



29           **31A-22-305. Uninsured motorist coverage.**

30           (1) As used in this section, "covered persons" includes:

31           (a) the named insured;

32           (b) for a claim arising on or after May 13, 2014, the named insured's dependent minor  
33 children;

34           (c) persons related to the named insured by blood, marriage, adoption, or guardianship,  
35 who are residents of the named insured's household, including those who usually make their  
36 home in the same household but temporarily live elsewhere;

37           (d) any person occupying or using a motor vehicle:

38           (i) referred to in the policy; or

39           (ii) owned by a self-insured; and

40           (e) any person who is entitled to recover damages against the owner or operator of the  
41 uninsured or underinsured motor vehicle because of bodily injury to or death of persons under  
42 Subsection (1)(a), (b), (c), or (d).

43           (2) As used in this section, "uninsured motor vehicle" includes:

44           (a) (i) a motor vehicle, the operation, maintenance, or use of which is not covered  
45 under a liability policy at the time of an injury-causing occurrence; or

46           (ii) (A) a motor vehicle covered with lower liability limits than required by Section  
47 [31A-22-304](#); and

48           (B) the motor vehicle described in Subsection (2)(a)(ii)(A) is uninsured to the extent of  
49 the deficiency;

50           (b) an unidentified motor vehicle that left the scene of an accident proximately caused  
51 by the motor vehicle operator;

52           (c) a motor vehicle covered by a liability policy, but coverage for an accident is  
53 disputed by the liability insurer for more than 60 days or continues to be disputed for more than  
54 60 days; or

55           (d) (i) an insured motor vehicle if, before or after the accident, the liability insurer of

56 the motor vehicle is declared insolvent by a court of competent jurisdiction; and  
57 (ii) the motor vehicle described in Subsection (2)(d)(i) is uninsured only to the extent  
58 that the claim against the insolvent insurer is not paid by a guaranty association or fund.

59 (3) Uninsured motorist coverage under Subsection 31A-22-302(1)(b) provides  
60 coverage for covered persons who are legally entitled to recover damages from owners or  
61 operators of uninsured motor vehicles because of bodily injury, sickness, disease, or death.

62 (4) (a) For new policies written on or after January 1, 2001, the limits of uninsured  
63 motorist coverage shall be equal to the lesser of the limits of the named insured's motor vehicle  
64 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
65 under the named insured's motor vehicle policy, unless a named insured rejects or purchases  
66 coverage in a lesser amount by signing an acknowledgment form that:

- 67 (i) is filed with the department;
- 68 (ii) is provided by the insurer;
- 69 (iii) waives the higher coverage;
- 70 (iv) need only state in this or similar language that uninsured motorist coverage  
71 provides benefits or protection to you and other covered persons for bodily injury resulting  
72 from an accident caused by the fault of another party where the other party has no liability  
73 insurance; and

74 (v) discloses the additional premiums required to purchase uninsured motorist  
75 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
76 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
77 under the named insured's motor vehicle policy.

78 (b) Any selection or rejection under this Subsection (4) continues for that issuer of the  
79 liability coverage until the insured requests, in writing, a change of uninsured motorist  
80 coverage from that liability insurer.

81 (c) (i) Subsections (4)(a) and (b) apply retroactively to any claim arising on or after  
82 January 1, 2001, for which, as of May 14, 2013, an insured has not made a written demand for

83 arbitration or filed a complaint in a court of competent jurisdiction.

84 (ii) The Legislature finds that the retroactive application of Subsections (4)(a) and (b)  
85 clarifies legislative intent and does not enlarge, eliminate, or destroy vested rights.

86 (d) For purposes of this Subsection (4), "new policy" means:

87 (i) any policy that is issued which does not include a renewal or reinstatement of an  
88 existing policy; or

89 (ii) a change to an existing policy that results in:

90 (A) a named insured being added to or deleted from the policy; or

91 (B) a change in the limits of the named insured's motor vehicle liability coverage.

