

OF THE INSURER'S ACTIVITIES RELATIVE TO THE INSURED'S CLAIM, INCLUDING DOCUMENTATION OF EACH PERTINENT COMMUNICATION, TRANSACTION, NOTE, WORK PAPER, CLAIM FORM, BILL, AND EXPLANATION OF BENEFITS FORM RELATIVE TO THE CLAIM; AND

(II) MAIL TO THE INSURED A COPY OF THE RESPONSE AND, EXCEPT FOR GOOD CAUSE SHOWN, EACH DOCUMENT FROM THE INSURER'S CLAIM FILE THAT ENABLES RECONSTRUCTION OF THE INSURER'S ACTIVITIES RELATIVE TO THE INSURED'S CLAIM, INCLUDING DOCUMENTATION OF EACH PERTINENT COMMUNICATION, TRANSACTION, NOTE, WORK PAPER, CLAIM FORM, BILL, AND EXPLANATION OF BENEFITS FORM RELATIVE TO THE CLAIM.

(E) (1) (I) WITHIN 90 DAYS AFTER THE DATE THE FILING WAS RECEIVED BY THE ADMINISTRATION, THE ADMINISTRATION SHALL ISSUE A DECISION THAT DETERMINES:

1. WHETHER THE INSURER IS OBLIGATED UNDER THE APPLICABLE POLICY TO COVER THE UNDERLYING FIRST-PARTY CLAIM;

2. THE AMOUNT THE INSURED WAS ENTITLED TO RECEIVE FROM THE INSURER UNDER THE APPLICABLE POLICY ON THE UNDERLYING COVERED FIRST-PARTY CLAIM;

3. WHETHER THE INSURER BREACHED ITS OBLIGATION UNDER THE APPLICABLE POLICY TO COVER AND PAY THE UNDERLYING COVERED FIRST-PARTY CLAIM, AS DETERMINED BY THE ADMINISTRATION;

4. WHETHER AN INSURER THAT BREACHED ITS OBLIGATION FAILED TO ACT IN GOOD FAITH; AND

5. THE AMOUNT OF DAMAGES, EXPENSES, LITIGATION COSTS, AND INTEREST, AS APPLICABLE AND AS AUTHORIZED UNDER PARAGRAPH (2) OF THIS SUBSECTION.

(II) THE FAILURE OF THE ADMINISTRATION TO ISSUE A DECISION WITHIN THE TIME SPECIFIED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL BE CONSIDERED A DETERMINATION THAT THE INSURER DID NOT BREACH ANY OBLIGATION TO THE INSURED.

(2) WITH RESPECT TO THE DETERMINATION OF DAMAGES UNDER PARAGRAPH (1)(I)5 OF THIS SUBSECTION: