Draconian Forefeitures of Insurance: Commonplace, Indefensible, and Unnecessary

Eugene R. Anderson

Richard G. Tuttle

Susannah Crego
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* Eugene R. Anderson and Richard G. Tuttle are partners in the law firm of Anderson Kill & Olick, P.C. Susannah Crego is an attorney and is Communications Director at the firm. The firm has offices in New York City, Washington, D.C., Newark, New Jersey, Philadelphia, Pennsylvania, Phoenix, Arizona, Tucson, Arizona, and San Francisco, California. The firm specializes in representing insurance policyholders in disputes with insurance companies.
INTRODUCTION

FORFEITURE is a common law rarity and an insurance law ubiquity. Each year, millions, if not billions, of dollars of insurance are forfeited by policyholders who have not punctiliously complied with all of the "conditions" included in the fine print in their insurance policies. Failure to give prompt notice of an accident, failure to file a timely proof of loss, or an innocent or minor misrepresentation in an insurance policy application—to cite only three common examples—may prompt an insurance company to deny coverage on a policyholder's otherwise valid claim. Worse, the courts may approve this forfeiture of insurance coverage even when the harm suffered by the insurance company from the policyholder's technical noncompliance is nil, or at any rate, is far less than the harm suffered by the policyholder who is denied much needed insurance coverage.

The punishment does not fit the crime. Forfeiture is a draconian, anachronistic, archaic, and profoundly anti-consumer sanction. Outside insurance law, "hornbook" remedies for breach of contract no longer include forfeiture, if indeed they ever did. Forfeiture is mentioned in most contexts only in connection with a discussion of agreed contractual remedies, such as liquidated damages or specific performance, and even then it is often described as an unenforceable penalty. A homeowner can be late in making a mortgage payment

1. See infra part II.
2. Forfeiture may also result if a policyholder neglects to pay premiums. The argument in this article assumes, however, that premiums have been paid by the policyholder and accepted by the insurance company.
4. Dan B. Dobbs, Law of Remedies § 12.1(1) (2d ed. 1993) (describing the main remedies available for breach of contract as damages, restitution, and specific performance); E. Allan Farnsworth, Contracts § 12.2 (1st ed. 1982) (same); see Restatement (Second) of Contracts § 345 (1981) (same); infra part III.C.
5. It can be argued that insurance should not be analyzed in the context of contract law. Much of the discussion in this article involves contract law principles and remedies only because most commentators and courts have viewed the insurance policy as a contract and the insurance relationship as a contractual relationship. The Delaware Supreme Court, however, is one court that has recognized that "[i]nsurance is different." E.I. Dupont de Nemours & Co. v. Pressman, No. 35, 1995, 1996 Del. LEXIS 179, at *36 (Del. May 2, 1996). The case involved employment law, and was not an insurance coverage dispute.
6. See infra part III.C. For example, it may be provided in a contract that a deposit of money will be forfeited in the event of a breach by the depositor. Dobbs, supra note 4, § 12.9(4). For a discussion of forfeiture as an unenforceable penalty, see William H. Loyd, Penalties and Forfeitures, 29 Harv. L. Rev. 117, 122 (1915).
but still keep his home. 6 At common law, even a dog got one bite.7 There is no free bite, however, no opportunity to "kiss and make up," for the insurance policyholder. When an insurance company can show the policyholder's noncompliance with any condition in the insurance policy, the insurance claim may be denied, an action the courts frequently affirm.8

Forfeiture of insurance is a massive and disproportionate penalty in relation to the policyholder's relatively harmless noncompliance with a condition in the insurance policy. A policyholder who purchases standard form liability insurance acquires five distinct services: (1) loss prevention and safety engineering services;9 (2) investigation of claims;10 (3) legal defense;11 (4) loss mitigation (the policyholder's expenses incurred to mitigate damages that would accrue if no remedial


7. The "one-bite" rule stated that the owner of a dog had to have reason to know of his animal's vicious tendency, such as a previous bite, before he or she could be held liable for injury caused by the dog. Gallick v. Barto, 828 F. Supp. 1168, 1174 (M.D. Pa. 1993). At common law, the plaintiff must plead and prove that a dog owner either knew or was negligent not to know that his dog had a propensity to injure people. Harris v. Walker, 519 N.E.2d 917, 918 (Ill. 1988). Although an owner has a duty to prevent animals from injuring others, the owner must have had notice of an otherwise tame animal's ill quality in order to hold him liable. Robert J. Kaczorowski, The Common-Law Background of Nineteenth-Century Tort Law, 51 Ohio St. L.J. 1127, 1174 n.308 (1990) (citing Mason v. Keeling, 88 Eng. Rep. 1359, 1361 (K.B. 1700)).

Jurisdictions have modified the "one-bite" rule by statute. See, e.g., Pa. Stat. Ann. tit. 3, §§ 459-502(a) (1995) (mandating that any dog "which bites or attacks a human being" shall be confined for a minimum of ten days at the owner's expense); Gallick, 828 F. Supp. at 1174 (discussing a statute that expands the owner's liability to cases where the owner lacks knowledge of the animal's vicious tendencies).

8. See infra part II.

9. See Pratt v. Liberty Mut. Ins. Co., 952 F.2d 667, 668 (2d Cir. 1992) (holding that an insurance company that conducted active loss-prevention program at the workplace could be sued in negligence for failure to exercise due care in performing safety inspections).


An insurance company that does not make such an investigation is subject to liability for bad faith. See Tibbs v. Great Am. Ins. Co., 755 F.2d 1370, 1375 (9th Cir. 1985) (holding that an insurance company's failure to investigate adequately the policyholder's claim before refusing to defend constituted bad faith, entitling the policyholder to punitive damages); Industrial Indem. Co. v. Kallevig, 792 P.2d 520, 526 (Wash. 1990) (stating that an insurance company's failure to make a reasonable investigation constitutes bad faith because any resulting denial of a claim would be based on suspicion and conjecture).

11. The standard form comprehensive general liability insurance policy ("CGL") provides that the insurance company has the "right and duty to defend" any "suit" seeking damages because of "bodily injury" or "property damage." 1 Susan J. Miller & Philip Lefebvre, Miller's Standard Insurance Policies Annotated 409 (4th ed. 1995).
action were taken); and (5) indemnity. An unexpected forfeiture of the entire policy, as may happen when the policyholder has made an innocent misrepresentation in an application, may result in the loss of all of these services that are included with the insurance policy coverage. In sum, as one court accurately observed, “automatic forfeiture of [insurance] coverage due to a technical breach in an adhesion policy is inconsistent with any notion of fairness.”

It is curious, and unfortunate, that insurance should be the one area of law, outside the criminal and quasi-criminal context, in which forfeiture is alive and thriving. It is frequently noted that insurance policies are different from most contracts primarily because insurance undeniably has an important social significance. Williston observes that an insurance policy differs from ordinary, negotiated contracts by the increasing tendency of the public to look upon the insurance policy not as a contract but as a special form of chattel. The typical applicant buys “protection” much as he buys groceries. The protection is intangible, to be sure, but he is reassured by the words of the agent and by the fact that agent and company are regulated by the state and licensed to do business there. ... Insurance must still be considered a contract between insurer and insured, but it is a very special type of contract ....


14. See infra part II.D.


17. See Robert E. Keeton, Basic Text on Insurance Law ch. 6 (1971).

18. 7 Williston on Contracts § 900, at 34, 36 (1963) (footnote omitted). Professor (now Judge) Keeton has counseled that “because of the public interests at stake, courts should decline to legitimize the development of labyrinthian policy provisions
Ironically, insurance companies agree. One text used to train insurance company personnel emphasizes:

Notwithstanding the often stated opinion that the insurance contract is a contract affected with a public interest, insurers often view their policies as simple contractual obligations between parties. While an insurance policy does represent a contractual commitment, the attitudes of the general public, the legislatures, and the courts make clear that the insurance agreement is viewed as having broader ramifications than a mere contract. The public has a definite interest in the reliability of the insurance product. Insurance involves an obligation that affects the public interest as well as the policyholder and therefore is necessarily subject to certain restrictions.19

Insurance companies understand that insurance protects against losses individual policyholders would not be able to withstand otherwise.20

Moreover, beyond the welfare of the individual policyholder, insurance is affected with a public interest.21 Insurance protects not only policyholders, but also injured parties, neighbors, the community, creditors, and employees.22 Dean Roscoe Pound wrote:

the reconciliation of which requires inordinately complex analysis and occasions wasteful litigation." Keeton, supra note 17, at 172.

Much of the discussion in this article involves contract law principles and remedies only because many commentators and courts view the insurance policy as a contract. Insurance is not a contract but is a product. In fact, the President of the Insurance Services Office ("ISO"), Inc., Fred R. Marcon, referred to ISO's insurance policy forms as products, stating "[o]ne look at ISO's Products Catalog will convince you that we're providing this industry with an ever-widening array of products and services." Fred R. Marcon, President's Remarks at the Twenty-First Annual Meeting of Insurance Services Office 21 (Jan. 14, 1992); see Joanne Wesolowski Wuefing, Balanced Research Vital to Product Development, Best's Rev., June 1996, at 78; Joseph H. Golant, Patenting Coverages, Best's Rev., Apr. 1993, at 24 ("The insurance and finance industries issue a variety of products, with the possibilities limited only by the imagination.").


For an extensive discussion of insurance industry advertising that refers to insurance as "products," see Tom Baker, Constructing the Insurance Relationship: Sales Stories, Claims Stories, and Insurance Contract Damages, 72 Tex. L. Rev. 1395 (1994).