92 (e) (i) As used in this Subsection (4)(e), "additional motor vehicle" means a change  
93 that increases the total number of vehicles insured by the policy, and does not include  
94 replacement, substitute, or temporary vehicles.

95 (ii) The adding of an additional motor vehicle to an existing personal lines or  
96 commercial lines policy does not constitute a new policy for purposes of Subsection (4)(d).

97 (iii) If an additional motor vehicle is added to a personal lines policy where uninsured  
98 motorist coverage has been rejected, or where uninsured motorist limits are lower than the  
99 named insured's motor vehicle liability limits, the insurer shall provide a notice to a named  
100 insured within 30 days that:

101 (A) in the same manner as described in Subsection (4)(a)(iv), explains the purpose of  
102 uninsured motorist coverage; and

103 (B) encourages the named insured to contact the insurance company or insurance  
104 producer for quotes as to the additional premiums required to purchase uninsured motorist  
105 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
106 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
107 under the named insured's motor vehicle policy.

108 (f) A change in policy number resulting from any policy change not identified under  
109 Subsection (4)(d)(ii) does not constitute a new policy.

110 (g) (i) Subsection (4)(d) applies retroactively to any claim arising on or after January 1,  
111 2001, for which, as of May 1, 2012, an insured has not made a written demand for arbitration  
112 or filed a complaint in a court of competent jurisdiction.

113 (ii) The Legislature finds that the retroactive application of Subsection (4):

114 (A) does not enlarge, eliminate, or destroy vested rights; and

115 (B) clarifies legislative intent.

116 (h) A self-insured, including a governmental entity, may elect to provide uninsured  
117 motorist coverage in an amount that is less than its maximum self-insured retention under  
118 Subsections (4)(a) and (5)(a) by issuing a declaratory memorandum or policy statement from  
119 the chief financial officer or chief risk officer that declares the:

120 (i) self-insured entity's coverage level; and

121 (ii) process for filing an uninsured motorist claim.

122 (i) Uninsured motorist coverage may not be sold with limits that are less than the  
123 minimum bodily injury limits for motor vehicle liability policies under Section [31A-22-304](#).

124 (j) The acknowledgment under Subsection (4)(a) continues for that issuer of the  
125 uninsured motorist coverage until the named insured requests, in writing, different uninsured  
126 motorist coverage from the insurer.

127 (k) (i) In conjunction with the first two renewal notices sent after January 1, 2001, for  
128 policies existing on that date, the insurer shall disclose in the same medium as the premium  
129 renewal notice, an explanation of:

130 (A) the purpose of uninsured motorist coverage in the same manner as described in  
131 Subsection (4)(a)(iv); and

132 (B) a disclosure of the additional premiums required to purchase uninsured motorist  
133 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
134 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
135 under the named insured's motor vehicle policy.

136 (ii) The disclosure required under Subsection (4)(k)(i) shall be sent to all named

137 insureds that carry uninsured motorist coverage limits in an amount less than the named  
138 insured's motor vehicle liability policy limits or the maximum uninsured motorist coverage  
139 limits available by the insurer under the named insured's motor vehicle policy.

140 (l) For purposes of this Subsection (4), a notice or disclosure sent to a named insured in  
141 a household constitutes notice or disclosure to all insureds within the household.

142 (5) (a) (i) Except as provided in Subsection (5)(b), the named insured may reject  
143 uninsured motorist coverage by an express writing to the insurer that provides liability  
144 coverage under Subsection [31A-22-302\(1\)\(a\)](#).

145 (ii) This rejection shall be on a form provided by the insurer that includes a reasonable  
146 explanation of the purpose of uninsured motorist coverage.

147 (iii) This rejection continues for that issuer of the liability coverage until the insured in  
148 writing requests uninsured motorist coverage from that liability insurer.

