

(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; [or]

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

(7) FAILS 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;