22. Charles A. McAlear, The Emperor's Old Clothes, Best's Rev., Feb. 1989, at 22-23. The insurance industry has characterized itself as the "banker of the tort system." Brief of the American Insurance Association, the National Association of Independent Insurers, Farmers Insurance Exchange, Fire Insurance Exchange, the State Farm
We have taken the law of insurance practically out of the category of contract, and we have established that the duties of public service companies are not contractual, as the nineteenth century sought to make them, but are instead relational; they do not flow from agreements which the public servant may make as he chooses, they flow from the calling in which he has engaged and his consequent relation to the public.23

The "public interest" nature of insurance is confirmed by the myriad of state laws governing insurance. For example, states regulate automobile insurance coverage24 and workers' compensation insurance coverage.25 Moreover, a text that is used to train those preparing to become Certified Property and Casualty Underwriters notes that statutes concerning the conduct of insurance companies "have been enacted by state legislatures in order to control the activities of the insurance companies and their relationships with policyholders."26

The purpose of insurance is to insure.27 When insurance coverage is forfeited, policyholders will not receive the primary benefit that they intended to purchase, peace of mind.28 Despite the widespread con-
sensus about this fact, forfeiture persists as a remedy for insurance companies against policyholders for minor insurance policy infractions. This Article argues that forfeiture is a needlessly harsh and inequitable remedy for relatively innocuous noncompliance with conditions in insurance contracts. This Article considers the problems that arise from a policyholder's failure to comply fully with the conditions in the policy, the assertions by insurance companies in disputes with their reinsurers that forfeiture is an inequitable remedy, and the remedies, other than forfeiture, that are available to insurance companies and courts in breach of contract cases. Part I discusses the typical conditions contained in an insurance policy. Part II considers a variety of judicial decisions where the courts have imposed forfeiture on policyholders for relatively harmless and technical violations of their insurance policies. Part III, drawing upon general principles of contract law and the arguments of insurance companies, argues that forfeiture is an unnecessary and inequitably harsh remedy. Part IV argues that courts, as an alternative remedy to forfeiture, should award an insurance company the actual damages it suffered from the policyholder's breach. This Article concludes that, because insurance companies suffer relatively minor harm from a policyholder's breach of a policy condition, forfeiture is an improper remedy.

I. THE TYPICAL CONDITIONS FOUND IN INSURANCE POLICIES

This part discusses the conditions and requirements that are typically included in insurance policies. Specifically, this part focuses on four issues: (1) the notice of occurrence or claim condition; (2) the proof of loss condition; (3) the examination under oath condition; and (4) misrepresentations in insurance applications.

A. Conditions Generally

An insurance policy may contain conditions. The Restatement (Second) of Contracts defines a condition as "an event, not certain to

This loss of peace of mind is particularly burdensome when the product purchased was life and health insurance. Long delays in payment of health insurance claims can cause severe hardship for purchasers of health insurance. See Esther B. Fein & Elisabeth Rosenthal, Delays by H.M.O. Leaving Patients Haunted by Bills, N.Y. Times, Apr. 1, 1996, at A1.

29. See infra part II.
30. See infra part III.B.
31. See infra part IV.
32. See infra part II.B. Insurance policy provisions are regulated by state insurance departments and some are mandated by statute. See, e.g., 12 Appleman & Appleman, supra note 27, § 7043 (describing the controlling effect of statutes on particular insurance provisions and requirements). Unfortunately, state insurance departments are no longer consumer protection agencies. See Riordan v. Nationwide Mut. Fire Ins. Co., 977 F.2d 47, 50 (2d Cir. 1992) (observing that the response of the New York Superintendent of Insurance to policyholder's complaint was to advise the policyholder to "retain an attorney and sue."); see also Walter L. Updegrave, Stacking
occur, which must occur, unless its non-occurrence is excused, before performance under a contract becomes due.” The Restatement's definition describes what is traditionally referred to as a “condition precedent,” which is an event that must occur before performance is due. There are also “conditions subsequent,” by which a duty that has already arisen may be discharged by the occurrence of a specified event. A better, and simpler, definition includes both notions: “[A] condition is an act or event, other than a lapse of time, which, unless the condition is excused, must occur before a duty to perform a promise in the agreement arises . . . or which discharges a duty of performance that has already arisen . . . .”

Arguments to defeat insurance coverage based upon the policyholder's noncompliance with policy conditions are as old as insurance. These arguments are typified by the following statement in 1894 by the United States Supreme Court:

Contracts of insurance are contracts of indemnity upon the terms and conditions specified in the policy or policies, embodying the agreement of the parties. For a comparatively small consideration the insurer undertakes to guarantee the insured against loss or damage, upon the terms and conditions agreed upon, and upon no other, and when called upon to pay, in case of loss, the insurer, therefore, may justly insist upon the fulfillment of these terms . . . . The compliance of the assured with the terms of the contract is a condition precedent to the right of recovery . . . . It is immaterial to consider the reasons for the conditions or provisions on which the

33. Restatement (Second) of Contracts § 224 (1981); see 3A Corbin on Contracts § 627 (West 1960); Farnsworth, supra note 4, § 8.2 (1982).
35. Calamari & Perillo, supra note 34, § 11-7.
36. Id. § 11-2.
37. At early common law, policies of insurance and regular contracts were treated similarly by the courts. Roger C. Henderson, The Tort of Bad Faith in First-Party Insurance Transactions: Refining the Standard of Culpability and Reformulating the Remedies by Statute, 26 U. Mich. J.L. Ref. 1, 5 (1992). In fact, before 1786, warranties in insurance policies were treated the same as warranties in general. Id. at 5 n.19. A warranty in an insurance policy was a policyholder's statement promising “the existence of certain facts, . . . the literal truth of which is essential to the validity of the contract.” 7 George J. Couch, Cyclopedia of Insurance Law § 35.2 (Ronald A. Anderson ed., 2d ed. 1985). Warranties were required to be accurate, but an immaterial breach, which was not connected to the loss, would not work a forfeiture. Henderson, supra, at 5 n.19. Lord Mansfield, Chief Justice of the Court of Kings' Bench, changed this rule. In De Hahn v. Hartley, 99 Eng. Rep. 1130 (K.B. 1786), the court held that even an immaterial breach of warranty would permit an insurance company to avoid the insurance policy. See Robert E. Keeton, Basic Text on Insurance Law § 5.6 (1971).
contract is made to terminate, or any other provision of the policy which has been accepted and agreed upon. It is enough that the parties have made certain terms, conditions on which their contract shall continue or terminate. The courts may not make a contract for the parties.  

Although strict forfeiture rules in insurance cases have been mitigated occasionally since 1894, they have not been eliminated.

B. Common Insurance Policy Conditions

Most liability and property insurance policies contain a section titled “Conditions.” A number of the provisions in the “Conditions” section impose duties upon the policyholder that arise in the event of a loss. Three of these post-loss conditions are: (1) notice conditions requiring the policyholder to give notice “as soon as practicable” of an occurrence or a claim or suit;  

(2) conditions requiring policyholders

38. Imperial Fire Ins. Co. v. Coos County, 151 U.S. 452, 462 (1894). The Court’s emphasis on the “comparatively small consideration” paid by the policyholder is telling. The discussion antedates wide acceptance of insurance as an important component of the tort recovery system and therefore gives little recognition to the fact that premiums, in gross, normally exceed claims paid. Moreover, most modern large companies incur enormous costs for insurance premiums, exceeding over time their aggregate recovery upon claims.

39. Within seven years of its decision in Coos County, the Supreme Court, like many other courts, began to soften its view about policy “conditions,” recognizing that the policyholder needed some protection from the insurance company’s skills at drafting policy language:

A literal interpretation of the contracts of insurance might sustain a contrary view, but the law does not require such an interpretation. In so holding the court does not make for the parties a contract which they did not make for themselves. It only interprets the contract so as to do no violence to the words used and yet to meet the ends of justice.

Liverpool London & Globe Ins. Co. v. Kearney, 180 U.S. 132, 138 (1901) (holding that a requirement that documents be stored in a “fireproof safe” was not violated by policyholder’s decision to remove documents from the safe during a fire and apparently misplacing an inventory in the process).

40. See Liability Insurance, supra note 13, at 280.

41. For example, the standard commercial general liability (“CGL”) form promulgated by the Insurance Services Office, Inc., provides:

2. Duties in the Event of Occurrence, Offense, Claim or Suit.
   a. You must see to it that we are notified as soon as practicable of an “occurrence” or offense which may result in a claim.
   b. If a claim is made or "suit" is brought against any insured, you must:
      (1) Immediately record the specifics of the claim or "suit" and the date received; and
      (2) Notify us as soon as practicable. You must see to it that we receive written notice of the claim or "suit" as soon as practicable.
   c. You and any other involved insured must:
      (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit."

Susan J. Miller & Philip Lefebvre, Miller's Standard Insurance Policies Annotated 415-16 (4th ed. 1995). The standard homeowners' form provides that in case of a loss to covered property the policyholder must:

   a. Give prompt notice to us or our agent;
with property insurance coverage to send to the insurance company, within sixty days after the insurance company's request, a signed, sworn, proof of loss; and (3) conditions that a property insurance policyholder submit to an examination under oath.

1. Notice of Claim

Notice of occurrence or claim clauses are intended to enable insurance companies to investigate occurrences, claims, and suits while the facts of a claim are still readily available, and enable the insurance company to make an informed decision as to whether or not insurance coverage exists. In addition, prompt notice, it has been contended, "allow[s] the insurance company to make an investigation of the accident in order to prepare a defense . . . to afford the insurance com-

b. Notify the police in case of loss by theft;

d. Protect the property from further damage . . .;

e. Prepare an inventory of damaged personal property showing the quantity, description, actual cash value and amount of loss.

Id. at 210.

42. Id. at 456 (describing homeowners' insurance and standard commercial all-risk property insurance).

A "proof of loss" includes a formal statement of the claim and other information. A document or form may be furnished to the policyholder for this purpose, but, normally, the proof may be made in any manner as long as it contains adequate information. 2 Stephen A. Cozen, Insuring Real Property § 21.02, at 21-5 (1996).

43. 1 Miller & Lefebvre, supra note 41, at 210, 456.1 (describing homeowners' insurance and standard commercial all-risk property insurance).

Some insurance policies contain conditions which explicitly state that failure to comply with the condition will cause the policy to be void. For example, one Hartford Accident & Indemnity Company policy provided:

Concealment, Fraud

This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein or in the case of any fraud or false swearing by the insured relating thereto.