149 (b) (i) All persons, including governmental entities, that are engaged in the business of,  
150 or that accept payment for, transporting natural persons by motor vehicle, and all school  
151 districts that provide transportation services for their students, shall provide coverage for all  
152 motor vehicles used for that purpose, by purchase of a policy of insurance or by self-insurance,  
153 uninsured motorist coverage of at least \$25,000 per person and \$500,000 per accident.

154 (ii) This coverage is secondary to any other insurance covering an injured covered  
155 person.

156 (c) Uninsured motorist coverage:

157 (i) does not cover any benefit paid or payable under Title 34A, Chapter 2, Workers'  
158 Compensation Act, except that the covered person is credited an amount described in  
159 Subsection [34A-2-106\(5\)](#);

160 (ii) may not be subrogated by the workers' compensation insurance carrier, workers'  
161 compensation insurance, uninsured employer, the Uninsured Employers Fund created in  
162 Section [34A-2-704](#), or the Employers' Reinsurance Fund created in Section [34A-2-702](#);

163 (iii) may not be reduced by any benefits provided by workers' compensation insurance,

164 uninsured employer, the Uninsured Employers Fund created in Section 34A-2-704, or the  
165 Employers' Reinsurance Fund created in Section 34A-2-702;

166 (iv) may be reduced by health insurance subrogation only after the covered person has  
167 been made whole;

168 (v) may not be collected for bodily injury or death sustained by a person:

169 (A) while committing a violation of Section 41-1a-1314;

170 (B) who, as a passenger in a vehicle, has knowledge that the vehicle is being operated  
171 in violation of Section 41-1a-1314; or

172 (C) while committing a felony; and

173 (vi) notwithstanding Subsection (5)(c)(v), may be recovered:

174 (A) for a person under 18 years [~~of age~~] old who is injured within the scope of  
175 Subsection (5)(c)(v) but limited to medical and funeral expenses; or

176 (B) by a law enforcement officer as defined in Section 53-13-103, who is injured  
177 within the course and scope of the law enforcement officer's duties.

178 (d) As used in this Subsection (5), "motor vehicle" has the same meaning as under  
179 Section 41-1a-102.

180 (6) When a covered person alleges that an uninsured motor vehicle under Subsection  
181 (2)(b) proximately caused an accident without touching the covered person or the motor  
182 vehicle occupied by the covered person, the covered person shall show the existence of the  
183 uninsured motor vehicle by clear and convincing evidence consisting of more than the covered  
184 person's testimony.

185 (7) (a) The limit of liability for uninsured motorist coverage for two or more motor  
186 vehicles may not be added together, combined, or stacked to determine the limit of insurance  
187 coverage available to an injured person for any one accident.

188 (b) (i) Subsection (7)(a) applies to all persons except a covered person as defined under  
189 Subsection (8)(b).

190 (ii) A covered person as defined under Subsection (8)(b)(ii) is entitled to the highest

191 limits of uninsured motorist coverage afforded for any one motor vehicle that the covered  
192 person is the named insured or an insured family member.

193 (iii) This coverage shall be in addition to the coverage on the motor vehicle the covered  
194 person is occupying.

195 (iv) Neither the primary nor the secondary coverage may be set off against the other.

196 (c) Coverage on a motor vehicle occupied at the time of an accident shall be primary  
197 coverage, and the coverage elected by a person described under Subsections (1)(a), (b), and (c)  
198 shall be secondary coverage.

199 (8) (a) Uninsured motorist coverage under this section applies to bodily injury,  
200 sickness, disease, or death of covered persons while occupying or using a motor vehicle only if  
201 the motor vehicle is described in the policy under which a claim is made, or if the motor  
202 vehicle is a newly acquired or replacement motor vehicle covered under the terms of the policy.  
203 Except as provided in Subsection (7) or this Subsection (8), a covered person injured in a  
204 motor vehicle described in a policy that includes uninsured motorist benefits may not elect to  
205 collect uninsured motorist coverage benefits from any other motor vehicle insurance policy  
206 under which the person is a covered person.

207 (b) Each of the following persons may also recover uninsured motorist benefits under  
208 any one other policy in which they are described as a "covered person" as defined in Subsection  
209 (1):

210 (i) a covered person injured as a pedestrian by an uninsured motor vehicle; and

211 (ii) except as provided in Subsection (8)(c), a covered person injured while occupying  
212 or using a motor vehicle that is not owned, leased, or furnished:

213 (A) to the covered person;

214 (B) to the covered person's spouse; or

215 (C) to the covered person's resident parent or resident sibling.

216 (c) (i) A covered person may recover benefits from no more than two additional  
217 policies, one additional policy from each parent's household if the covered person is:

218 (A) a dependent minor of parents who reside in separate households; and  
219 (B) injured while occupying or using a motor vehicle that is not owned, leased, or  
220 furnished:

221 (I) to the covered person;  
222 (II) to the covered person's resident parent; or  
223 (III) to the covered person's resident sibling.

224 (ii) Each parent's policy under this Subsection (8)(c) is liable only for the percentage of  
225 the damages that the limit of liability of each parent's policy of uninsured motorist coverage  
226 bears to the total of both parents' uninsured coverage applicable to the accident.

227 (d) A covered person's recovery under any available policies may not exceed the full  
228 amount of damages.

229 (e) A covered person in Subsection (8)(b) is not barred against making subsequent  
230 elections if recovery is unavailable under previous elections.

231 (f) (i) As used in this section, "interpolicy stacking" means recovering benefits for a  
232 single incident of loss under more than one insurance policy.

233 (ii) Except to the extent permitted by Subsection (7) and this Subsection (8),  
234 interpolicy stacking is prohibited for uninsured motorist coverage.

235 (9) (a) When a claim is brought by a named insured or a person described in  
236 Subsection (1) and is asserted against the covered person's uninsured motorist carrier, the  
237 claimant may elect to resolve the claim:

238 (i) by submitting the claim to binding arbitration; or  
239 (ii) through litigation.

240 (b) Unless otherwise provided in the policy under which uninsured benefits are  
241 claimed, the election provided in Subsection (9)(a) is available to the claimant only, except that  
242 if the policy under which insured benefits are claimed provides that either an insured or the  
243 insurer may elect arbitration, the insured or the insurer may elect arbitration and that election to  
244 arbitrate shall stay the litigation of the claim under Subsection (9)(a)(ii).

245 (c) Once the claimant has elected to commence litigation under Subsection (9)(a)(ii),  
246 the claimant may not elect to resolve the claim through binding arbitration under this section  
247 without the written consent of the uninsured motorist carrier.

248 (d) For purposes of the statute of limitations applicable to a claim described in  
249 Subsection (9)(a), if the claimant does not elect to resolve the claim through litigation, the  
250 claim is considered filed when the claimant submits the claim to binding arbitration in  
251 accordance with this Subsection (9).

252 (e) (i) Unless otherwise agreed to in writing by the parties, a claim that is submitted to  
253 binding arbitration under Subsection (9)(a)(i) shall be resolved by a single arbitrator.

254 (ii) All parties shall agree on the single arbitrator selected under Subsection (9)(e)(i).

255 (iii) If the parties are unable to agree on a single arbitrator as required under Subsection  
256 (9)(e)(ii), the parties shall select a panel of three arbitrators.

257 (f) If the parties select a panel of three arbitrators under Subsection (9)(e)(iii):

258 (i) each side shall select one arbitrator; and

259 (ii) the arbitrators appointed under Subsection (9)(f)(i) shall select one additional  
260 arbitrator to be included in the panel.

