly, or equitably to settle claims for which liability has become reasonably clear;~~

~~(7) Compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by such insureds;~~

~~(8) Attempting to settle a claim for less than the amount to which a reasonable person would expect to be entitled after studying written or printed advertising material accompanying, or made part of, an application;~~

~~(9) Attempting to settle a claim on the basis of an application which is altered without notice to, or the knowledge or consent of, the insured;~~

~~(10) Failing to include with claims paid to insureds or beneficiaries statements setting forth the coverage under which payments are being made;~~

~~(11) Making known to insureds or claimants a policy of appealing from arbitration awards in order to compel insureds or claimants to accept a settlement or compromise less than the amount awarded in arbitration;~~