45. See United States Fidelity & Guar. Co. v. Maren Eng'g Corp., 403 N.E.2d 508, 511 (Ill. App. Ct. 1980); 8 Appleman & Appleman, supra note 27, § 4731 (stating that the purpose of the provision requiring prompt notice is to give the insurance company an opportunity to make a timely and adequate investigation).
pany the opportunity to control the litigation,"⁴⁶ and to determine whether or not the claim is fraudulent.⁴⁷

2. Proof of Loss

In addition to requiring the policyholder to send notice of a claim to the insurance company, property insurance policies also require the policyholder to submit a sworn proof of loss as specified in the insurance policy or at the insurance company's request.⁴⁸ The proof of loss is normally a single-page form on which the policyholder makes the request for payment and states the amount sought with a sworn, notarized signature at the bottom.⁴⁹ Insurance companies require a proof of loss to enable them to determine if the claim comes within the terms of the policy, to make an investigation, and to prevent fraud.⁵⁰

3. Examination Under Oath

Property insurance policies also contain a provision that requires a policyholder to submit to an examination under oath.⁵¹ This examination enables the insurance company to gather all available knowledge and information relating to the loss and to evaluate its rights and obligations to protect itself against false claims.⁵² Insurance companies contend that the policyholder's noncompliance with this provision deprives the insurance company of a valuable right for which it contracted.⁵³

⁴⁸. See supra note 42.
⁴⁹. 1 Miller & Lefebvre, supra note 41, at 456.1. In practice, the policyholder requests payment from the insurance company, the agent, the broker, or the insurance adjuster before the proof of loss is submitted. The form is merely a sworn version of the request. If insurance is denied and the policyholder sues, the policyholder must make a sworn statement or give sworn testimony before the court that the claim is legitimate and insurance proceeds are due. Thus, the proof of loss serves little purpose except as a "hoop" through which the policyholder must jump (or stumble over) to obtain the insurance benefits for which premiums have already been paid and accepted. A misstatement in the sworn proof of loss may subject the policyholder to forfeitures for false swearing and criminal prosecution for perjury.
⁵¹. See supra note 43.
4. Representations in Applications

A policyholder may lose insurance coverage when a material misstatement appears in the application.\textsuperscript{54} The general rules are clear and widely accepted:

If a material misrepresentation is made concerning the matter at risk, it may constitute such a breach as will relieve the insurer of liability . . . . A misrepresentation may invalidate the policy regardless of whether the concealment was intentional or unintentional . . . . Under the common law, an insurer has no duty to investigate and confirm material representations. The insurer can therefore cancel the policy after a claim has been made.\textsuperscript{55}

Forfeiture may be imposed even though the misstatement was made innocently.\textsuperscript{56}

II. Failure to Comply with Insurance Conditions May Result in Forfeiture of Coverage

This part discusses a variety of decisions in which courts have imposed forfeiture of coverage on policyholders who have not complied with policy conditions. This part focuses on court decisions where courts have imposed forfeiture of coverage because the policyholder: (1) failed to notify the insurance company of its claim; (2) failed to file a proof of loss; (3) failed to submit to an examination under oath; or (4) made misrepresentations in an insurance application.

A. Notice of Claim

Policyholders and insurance brokers often wait until the extent of a loss or liability is clearer before they notify their insurance companies. Any delay, however, is unwise. In many states, a delay in giving notice will result in automatic forfeiture of insurance coverage.\textsuperscript{57} One court described the rationale and operation of the rule requiring forfeiture for late notice as follows:

The purpose of a notice requirement . . . is to enable the insurer to make a timely and thorough investigation of the injury claim . . . . Such provisions are not considered technical requirements, but rather are valid prerequisites to coverage . . . . Therefore, when the insured fails to comply with a prompt notice requirement, the in-

\textsuperscript{54} See infra part II.D.
\textsuperscript{55} 6B Appleman & Appleman, supra note 27, § 4252, at 9-15 (footnotes omitted).
\textsuperscript{56} A common statement is that "[i]nnocent material misrepresentations will have the same affect [sic] as fraud in rendering the policy voidable." Fireman's Fund Ins. Co. v. Knutsen, 324 A.2d 223, 230 (Vt. 1974).
\textsuperscript{57} See infra Appendix (noting that Alabama, Colorado, the District of Columbia, Illinois, Louisiana, New York, South Dakota, Tennessee, and Virginia require automatic forfeiture for noncompliance with notice conditions). Other states, such as Arkansas, Idaho, and Mississippi impose forfeiture if the condition is found to be a "condition precedent." Id.
surer may deny liability, regardless of whether it has been prejudiced by the delay.58

Delays of as little as ten days,59 thirteen days,60 twenty-two days,61 forty days,62 forty-six days,63 and fifty-three days64 have resulted in forfeiture of insurance coverage.

For example, under New York law, compliance with the notice provisions in an insurance policy is a condition precedent to all of the insurance company’s duties under the policy, including the duty to defend.65 If the policyholder fails to give adequate, timely notice, the insurance company need not show prejudice; there is simply no insurance coverage.66 Courts have found that relatively short, unexcused periods of delay in giving notice were “unreasonable as a matter of law.”67

An examination of the fact patterns of these cases reveals the enormous inequity of these holdings. For example, in Deso v. London & Lancashire Indemnity Co. of America,68 the court held that written notice to the insurance company five months after an accident resulted in forfeiture of insurance coverage.69 In that case, the policyholder was a landlord whose tenant fell on the landlord’s steps. At

68. 143 N.E.2d 889 (N.Y. 1957).
69. Id. at 891.
the time of the accident, the tenant told the policyholder, "It's all right." Three and one-half months after the fall, the tenant's doctor told him that his sore back was the result of the fall, and the tenant reported the diagnosis to the policyholder. The policyholder, who was not fluent in English and who was unfamiliar with insurance, testified that he sent the policy to the insurance company within a month and a half of learning about the connection between the accident and the injury. Five months and one week after the accident, and less than two months after the policyholder learned of the facts, the policyholder notified the insurance company of the accident on a form supplied by the insurance company. The insurance company investigated the premises, interviewed the policyholder, took photographs, and obtained a physical examination of the injured tenant. After the physical examination, the insurance company disclaimed insurance coverage based on the failure to comply strictly with the notice provision. The New York Court of Appeals ruled that the written notice, given five months after the accident and two months after the policyholder acquired knowledge, was untimely as a matter of law, and that the policyholder had forfeited his insurance.

More recently, in Steelcase, Inc. v. American Motorists Insurance Co., a policyholder waited two years before notifying the insurance company about a spill of hazardous material. The policyholder waited because it believed the cleanup expenses would be minimal. When the problem grew, the policyholder and the broker gave no-
The insurance company denied coverage based solely upon late notice. The policyholder sued the insurance company and lost. The court held that insurance coverage was forfeited by reason of late notice. The policyholder's uninsured loss totaled almost $1 million.

Insurance companies frequently contend that forfeiture is necessary to permit insurance companies to establish adequate reserves to cover potential liability and to calculate future premiums. In effect they argue that "the actuaries made us do it." The insurance company in Jones v. Bituminous Casualty Corp. argued that the policyholder's failure to provide the insurance company with notice of an occurrence for six and one-half months required forfeiture of coverage, and that prejudice from the delay need not be proved. As support for its arguments, the insurance company referred to its calculations of premiums. It maintained that strict compliance by the policyholder with notice clauses was essential for the insurance company to price its insurance according to the risk. The Supreme Court of Kentucky disagreed:

The court realized that when strict application of a notice condition in the absence of prejudice results in forfeiture, the insurance company receives a windfall. Although this windfall might be returned to
other policyholders in the form of lower rates, as insurance companies will argue, it need not be. If the insurance company is having a difficult year, non-payment of a $5 million claim to a policyholder might mean the difference between a profit or loss for the year. The premiums of other policyholders may not be lowered at all.

The majority of jurisdictions now require that the insurance company show that it has been prejudiced by late notice.89 A careful opinion from the Tenth Circuit summarized the various views regarding forfeiture and late notice:

Our research indicates that there are three different approaches to this question which is concerned with the degree of prejudice which results from the failure of the insured to notify the insurer of an accident. The oldest of these viewpoints takes the position that prejudice to the insurer is not an important element; that it is immaterial. In jurisdictions which hold to this view, the failure to give timely notice results in violation of a valid covenant of the policy which in turn results in loss of coverage.

A second view is that an unreasonably late notice raises a presumption of prejudice to the insurer. The presence of the presumption places the burden of showing lack of prejudice on the insured party.

A third view of late notice is that no presumption of prejudice results. It is up to the insurer to demonstrate substantial prejudice growing out of the late notice before it is relieved of liability under the policy.90

Other states permit the policyholder to prove the lack of prejudice to the insurance company.91

89. See infra Appendix (noting that Alaska, Arizona, California, Delaware, Hawaii, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New Mexico, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Washington, and West Virginia require the insurance company to prove prejudice); Ostrager & Newman, supra note 10, § 4.02[b][5].


Other courts have disagreed with this result. As the Supreme Court of Kentucky in Jones v. Bituminous Casualty Corp. observed:

There are two reasons for imposing the burden on the insurance carrier to prove prejudice, rather than imposing on the claimant the burden to prove no prejudice resulted. The first is the obvious one: it is virtually impossible to prove a negative, so it would be difficult if not impossible for the claimant to prove the insurance carrier suffered no prejudice. Secondly, the insurance carrier is in a far superior position to be knowledgeable about the facts which establish whether prejudice exists.

821 S.W.2d at 803.
Courts that require the insurance company to show prejudice to avoid insurance coverage have explained their holdings in terms of public policy. As the New Jersey Supreme Court noted in its decision adopting a prejudice approach:

> Courts that require the insurance company to show prejudice to avoid insurance coverage have explained their holdings in terms of public policy. As the New Jersey Supreme Court noted in its decision adopting a prejudice approach:

> The insurance contract not being a truly consensual arrangement and being available only on a take-it-or-leave-it basis and the subject being in essence a matter of forfeiture, we think it appropriate to hold that [insurance coverage is not forfeited] unless there are both a breach of the notice provision and a likelihood of appreciable prejudice. The burden of persuasion is the carrier's.92

Similarly, in *New England Reinsurance Corp. v. National Union Fire Insurance Co.*, the United States Court of Appeals for the Ninth Circuit held:

> The underlying public policy requiring a showing of insurer prejudice to avoid coverage liability does not change depending on whether an unambiguous notice provision is described as a condition precedent to liability or a coverage covenant . . . . For an insurer to circumvent California's public policy underlying the notice prejudice rule by the simple expedient of categorizing the notice clause as a coverage requirement would be a triumph of form over substance.93

The court concluded that forfeiture was an inequitable solution.94

There has also been opposition to forfeitures among state legislatures, and even among some insurance companies. Some state legislatures have followed the lead of the courts and have enacted statutes that limit forfeitures.95 In Maryland, insurance coverage cannot be forfeited because of late notice unless the insurance company proves "actual prejudice."96

At least one insurance company has also recognized the unfairness of forfeiture. The Aetna Technical Claim Manual affords its low-level claims handlers great discretion in waiving alleged late notice, advising that "[i]f there is six months to a year delay, use your discretion relative to acceptance if there is no prejudice."97 Relying on insur-

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93. No. 86-6432, slip op. at 6 (9th Cir. July 21, 1987) (footnote omitted), vacated pursuant to stipulation between parties, 829 F.2d 840 (9th Cir. 1987).

94. Id. at 3.


ance companies to "do the right thing," however, puts the policyholder at the mercy of a rule of men and not a rule of law.

In sum, placing the burden on the insurance company to prove prejudice is obviously more favorable to the policyholder than requiring the policyholder to prove an absence of prejudice. Furthermore, both of these rules are preferable to an automatic imposition of forfeiture. The differences, however, are still merely ones of degree. Forfeiture remains a possibility under any of the three approaches. Once prejudice to the insurance company has been established, either by way of the insurance company's proof, or the policyholder's failure of proof, insurance benefits are denied entirely, even when the prejudice suffered by the insurance company is minimal in relation to the harm that forfeiture will inflict upon the policyholder. In other words, the principal unfairness inherent in a prejudice analysis is that it continues to permit forfeitures that are disproportionately harsh in comparison to the damage suffered by the insurance company from the policyholder's noncompliance. The prejudice approach is like a slide rule in a world filled with pocket calculators. The results of the analysis are approximated, and include an unnecessary level of error, at least when compared with the results achievable through use of an available, more accurate, and efficient tool.

B. Proof of Loss

The notion that insurance companies need special assistance with respect to claims investigation is specious. Insurance companies tout their special expertise in claims handling and loss investigation. Nearly every insurance company has a special unit to ferret out false claims and the insurance industry has a plethora of industry-wide organizations to combat insurance fraud.

98. See supra note 89 and accompanying text.
99. See supra note 57 and accompanying text.
100. The measuring tool that the authors propose is the ordinary measure of recoupment or damages used in breach of contract cases. See infra part IV.
101. The insurance industry is well aware of the "problem" of fraud and takes steps to educate itself and its counsel about the issue. See Defense Research Institute, Insurance Fraud and Suspicious Claims Seminar (No. 9519) (Oct. 1995). At that two-day seminar, over 15 attorneys who represent insurance companies discussed topics such as "Fraud Indicators—What to Look For—Red Flags."

Many groups and special units have been charged with the task of fighting insurance fraud. For example, a coalition of insurance companies, government agencies, and consumer groups was formed in 1993 to advocate federal and state anti-fraud legislation and regulation. Paul Dykkewicz, New Coalition Urges Rules to Combat Insurance Fraud, J. Com., June 4, 1993, at 8A. And, in 1992, the National Insurance Crime Bureau was formed to fight workers' compensation fraud. George Griffith, NICB Working with Insurers to Fight WC Fraud, Nat'l Underwriter, Apr. 19, 1993, at 12. In fact, insurance companies have even turned to private investigators to ferret out fraud. One owner of a chain of detective agencies in Lexington, Kentucky reported that "[o]ur biggest percentage of business is workers compensation and insur-
Nonetheless, failure to submit a timely and proper proof of loss may result in forfeiture of insurance coverage. In *Scott v. Exchange Mutual Insurance Co.*, an illiterate policyholder promptly provided her insurance company with notice of fire damage to personal property, and the insurance company's adjuster visited the fire scene within four days of the fire. An attorney representing the policyholder lost the proof of loss form and requested another. The policyholder changed her attorney thereafter, and the proof of loss form was not submitted until 180 days after the fire. The court held that the policyholder's insurance for personal property loss was entirely forfeited because the proof of loss form was not submitted within sixty days as required by the terms of the policy.

Similarly, in *Whitehead v. Lumbermens Mutual Casualty Co.*, the policyholder, a store owner, sent notice of a burglary to his insurance company the day after the burglary. The notice included a detailed schedule of merchandise stolen, prepared by the policyholder's accountant, with a listed value of $19,180.30. The policyholder did not file a sworn proof of loss form within the sixty days required by the policy or at any time before suit was filed. The policyholder did, however, permit the insurance company to review his books, and he submitted a sworn affidavit about the facts of the case to the court. The court granted summary judgment in favor of the insurance company because the policyholder failed to submit a sworn proof of loss. The court's decision was rendered less than eight months after the burglary. Thus, even though the policyholder was prepared to submit to a sworn examination in court about very recent events, and had provided an inventory and access to his records, the court ordered his insurance forfeited for failure to submit the precise piece of paper described in the policy within the prescribed period of time.

In *Aryeh v. Westchester Fire Insurance Co.*, the policyholder submitted an unsworn statement of her loss, but failed to submit a sworn proof of loss within sixty days of the insurance company's request, as

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103. Id. at *2.
104. Id.
105. Id. at *10.
107. Id. at 968.
108. Id.
109. Id. at 970.
110. Id. at 970-71.
111. After the expiration of the 60-day period, the insurance company first suggested to the policyholder that he submit a proof-of-loss form. Id. at 970. The court noted that "[f]or reasons that are not apparent from the record, [the policyholder] chose not to do so." Id.
required by the policy. As a result, the court found that there was no insurance coverage for a burglary loss.\textsuperscript{113}

As with the notice requirement, however, some states will not automatically impose forfeiture for failure to submit a proper proof of loss.\textsuperscript{114} In those states, coverage will be lost only if the insurance company can prove that it was prejudiced by the policyholder's failure to submit a timely proof of loss.\textsuperscript{115}

C. Examination Under Oath

Noncompliance with a condition requiring examination under oath can also result in forfeiture. In a recent case, \textit{Goldman v. State Farm Fire General Insurance Co.},\textsuperscript{116} a court determined that the failure to submit to an examination under oath was a willful and material breach of the insurance policy which precluded recovery.\textsuperscript{117} The court characterized the condition requiring examination under oath as a condition precedent,\textsuperscript{118} and held that there was no requirement that the insurance company show prejudice.\textsuperscript{119} The court imposed forfeiture despite the fact that an examination under oath, in the form of a deposition, was available to an insurance company during coverage litigation. Forfeiture was nevertheless imposed when the policyholder had refused to submit to the examination under oath before litigation.

In addition to the failure to submit to an examination under oath, the failure to answer specific questions and to turn over financial and other documents requested by the insurance company has also resulted in loss of insurance coverage. In \textit{Powell v. United States Fidelity & Guaranty Co.},\textsuperscript{120} the United States Court of Appeals for the Fourth

\begin{footnotes}
\item[113.] Id.
\item[114.] See, e.g., N.C. Gen. Stat. § 58-44-50 (1994) (allowing the jury to decide the question of forfeiture under some circumstances); Wis. Stat. Ann. § 631.81 (West 1995) (allowing a policyholder to file a claim within one year after the time required by the policy).
\item[116.] 660 So. 2d 300 (Fla. Dist. Ct. App. 1995).
\item[117.] Id. at 303 (citing Southern Home Ins. Co. v. Putnal, 49 So. 922, 932 (Fla. 1909); Stringer v. Fireman's Fund Ins. Co., 622 So. 2d 145 (Fla. Dist. Ct. App. 1993); see also Pervis v. State Farm Fire & Casualty Co., 901 F.2d 944 (11th Cir.) (holding that the Fifth Amendment privilege does not excuse the policyholder from submitting to a sworn examination before filing an action to recover insurance policy proceeds), \textit{cert. denied}, 498 U.S. 899 (1990); Watson v. National Sur. Corp., 468 N.W.2d 448, 451 (Iowa 1991) (holding that submission to an examination under oath was a condition precedent to recovery under the insurance policy); Fineberg v. State Farm Fire & Casualty Co., 438 S.E.2d 754, 755 (N.C. Ct. App.) (declining to create a good cause exception to the requirement that the policyholder submit to an examination under oath).
\item[118.] \textit{Goldman}, 660 So. 2d at 303.
\item[119.] Id. at 303-04 (citing Bolivar County Bd. of Supervisors v. Forum Ins. Co., 779 F.2d 1081 (5th Cir. 1986) and DeFerrari v. Government Employees Ins. Co., 613 So. 2d 101, 103 (Fla. Dist. Ct. App. 1993).
\item[120.] 88 F.3d 271 (4th Cir. 1996).
\end{footnotes}
Circuit held that a homeowners' insurance company was not obligated to pay the fire loss claim of its policyholders when the policyholders refused to answer some questions and refused to turn over certain financial records in connection with an examination under oath. The policyholders had argued that the examination-under-oath clause was limited in scope, but the court, after examining the law in other jurisdictions, disagreed and held that the examination-under-oath clause was broad enough to cover financial information, including tax returns and income-source information.

D. Misrepresentations in Applications

The gulf between the dramatic harm suffered by the policyholder from forfeiture and the harm to the insurance company from the policyholder's noncompliance is perhaps widest in cases when misrepresentation in connection with the purchase of insurance is asserted as a defense to payment. Although states generally require that life and disability insurance policies contain incontestability clauses, most other policyholders cannot rely on such clauses.

Incontestability clauses have long been recognized as a means to protect the public against untimely denials of insurance coverage. By the early twentieth century, states had passed statutes mandating that certain insurance policies be incontestable. Despite this development, however, the New Jersey Supreme Court has held that a statute that precluded an insurance company's defense based on a pre-existing disability did not preclude an insurance company from denying a claim when the policyholder intentionally concealed a disabling disease in the insurance application.

122. Incontestability clauses in life insurance policies protect a policyholder from a contest as to the validity of the policy. 43 Am. Jur. 2d Insurance §§ 761, 762 (1982 & Supp. 1996). Ordinarily the clause provides that the policy shall be incontestable after the period designated (usually one or two years) except for certain noted reasons. Id.


As one commentator has stated, incontestability clauses exist because of widespread "charges of corruption, fraud and dishonesty" in the insurance industry. Id. at 1109 (O'Hearn, J., concurring in part and dissenting in part) (quoting Eric K. Fosaaen, Note, AIDS and the Incontestability Clause, 66 N.D. L. Rev. 267, 269 (1990)).
Claims often arise, of course, before the date of incontestability, or under policies that do not contain an incontestability clause. In such cases courts have frequently held that actual reliance upon, or prejudice to, the insurance company is unnecessary to permit avoidance of the policy by the insurance company, as long as the statement is material to the risk. In some jurisdictions, proof of a fraudulent misstatement by the policyholder will be sufficient to avoid coverage even when the misstatement was not material.

The rules about misrepresentation achieve perhaps their highest level of abstraction (indeed, absurdity) in the principle that a material misrepresentation will defeat coverage even when the fact misrepresented was entirely unrelated to the risk from which the loss ultimately resulted. Thus, for example, a court has held that a failure to disclose a poor driving record justified a denial of coverage notwithstanding that the policyholder was not driving when the accident happened. A court has also held that a misstatement about prior insurance coverage was sufficient to defeat a recovery on a claim for theft of a trailer. A misrepresentation by an applicant about his health history was the basis for a denial of life insurance coverage even when the policyholder died from a cause unrelated to the condition misrepresented. As illogical as it is, the notion that an insurance company may disclaim coverage on the basis of misrepresentation, even in the absence of a causal link between the misrepresentation and the loss, is probably the majority view.

126. See, e.g., Perry v. State Farm Fire & Casualty Co., 734 F.2d 1441, 1443 (11th Cir. 1984) (holding that a material misrepresentation will void an insurance policy even when the insurance company neither relied on the misrepresentation nor suffered any prejudice).

127. See, e.g., Upton v. Western Life Ins. Co., 492 F.2d 148, 149 (6th Cir. 1974) (holding that a showing of materiality is unnecessary when a fraudulent misrepresentation is made). Under general contract and tort law, of course, a misrepresentation must be material before the law will afford relief. Calamari & Perillo, supra note 34, § 9-14, at 357. Only under insurance law, in some states, is misrepresentation punished purely on moral grounds without regard to its effect upon the complaining party.

In an even more sweeping argument, at least one insurance company has asserted that misrepresentations and/or omissions of material fact that were not made in connection with the insurance application should entitle the insurance company to rescind the policy. Reply Brief to Plaintiff’s Opposition to Hartford Accident & Indemnity Company’s Cross-Motion for Summary Judgment on the Issue of Bad Faith at 70-82, Biddle Sawyer Corp. v. Fireman’s Fund Ins. Co., No. MON-L-5219-91 (NJ. Super. Ct. Nov. 15, 1995) (on file with the Fordham Law Review).

128. Countryside Casualty Co. v. Orr, 523 F.2d 870, 872-74 (8th Cir. 1975).


III. Forfeiture Is an Improper and Unduly Harsh Remedy

Courts have improperly imposed forfeitures on policyholders for minor and technical violations of an insurance policy. This part argues that forfeiture is an improper remedy, given three important considerations: (1) a policyholder's lack of notice that forfeiture will result from a minor breach of the insurance contract; (2) the arguments of insurance companies themselves against forfeitures asserted in their disputes with reinsurers; and (3) general principles of contract law that disfavor forfeiture.

A. Lack of Notice to Policyholders

Standardized insurance policies do not inform the policyholder that failure to comply with the enumerated conditions will result in forfeiture of coverage. For example, in a standard form liability insurance policy (a commercial general liability or "CGL" policy), the Insuring Agreement recites that the insurance company will pay those sums that the insured becomes legally obligated to pay "as damages," and contains a long list of exclusions to coverage.\(^{132}\) The policy explains in detail who the persons insured will be, and sets forth the limits of insurance. Section IV, the "Commercial General Liability Conditions," however, is a different animal. Condition Two, "Duties in the Event of Occurrence, Claim or Suit," informs the policyholder that it must provide notice of an occurrence or of a suit brought against it "as soon as practicable."\(^{133}\) It does not say, "if you do not, coverage will be forfeited."\(^{134}\) Commentators have agreed that insurance policies are "inferior sources of information."\(^{135}\)

The threat of forfeiture is likewise conspicuously absent from the relevant portion of the standard 165-line fire insurance policy.\(^{136}\) That standard policy, at lines 28-37, begins (in boldface print) with "Conditions Suspending or Restricting Insurance," and provides, for example, that the insurance company "shall not be liable for loss occurring" while the property is vacant.\(^{137}\) But later in the policy, at lines 97-122, the conditions requiring that the policyholder submit to an examina-

\(^{132}\) 1 Miller & Lefebvre, supra note 41, at 409-12.
\(^{133}\) Id. at 415.
\(^{134}\) Interpreting a notice provision to require forfeiture in the case of noncompliance violates the familiar precept that ambiguities in an insurance policy are to be construed in favor of the policyholder. See Jones v. Bituminous Casualty Corp., 821 S.W.2d 798, 802 (Ky. 1991) (holding that without contractual language "clearly spelling out the meaning and parameters of prompt notice and automatic forfeiture consequences, the reach of the term and the consequences are vague. The policy has a latent ambiguity which is subject to the rule of construction that applies to a contract of adherence").
\(^{135}\) Young, supra note 83, at 4 (citing Kenneth S. Abraham, Distributing Risk 32, 79-82 (1986), and Robert E. Keeton & Alan I. Widiss, Insurance Law § 6.3(4) (1988)).
\(^{136}\) 1 Miller & Lefebvre, supra note 41, at 456.
\(^{137}\) Id.
tion under oath are not introduced with a similar boldfaced statement. The policyholder would not reasonably expect, in reading the policy, that non-compliance with the proof of loss condition or the examination under oath condition would result in a loss or restriction of insurance coverage.

The historical development of the Standard Fire Insurance Policy supports the argument that forfeiture should not be read into the policy language. The 1886 New York Standard Fire Insurance policy contained thirteen express conditions. A breach of any of the conditions voided the insurance coverage, whether or not the breach caused the loss to the insurance company. There was a great deal of litigation concerning these conditions which "was a good measure of the public's dissatisfaction with the form." In response, a number of states adopted a new form, the 1918 New York Standard Form, in which only a violation of the first five conditions, involving ownership of the building, voided the policy. Later, the 1943 standard policy eliminated all but two—the vacancy clause and the increase-of-hazard clause. Despite this history, forfeiture persists as a remedy for failure to comply with the proof of loss provision, or the examination under oath requirement. Considering the long historical development of the standard fire insurance policy and the gradual elimination of express conditions, forfeiture for noncompliance with two implied conditions, the examination under oath or the proof of loss provisions, makes little sense.

138. Id. at 456.1.
139. The reasonable expectations doctrine has been applied in a majority of jurisdictions, totalling 33 states. Ostrager & Newman, supra note 10, § 1.03[b][2], at 21-24 (noting that California, New Jersey, and New York are among the jurisdictions that follow this doctrine). The doctrine, advanced most prominently by Professor Robert Keeton, holds that policy language will be construed in accordance with the objectively reasonable expectations of the policyholder. Robert E. Keeton, Insurance Law Rights at Variance with Policy Provisions, 83 Harv. L. Rev. 961, 967 (1970).
141. Id. at 171.
142. Id.
143. Id. at 172.
145. Insurance companies' arguments that insurance coverage should be forfeited are similar to what is known as "post-loss" underwriting. This is a practice by some insurance companies by which, following a loss or damage, they argue that they did not provide coverage for the loss. For an excellent fictional account of post-loss underwriting, see John Grisham, The Rainmaker (1995). For a compilation of articles concerning this novel, see Law and Literature: A Collection of Essays on John Grisham's The Rainmaker, 26 Mem. St. U.L. Rev. 1251 (1996).
B. Insurance Companies Are Opposed to Forfeiture

Although the insurance industry is quick to demand that courts impose draconian forfeitures on policyholders, insurance companies who are involved in insurance coverage disputes with reinsurers routinely assert that their breach of a policy condition is merely a "technical breach" of the insurance policy. These arguments by insurance companies are perhaps the best evidence of the absurdity of total forfeiture of insurance coverage for noncompliance with insurance policy provisions. The insurance industry does not play by the rules that it promulgates and attempts to enforce against policyholders. In essence, what is good for the insurance company goose is not good for the policyholder gander. There are a number of instances that illustrate the insurance industry's duplicity. Hartford Accident and Indemnity Company, in arguing that its reinsurance company could not deny insurance coverage based upon late notice, asserted that "[a]n insurance policy is not to be construed as a game of cat and mouse, in which the insurer . . . can avoid liability if he succeeds in catching his insured in a technical breach." Moreover, two Hartford Insurance Group members, New

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147. This, however, is not unusual. Insurance companies spend a great deal of money and time battling policyholders. Insurance companies "spend (conservatively) a billion dollars a year in so-called 'coverage litigation.'" Brief of Amicus Curiae American Insurance Association at 3, Affiliated FM Ins. Co. v. Constitution Reins. Corp., 626 N.E.2d 878 (Mass. 1994) (No. SJC-06165); see also Brief and Appendix of Amicus Curiae Insurance Environmental Litigation Association ("IELA"), in Support of Continental Insurance Company, Aetna Casualty & Surety Company and Firemen's Insurance Company of Newark, NJ, at 25 n.21, County of Columbia, N.Y. v. Continental Ins. Co., 634 N.E.2d 946 (N.Y. 1994) (No. 65599) (stating that "insurance companies have filed tens of thousands of briefs across the country in a number of courts and in a vast variety of contexts"). There are no lobbyists, trade organizations, and precious few special interest groups representing insurance policyholders in the United States. In contrast, there are scores of insurance trade organizations representing hundreds of insurance companies. See State of Washington Office of Insurance Commissioner, Comments on Insurance Commissioner Matter R 94-30: Proposed Rule Making Regarding Environmental Claims Regulation (Mar/Apr. 1995) (illustrating the practices of various insurance companies and insurance industry organizations). Some of these organizations include the Insurance Environmental Litigation Association, Defense Research Institute, Pollution Liability Insurance Association, National Association of Independent Insurers, Alliance of American Insurers, Association of California Insurance Companies, and the Georgia Association of Property & Casualty Insurance Companies. For a discussion of the insurance industry's strategy in claims handling from the viewpoint of counsel for policyholders, see Eugene R. Anderson et al., Insurance Nullification by Litigation, Risk Mgmt., Apr. 1994, at 46.

England Reinsurance Company and First State Insurance Company, characterized the forfeiture rule as a triumph of form over substance arrived at through a "17th Century type of analysis."149 In attacking the forfeiture rule, these insurance companies recognized "the need to protect an insured from the severe consequences of a forfeiture of a rightful payment, based on technical grounds . . . "150 The insurance companies characterized California law as having "recognized [that] the public, i.e. the ultimate beneficiary of malpractice insurance, will be deprived of any possibility of recovering damages if insurance is declared forfeit."151

Similarly, National Casualty Company, a member of the Nationwide Group, argued that "[a]n insurer may avoid coverage for late notice where the notice has been so late as to prejudice the insurer. The burden to avoid coverage is extremely heavy, as the law abhors forfeitures in this situation."152 Great American Insurance Company, a member of the American Financial Insurance Group, echoed that position:

Where the insurance company’s interests have not been harmed by a late notice, even in the absence of extenuating circumstances to excuse the tardiness, the reason behind the notice condition in the policy is lacking, and it follows neither logic nor fairness to relieve the insurance company of its obligations under the policy in such a situation.153

The Insurance Company of the State of Pennsylvania, a part of the American International Group, argued in court that “[t]he notice requirement serves to protect insurers from prejudice, but is not intended to shield them from their contractual obligations.154

Hartford Accident and Indemnity Company continued, stating that “a majority of jurisdictions have held that a technical breach of a notice provision in an insurance or reinsurance contract will not excuse the insurer from liability unless the insurer can prove a likelihood of actual prejudice from the breach.” Id. at 42.

151. Id. at 6.
154. Appellant’s Opening Brief of Insurance Company of the State of Pennsylvania at 17, Insurance Co. v. Associated Int’l Ins. Co., 922 F.2d 516 (9th Cir. 1990) (No. 89-55539); see also Memorandum of the Travelers Insurance Company in Opposition to INA’s Motion for Summary Judgment at 8, Travelers Ins. Co. v. Feld Car & Truck Leasing Corp., 517 F. Supp. 1132 (D. Kan. 1981) (No. 76-179-C6) (“[T]he better reasoned line of authority holds that an insured’s coverage is not forfeited by reason of
[W]here there is no prejudice, the notice requirement should not provide a technical escape-hatch by which to deny coverage. In the absence of prejudice, regardless of the reasons for or the length of the delayed notice, there is no reason to excuse the insurer from its obligations under the certificate.155

Finally, when Liberty Life Insurance Company sought to obtain reinsurance coverage from its reinsurers, but failed to notify its reinsurers immediately of the lawsuit, it argued that reinsurers should not be permitted to "renege on their contractual obligations."156 Liberty noted that under applicable South Carolina law,157 an insurance company must show "substantial prejudice" in order to avoid paying the policyholder's defense costs.158 Liberty maintained that the reinsurers were not prejudiced "since each denied coverage and refused to provide a defense."159

In sum, insurance companies argue that forfeiture is anachronistic when they are the potential victims of forfeiture. This reveals that insurance companies who deny coverage and argue for forfeiture against policyholders are motivated solely by financial considerations, not the interests of equity. As the insurance industry has demonstrated through its own contradictory arguments,160 forfeiture is an unnecessary result in insurance cases.

delayed notice unless the [insurance company] proves that the failure to give timely notice resulted in prejudice to the insurer.


157. Id. at 24 (citing Factory Mut. Liab. Ins. Co. v. Kennedy, 182 S.E.2d 727, 729-30 (S.C. 1971)). Liberty also made the same argument under North Carolina, Florida, Minnesota, and Missouri law, other states in which the underlying complaints against Liberty were filed. Id.


160. The insurance industry frequently argues inconsistent positions. One of the areas in which the insurance industry has taken inconsistent litigation positions involves litigation concerning the meaning of the "polluters" exclusion. See Eugene R. Anderson et al., Environmental Insurance Coverage in New Jersey: A Tale of Two Stories, 24 Rutgers L.J. 83, 106-14 (1992) (cited with approval in Northern States Power Co. v. Fidelity & Casualty Co., 523 N.W.2d 657, 660 n.5 (Minn. 1994)).

Courts, however, have consistently condemned the practice of asserting inconsistent positions. The U.S. Supreme Court stated:

It may be laid down as a general proposition that, where a party assumes a certain position in a legal proceeding, and succeeds in maintaining that position, he may not thereafter, simply because his interests have changed, assume a contrary position, especially if it be to the prejudice of the party who has acquiesced in the position formerly taken by him.

Davis v. Wakelee, 156 U.S. 680, 689 (1895).

The Michigan Supreme Court has expressed the rationale for this rule in the following manner:
C. Forfeiture Is a Disfavored Remedy in Contract Law

If a contract has been breached, the non-breaching party is entitled to a remedy if that party has been damaged.\(^1\) The remedies generally applied in breach of contract cases are damages, restitution, coercive remedies such as injunctions, and declaratory relief.\(^2\)

Treatises on remedies or contracts do not identify forfeiture as a remedy for breach of contract.\(^3\) Forfeitures of contractual rights have long been disfavored by courts and legislatures. A frequently repeated aphorism is that "forfeitures are not favored in the law."\(^4\) The courts of equity created the rule against arbitrary forfeiture of contractual rights in the seventeenth century.\(^5\) As one court described the equity approach more recently, "courts of equity frown upon the principle of forfeiture. As the keeper of the conscience of

If parties in court were permitted to assume inconsistent positions in the trial of their causes, the usefulness of courts of justice would in most cases be paralyzed; the coercive process of the law, available only between those who consented to its exercise, could be set at naught by all. But the rights of all men, honest and dishonest, are in the keeping of the courts, and consistency of proceeding is therefore required of all those who come or are brought before them.

Mertz v. Mertz, 18 N.W.2d 271, 276 (Mich. 1945) (quoting Bigelow on Estoppel 783 (6th ed. 1872)).

Courts have adopted several doctrines and rules to preclude litigants from asserting inconsistent positions. These include: (1) judicial estoppel, which is also known as the doctrine of "preclusion" against inconsistent positions, 18 Charles A. Wright et al., Federal Practice and Procedure § 4477 (1981 ed. & Supp. 1992); (2) equitable estoppel, which bars a party from asserting an inconsistent position when another person has relied upon the prior position, Edwards v. Aetna Life Ins. Co., 690 F.2d 595, 599 (6th Cir. 1982); (3) quasi-estoppel, which is also known as "estoppel by acceptance of the benefits," 31 C.J.S. Estoppel §§ 107, 109 (1964 & Supp. 1996); (4) collateral estoppel, which precludes relitigation of an issue of fact or law which a court or administrative agency has determined by a final judgment and which a party previously has litigated or had an opportunity to litigate, Restatement (Second) of Judgments § 27 (1980); (5) judicial admissions, which recognizes that a litigant's judicial admission is binding upon the speaker and may not be contradicted in a later proceeding, Davis v. A.G. Edwards & Sons, Inc., 823 F.2d 105, 108 (5th Cir. 1987); (6) "mend the hold" doctrine which "forbids a party to a contract to take inconsistent litigating positions concerning the contract's meaning," AM Int'l, Inc. v. Graphic Management Assocs., 44 F.3d 572, 576 (7th Cir. 1995); and (7) various evidentiary rules under which a litigant's prior inconsistent statement is admissible as "not hearsay," see, e.g., Fed. R. Evid. 801(d)(2) (exception to hearsay rule); Cal. Evid. Code §§ 1220, 1222 (same).

161. See Calamari & Perillo, supra note 34, § 14-2, at 588.
162. See Dobbs, supra note 4, ch. 12; Farnsworth, supra note 4, ch. 12.
163. See, e.g., 5A Corbin on Contracts (West 1964) (excluding forfeiture in its discussion of alternative remedies for breach of contract).
165. See Loyd, supra note 5, at 125-26.
the king, equity will ameliorate the harshness of the full application of legal forfeitures, when, in a given case, justice demands such action.\textsuperscript{166} The law courts borrowed the rules against forfeiture after their development in equity,\textsuperscript{167} and those rules are now widely applied in a variety of contract cases.\textsuperscript{168}

The disfavor in which forfeiture is held by the courts is consistent with the courts' general disfavor of unduly harsh liquidated damages. Liquidated damages provisions are lawful, but courts have been cautious about enforcing such clauses.\textsuperscript{169} Generally, if the court believes the provision is a penalty, it will not be enforced.\textsuperscript{170} This rule, which arose in equity to prevent over-reaching and to give relief from unconscionable bargains, was later adopted by the law courts.\textsuperscript{171}

IV. Reform Proposal

This part discusses the various manners in which courts have sought to reduce the likelihood of forfeiture resulting from minor breaches of an insurance policy. This part argues, however, that such measures are inadequate and proposes that, under the doctrine of substantial performance, an insurance company's remedy should be limited to the

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  \item \textsuperscript{166} Rockaway Park Series Corp. v. Hollis Automotive Corp., 206 Misc. 955, 957 (N.Y. Sup. Ct. 1954).
  \item \textsuperscript{167} Loyd,\textit{ supra} note 5, at 126.
  \item \textsuperscript{168} Note, though, that forfeiture may be a remedy prescribed by statute for a violation of a statute. See, e.g., Racketeer Influenced and Corrupt Organizations Act (RICO), 18 U.S.C. §§ 1961, 1963 (1994) (prescribing forfeiture when the RICO statute is violated). Because this Article discusses forfeiture as it relates to insurance, forfeiture prescribed by statute is not discussed here. However, it should be noted that courts are hesitant to impose forfeiture even in those cases. See, e.g., United States v. Kramer, 73 F.3d 1067, 1076 (11th Cir. 1996) (overturning verdict that ordered forfeiture of defendant's interest in property). It seems anomalous, to say the least, that drug traffickers get more protection from the courts in forfeiture cases than do insurance policyholders. See Bennis v. Michigan, 116 S. Ct. 994, 1000-01 (1996) (holding that forfeiture order concerning automobile, jointly owned by husband and wife, as a result of husband's activity did not offend the Due Process Clause of the Fourteenth Amendment or the Takings Clause of the Fifth Amendment).
  \item \textsuperscript{169} Dobbs,\textit{ supra} note 5, § 12.1. For example, one of the parties may deposit some form of security as a guarantee of performance, with the agreement that in the event of a breach, the non-breaching party will keep the security. This arrangement is often found in lease agreements, when a deposit of money secures against damage to the property or non-payment of rent. Or, a bank may require a borrower to execute a mortgage of property as security for a debt. If the debtor defaults, the bank seizes the property. Bank seizures, however, have been severely restricted by courts and legislatures.
  \item Procedures to be followed in the event of default can likewise be specified in advance. The parties may agree to authorize a court to order specific performance in the event of breach, or may stipulate that disputes will be arbitrated.
  \item Parties to a contract have only limited power to bargain over their rights to a remedy, however, and limitations are imposed by statute, public policy, and the doctrine of unconscionability. See Farnsworth,\textit{ supra} note 4, § 12.18 n.1, at 895.
  \item \textsuperscript{170} Charles T. McCormick, Handbook on the Law of Damages § 146 (1935).
  \item \textsuperscript{171} Calamari & Perillo,\textit{ supra} note 34, § 14-31, at 639.
\end{itemize}
actual harm it has suffered from a policyholder's noncompliance with a condition.

**A. Current Methods of Avoiding Forfeiture**

Insurance law has not been entirely oblivious to contract law's antipathy for penalties. Courts have commonly avoided forfeiture of insurance by construing the neglected policy provision as a promised performance, rather than as a "condition." Corbin describes the technique as follows:

If a contract contains a provision providing for some performance that does not constitute any substantial part of the subject-matter of exchange by the parties, the courts much prefer the interpretation that this provision is a promise to render the performance, rather than that it makes the performance a condition precedent to the defendant's duty. By the former interpretation, the failure to render the performance merely creates a right to damages for such injury as may be caused thereby; while by the latter interpretation, the failure to render the performance would privilege the defendant to refuse to render his part of the agreed exchange. Express provisions in a contract, therefore, providing for an arbitration and award under certain circumstances, or for the certificate of an architect or engineer, or for the giving of a notice, or for the making of proof of loss, will be held to be merely promissory in nature, and not to create a condition precedent to the defendant's duty of performing unless the express words of the contract very clearly show a different intention.

This technique of contractual interpretation may be applied to insurance policies.

Alternatively, because the general American rule is to construe insurance policies in favor of the policyholder where possible, courts avoid forfeitures by construing the language in favor of the policyholder:

It has become a settled rule in the construction of contracts of insurance that policies of insurance will be liberally construed to uphold the contract and conditions contained in them which create forfeitures will be construed most strongly against the insurer and will never be extended beyond the strict words of the policy.

Therefore, any ambiguity in the insurance contract should be interpreted in favor of the policyholder.

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172. In the insurance context, for example, see Elberton Cotton Mills, Inc. v. Indemnity Ins. Co., 145 A. 33, 35 (Conn. 1929) (holding that the insurance policy does not make the filing of the claim a condition precedent to the insurance company's liability).


174. See supra note 134.

Rules of waiver may also be used to avoid forfeiture of insurance coverage. A common insurance law principle states that "[f]orfeitures are not favored if there are any circumstances indicating a waiver thereof." Courts have deemed that insurance companies have waived objections to the policyholder's failure to file a proof of loss, failure to give notice of vacated premises in connection with a policy requiring such notice, and failure to comply with various other conditions when the insurance company admitted liability. Moreover, when an insurance company has repudiated the policy and denied all liability, it has waived the right to insist upon compliance with any clause inserted for its benefit.

Rules of construction and waiver can be useful palliatives but they are, ultimately, inadequate solutions to the problem of forfeiture. If a court can be persuaded by the insurance company that the language in question is "unambiguous" or that no waiver occurred, forfeiture may be the unfortunate result.

A few courts have denied the imposition of forfeitures on the basis of unconscionability. One frequently-cited formulation of the doctrine is that "unconscionability . . . requires some showing of 'an absence of meaningful choice on the part of one of the parties together with contract terms which are unreasonably favorable to the other party.'" Unconscionability is both a common law and a statutory doctrine.

Unconscionability is plainly a readily-available technique for avoiding the punitive effects of insurance coverage forfeiture. Because the unconscionability doctrine is a rule of decision rather than a rule of construction, the courts may require insurance companies to honor those policies for which premiums have been paid, notwith-
standing a technical breach of a policy clause or the fine print in the insurance policy that has been drafted for the insurance company.

For example, the Supreme Court of Iowa used the doctrine of unconscionability to avoid forfeiture of insurance in *C&J Fertilizer, Inc. v. Allied Mutual Insurance Co.* In that case, the insurance policy provided coverage for burglary, but limited the coverage for burglary to those cases in which there were "visible marks made by tools . . . or physical damage to, the exterior of the premises at the place of . . . entry." The policyholder was able to show that an unknown third person had committed a burglary on its premises, but was unable to produce the specific evidence of forced entry required by the policy. The court concluded that enforcement of this restrictive definition of burglary was unconscionable in a policy intended to protect against burglary. The court refused enforcement of the clause and granted recovery to the policyholder.

In sum, the unconscionability doctrine dictates a fair and correct result by ignoring the fiction that an unnegotiated and technical clause ultimately breached was part of the parties' "agreement." When the policyholder has paid all premiums due, and insurance is denied after a loss for an inconsequential noncompliance with a non-negotiated, boilerplate provision in the insurance policy, the requirements for invocation of the doctrine of unconscionability are squarely met.

Unconscionability, however, is a blunt instrument. It is only rarely invoked, and when it is, it is criticized as a threat to the finality and enforceability of private contracts. The doctrine, although a principled response to the unfairness of forfeitures, is as imprecise as the forfeiture rules it is invoked to counteract.

Other courts have avoided forfeiture of insurance coverage by requiring only substantial performance of a policy condition. Substantial performance of a condition is simply another way of describing an immaterial breach, with the court focusing on the materiality of the breach rather than on the materiality of the provision at issue. For example, in one case, submission of a proof of loss form after the policyholder brought suit seeking insurance coverage was held to be substantial compliance with a provision requiring submission of a proof of loss form within sixty days of the loss. In another case, a policyholder's submission of documentation after an initial, interrupted sworn examination was substantial performance of a sworn examina-

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185. 227 N.W.2d 169 (Iowa 1975).
186. Id. at 171.
187. Id. at 171-72. The policyholder successfully refuted the suggestion that the burglary might have been an "inside job," the eventuality toward which the "visible exterior marks" requirement was presumably directed. Id.
188. Id. at 181.
189. Calamari & Perillo, supra note 34, § 9-38, at 401.
190. See infra text accompanying note 195.
tion clause and could create a triable issue of fact concerning the insurance company's demand for forfeiture.\textsuperscript{192}

The difficulty with this approach, however, is that it only protects policyholders who make a reasonable "college try," or even those who make grudging or reluctant efforts to comply, but fails to assist policyholders who are unaware of a given provision or unable, for whatever reason, to fulfill it. Therefore, the operator of a safe plant who never makes a claim and is unaware of the need to provide notice of an occurrence is harshly penalized, although the unsafe operator, familiar with insurance, is saved by half-hearted compliance with the policy condition rather than full compliance. A more rational approach is needed.

\section*{B. Recoupment or Damages Is the Proper Remedy}

Any remedy imposes costs and creates benefits. In choosing among remedies, courts usually choose a remedy that will "approximately vindicate the plaintiff's right."\textsuperscript{193} In choosing forfeiture as a remedy for non-compliance with an insurance policy condition, however, courts are choosing a blunderbuss when a pistol is all that is needed. This part argues that courts should find that the regular payment of premiums constitutes substantial performance of the insurance contract as a whole. Consequently, noncompliance with a policy condition should only result in recoupment or damages for the insurance company.

\subsection*{1. Substantial Performance of the Insurance Contract}

A policyholder's breach of a policy condition should result, at most, in recoupment or damages to the insurance company. When a policyholder fails to fulfill a provision of the policy not involving the payment of premiums, the policyholder's recoverable loss can simply be reduced by the amount of any damages that the insurance company can show it suffered as a result of the failure. That result can be achieved without the need for legislation, and in virtually any insurance case by applying the contract law doctrine of "substantial performance" to an insurance claim.\textsuperscript{194}

The doctrine of "substantial performance" permits recovery by a party that has substantially performed its obligations under an agreement but that has also breached the agreement:

\begin{footnotesize}
\begin{enumerate}
\item[193.] Dobbs, \textit{supra} note 4, § 1.9, at 35.
\item[194.] The doctrine of substantial performance must be distinguished from the narrower rule regarding "substantial performance" of a policy condition. See \textit{supra} notes 190-92 and accompanying text. In the former case, the entire contract is substantially performed; in the latter case, the focus is only on the performance of a single condition.
\end{enumerate}
\end{footnotesize}
When a contract has been partially executed, and one of the parties has derived substantial benefits through the other's partial performance of the agreement, then the first party cannot rescind the contract on account of the failure of the second party to complete his performance of it, and his only remedy for the failure of the second party to completely perform is compensation in damages for that breach.\(^\text{195}\)

Substantial performance is frequently associated with construction litigation. In that context, courts have traditionally recognized a need to deal more equitably with the situation when a contractor has substantially completed a construction contract, and conferred a benefit on the owner of land, but has breached a term of the contract on which payment was expressly conditioned.\(^\text{196}\) The solution is to award the contractor its contract price, less an offset sufficient to compensate the owner for the partial breach.\(^\text{197}\) The Arkansas Supreme Court stated the operation of the rule succinctly:

\[\text{A contractor who has substantially performed is entitled to recover the contract price, less the difference in value between the work as done and the work contracted to be done, or less the cost of correcting defective work where this can be done without great expense or material injury to the structure as a whole.}\(^\text{198}\)

The court then added the following significant, and accurate, observation: "[The cited] cases involved the construction of a building. However, the doctrine of substantial performance is not restricted to building contracts but applies to contracts of all kinds."\(^\text{199}\) The substantial performance doctrine is as well suited for application to insurance policies as it is to construction contracts. A policyholder who has paid premiums to an insurance company should receive payment on its claim for loss, despite a failure to comply with other provisions of the policy. The policyholder's payment may be reduced by an amount sufficient to compensate the insurance company for any damage it suffers as a result of the policyholder's noncompliance with policy provisions.

\(^{195}\) 6 Williston on Contracts § 843 (3d ed. 1962) (citing German Sav. Inst. v. DeLa Vergne Refrigerating Mach. Co., 70 F. 146, 150 (8th Cir. 1895)).

\(^{196}\) 5 Corbin on Contracts § 1089 (West 1964).

\(^{197}\) The credit or affirmative recovery due the owner is the reasonable amount it has cost, or will cost, the owner to finish the job, less any part of the contract price remaining unpaid, plus damages for delay in securing the use of the building. \textit{Id}; see McCormick, supra note 170, § 68. The owner has the burden of proving the cost of completion or repair, and thus bears the burden of proof on the claim for recoupment. \textit{See} Hopkins Constr. Co. v. Reliance Ins. Co., 475 P.2d 223, 224-25 (Alaska 1970).

\(^{198}\) Prudential Ins. Co. v. Stratton, 685 S.W.2d 818, 821 (Ark. Ct. App.).

\(^{199}\) \textit{Id.}
In the insurance context, substantial performance is easily identified.\textsuperscript{200} When the policyholder has made timely payment of all premiums due, the contract has been substantially performed. As the United States Bankruptcy Court for the Southern District of Florida noted:

United Capitol [Insurance Company] . . . has already received the most material and substantial performance required under the Policies: the payment in full of over $1.4 million in premiums. At this point, a material breach of the Policies by [policyholder] FIE . . . absent bankruptcy, would not have relieved United Capitol of its coverage obligations under the Policies . . . .

United Capitol is not remediless [sic] in this situation, however. If [the policyholder] . . . failed to fund the SIR [self-insured retention] . . . United Capitol, assuming it has complied with the proper procedures . . . may be entitled to maintain a claim against [the policyholder] for those same damages.\textsuperscript{201}

In sum, draconian forfeitures can be eliminated by application of this rule and the result will be eminently fair to policyholders and insurance companies alike.

2. The Proper Remedy Applied

Because many harms that might be suffered by an insurance company from a policyholder’s noncompliance with a condition are quantifiable, they can often be remedied by an award of recoupment, or by an award of damages to the insurance company.\textsuperscript{202} For example, unnecessary investigation costs incurred due to a policyholder’s failure to provide information in her files, or as a result of refusing to submit a sworn proof of loss, can be calculated. If the policyholder fails to provide timely notice of a claim resulting in a default judgment against the policyholder, the insurance company should be compensated for attorneys’ fees expended to have the judgment reopened.

Lost settlement opportunities are another quantifiable harm resulting from a policyholder’s noncompliance with a notice provision. If the policyholder has rejected a third party’s demand before notice to the insurance company has been provided, the rejected demand can be compared to the ultimate liability. If the insurance company can

\textsuperscript{200} The requisite level of performance necessary to sustain a substantial performance claim is unclear. See 3A Corbin on Contracts § 704 (West 1960). Thus, a builder must render a minimum, somewhat ill-defined level of performance before the substantial performance rule will be applied. See id. The key factor is whether the performing party has conferred a substantial benefit on the other party—and that factor should be satisfied where premiums have been timely paid.

\textsuperscript{201} In re Firearms Import & Export Corp., 131 B.R. 1009, 1014 (Bankr. S.D. Fla. 1991).

\textsuperscript{202} An affirmative award of actual damages, as opposed to recoupment, would be most appropriate where the harm to the insurance company is quantifiable, but the insurance company’s performance is being rendered in kind.
show that it would likely have accepted and paid the demand, its lia-

bility for the claim should be capped at the amount of the demand.

Additional investigation expenses caused by late notice are a com-

ponent of a recoupment or damages award in favor of the insurance

company. If the defense requires a lengthy face-to-face interview with

a witness who has moved to China, and the insurance company could

have held such an interview at the site of the event had notice been

given earlier, the additional cost of this interview might be considered

a result of the policyholder's noncompliance. The insurance company

should be entitled to recover that extra cost.

Admittedly, harm alleged by insurance companies due to late notice

of a claim can sometimes be difficult to quantify. The insurance com-

pany may argue that it cannot demonstrate the loss of favorable evi-
dence as a result of starting its investigation late, and should not bear

the burden of proving the unprovable. After all, it was the policy-

holder who caused a problem by providing late notice. Therefore the

policyholder should bear the risk of lost evidence.

All litigation, however, is affected by the passage of time, whether

or not it begins with timely notice. Witnesses die, move away, forget

what they saw, and change their stories. It will be a rare case indeed

when defeat could have been turned into triumph if only the insurance

company could have talked to a mystery witness within the notice pe-

riod. It is possible to imagine such a result, but speculation about its

occurrence should not dictate the results in countless cases of late

notice.

Application of a forfeiture rule based upon the notion that the in-

surance company "does not know what it does not know," e.g., that it

cannot specify the cost of an absence of early investigation, would
deny insurance because uncertainty exists. The purpose of insurance,
however, is to spread the risk of uncertainty. If the insurance com-

pany cannot quantify the harms from a breach of a condition, within

the broad limits of American rules on damages, then the uncertainty

should be reflected in the rate base, and not in a loss of insurance to a

single policyholder.

The notion that only those policyholders who "follow the rules" and

comply fully with policy conditions should be covered is, in itself, in-

consistent with the purpose of insurance. Insurance is normally avail-
able for negligent conduct, for wrongful acts, and very often for inten-
tional conduct. If the insurance company cannot demonstrate

or quantify harm from a breach of a condition, then folding the effects

of the noncompliance into the rate base does no more violence to the

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203. See Eugene R. Anderson et al., Employment Discrimination and Liability In-
surance: Even Insurance Companies Say You May Be Covered, Merrit Risk Mgmt. 
concept of insurance than does insuring negligent and intentional conduct in the first place.

Conclusion

Forfeiture is an unfair, draconian remedy that should no longer be applied in insurance law, routinely or otherwise. A policyholder who has paid premiums and purchased an insurance policy that is affected with a public interest should be treated at least as favorably as a party to any type of contract. In the world of insurance, forfeiture as a punishment does not fit the crime. Draconian forfeitures can be eliminated by the simple application of traditional contractual remedies, notably, the doctrine of substantial performance. When a policyholder has regularly paid premiums on his policy, courts should find that the insurance policy has been substantially performed and that the insurance company's recovery for noncompliance with a policy condition should be limited to damages or recoupment for the harm suffered.
**APPENDIX**

*Late Notice Rules By State*

<table>
<thead>
<tr>
<th>State</th>
<th>Rule</th>
<th>Case</th>
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<tbody>
<tr>
<td>Alaska</td>
<td>Insurance company has burden of showing it has been prejudiced.</td>
<td><em>Weaver Bros. v. Chappel</em>, 684 P.2d 123, 125-26 (Alaska 1984).</td>
</tr>
<tr>
<td>Arkansas</td>
<td>If timely notice by the policyholder is an express condition precedent to recovery under the policy, then failure to give timely notice results in forfeiture. If timely notice is a condition subsequent, then failure to give timely notice does not result in forfeiture unless the insurance company has been prejudiced.</td>
<td><em>Haskins v. Occidental Life Ins. Co.</em>, 349 F. Supp. 1192, 1197 (E.D. Ark. 1972).</td>
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</tbody>
</table>

204. Different notice rules may be applied for certain types of claims or suits, pursuant to statute. A previous version of this chart appeared as part of Bart Tesoriero et al., *The Draconian Late Notice Forfeiture Rule: “Off with the Policyholders’ Heads,”* 15 Ins. Litig. Rep. 113 (1993).
<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Case</th>
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<tbody>
<tr>
<td>Connecticut</td>
<td>Insurance company is presumed to have been prejudiced; policyholder may rebut.</td>
<td><em>Aetna Casualty &amp; Sur. Co. v. Murphy</em>, 538 A.2d 219, 224 (Conn. 1988).</td>
</tr>
<tr>
<td>Florida</td>
<td>Prejudice to insurance company is presumed; policyholder may rebut.</td>
<td><em>Bankers Ins. Co. v. Macias</em>, 475 So. 2d 1216, 1217-18 (Fla. 1985).</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Insurance company has burden of showing it has been prejudiced.</td>
<td><em>Standard Oil Co. v. Hawaiian Ins. &amp; Guar. Co.</em>, 654 P.2d 1345, 1348 n.4 (Haw. 1982).</td>
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<tr>
<td>State</td>
<td>Description</td>
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<tr>
<td>Indiana</td>
<td>Insurance company is presumed to have been prejudiced by untimely notice.</td>
<td>Miller v. Dilts, 463 N.E.2d 257, 265 (Ind. 1984); Lumpkins v. Grange Mut. Co., 553 N.E.2d 871, 874 (Ind. Ct. App. 1990)</td>
</tr>
<tr>
<td>Iowa</td>
<td>Insurance company is presumed to have been prejudiced by delayed notice; presumption may be rebutted by policyholder by demonstrating that insurance company was not actually prejudiced.</td>
<td>Estate of Wade v. Continental Ins. Co., 514 F.2d 304, 305-06 (8th Cir. 1975) (applying Iowa law)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Insurance company has burden of showing it has been prejudiced.</td>
<td>Jones v. Bituminous Casualty Corp., 821 S.W.2d 798, 803 (Ky. 1991).</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Forfeiture.</td>
<td>Jackson v. Transp. Leasing Co., 893 F.2d 794, 795-96 (5th Cir. 1990) (applying Louisiana law); Auster Oil &amp; Gas, Inc. v. Stream, 891 F.2d 570,</td>
</tr>
</tbody>
</table>
Insurance company has burden of showing it has been prejudiced.

Maryland

Insurance company has burden of showing it has been prejudiced.

Massachusetts

Insurance company has burden of showing it has been prejudiced.

Michigan

Insurance company has burden of showing it has been prejudiced.

Under an “occurrence”-based liability policy, the insurance company has burden of showing it has been prejudiced. Under a “claims-made” policy, forfeiture is the result.

Minnesota

If timely notice by the policyholder is a condition precedent to recovery under the policy, then failure to give timely notice results in forfeiture. If timely notice is not a condition precedent, then the insurance company has the burden of showing prejudice.

Mississippi

575-76 (5th Cir. 1990) (applying Louisiana law).


Bolivar County Bd. of Supervisors v. Forum Ins. Co., 779 F.2d 1081, 1085-86 (5th Cir. 1986) (applying Mississippi law).
Missouri

Prejudice is one of the factors to be considered in determining the reasonableness of the delay. Insurance company has burden of showing prejudice substantially disabled it in its defense.

Montana

Insurance company has the burden of showing it has been prejudiced.

Nebraska

Insurance company has the burden of showing it has been prejudiced.

Nevada

Forfeiture.

New Hampshire

Court weighs three factors: (1) length of delay; (2) reasons for delay; (3) whether delay resulted in prejudice to the insurance company.

New Jersey

Insurance company has the burden of showing it has been prejudiced.

New Mexico

Insurance company has the burden of showing it has been prejudiced.

New York

Forfeiture. Note: A reinsurance company must prove prejudice.

Two-step test: (1) Did policyholder act in good faith? If no, then notice is untimely; if yes, then: (2) insurance company has the burden of showing it has been prejudiced.

Insurance company is presumed to have been prejudiced. Policyholder may rebut.

Insurance company has the burden of showing it has been prejudiced.

Two-step test: (1) Insurance company must show that it was prejudiced by untimely notice; if it does, then: (2) Did policyholder act reasonably? If yes, then insurance company must defend even if it was prejudiced.

Insurance company has the burden of showing it has been prejudiced.

Insurance company has the burden of showing it has been prejudiced.

Insurance company has burden of showing it has been prejudiced.
Forfeiture.

If policy is pre-1976, late notice results in forfeiture. If policy is post-1976, insurance company must prove prejudice.

Failure of policyholder to comply with notice requirement in insurance policy which conforms to statute (Utah Code Ann. § 31-33-3) results in forfeiture. Policyholder has the burden of explaining or excusing delay in giving notice to the insurance company but substantial compliance with notice requirements will suffice. Policyholders must make a prima facie case that notice was given to shift ultimate burden of notice to issuer.

Insurance company has burden of showing it has been prejudiced.

Insurance company has the burden of showing it has been prejudiced.
Wisconsin  Under Wis. Stat. Ann. § 631.81 (West 1995), when notice is given as soon as reasonably possible and within one year of the time notice is required by the policy, the insurance company is presumed to not have been prejudiced; but the insurance company may rebut the presumption. Under case law, when notice is given more than one year after the time required by the policy, the insurance company is presumed to have been prejudiced; but policyholder may rebut presumption.

Wyoming  No case law found.