261 (g) Unless otherwise agreed to in writing:

262 (i) each party shall pay an equal share of the fees and costs of the arbitrator selected  
263 under Subsection (9)(e)(i); or

264 (ii) if an arbitration panel is selected under Subsection (9)(e)(iii):

265 (A) each party shall pay the fees and costs of the arbitrator selected by that party; and

266 (B) each party shall pay an equal share of the fees and costs of the arbitrator selected  
267 under Subsection (9)(f)(ii).

268 (h) Except as otherwise provided in this section or unless otherwise agreed to in  
269 writing by the parties, an arbitration proceeding conducted under this section shall be governed  
270 by Title 78B, Chapter 11, Utah Uniform Arbitration Act.

271 (i) (i) The arbitration shall be conducted in accordance with Rules 26(a)(4) through (f),

272 27 through 37, 54, and 68 of the Utah Rules of Civil Procedure, once the requirements of  
273 Subsections (10)(a) through (c) are satisfied.

274 (ii) The specified tier as defined by Rule 26(c)(3) of the Utah Rules of Civil Procedure  
275 shall be determined based on the claimant's specific monetary amount in the written demand  
276 for payment of uninsured motorist coverage benefits as required in Subsection (10)(a)(i)(A).

277 (iii) Rules 26.1 and 26.2 of the Utah Rules of Civil Procedure do not apply to  
278 arbitration claims under this part.

279 (j) All issues of discovery shall be resolved by the arbitrator or the arbitration panel.

280 (k) A written decision by a single arbitrator or by a majority of the arbitration panel  
281 shall constitute a final decision.

282 (l) (i) Except as provided in Subsection (10), the amount of an arbitration award may  
283 not exceed the uninsured motorist policy limits of all applicable uninsured motorist policies,  
284 including applicable uninsured motorist umbrella policies.

285 (ii) If the initial arbitration award exceeds the uninsured motorist policy limits of all  
286 applicable uninsured motorist policies, the arbitration award shall be reduced to an amount  
287 equal to the combined uninsured motorist policy limits of all applicable uninsured motorist  
288 policies.

289 (m) The arbitrator or arbitration panel may not decide the issues of coverage or  
290 extra-contractual damages, including:

291 (i) whether the claimant is a covered person;

292 (ii) whether the policy extends coverage to the loss; or

293 (iii) any allegations or claims asserting consequential damages or bad faith liability.

294 (n) The arbitrator or arbitration panel may not conduct arbitration on a class-wide or  
295 class-representative basis.

296 (o) If the arbitrator or arbitration panel finds that the action was not brought, pursued,  
297 or defended in good faith, the arbitrator or arbitration panel may award reasonable attorney fees  
298 and costs against the party that failed to bring, pursue, or defend the claim in good faith.

299 (p) An arbitration award issued under this section shall be the final resolution of all  
300 claims not excluded by Subsection (9)(m) between the parties unless:

- 301 (i) the award was procured by corruption, fraud, or other undue means;
- 302 (ii) either party, within 20 days after service of the arbitration award:
  - 303 (A) files a complaint requesting a trial de novo in the district court; and
  - 304 (B) serves the nonmoving party with a copy of the complaint requesting a trial de novo
  - 305 under Subsection (9)(p)(ii)(A).

306 (q) (i) Upon filing a complaint for a trial de novo under Subsection (9)(p), the claim  
307 shall proceed through litigation pursuant to the Utah Rules of Civil Procedure and Utah Rules  
308 of Evidence in the district court.

309 (ii) In accordance with Rule 38, Utah Rules of Civil Procedure, either party may  
310 request a jury trial with a complaint requesting a trial de novo under Subsection (9)(p)(ii)(A).

311 (r) (i) If the claimant, as the moving party in a trial de novo requested under Subsection  
312 (9)(p), does not obtain a verdict that is at least \$5,000 and is at least 20% greater than the  
313 arbitration award, the claimant is responsible for all of the nonmoving party's costs.

314 (ii) If the uninsured motorist carrier, as the moving party in a trial de novo requested  
315 under Subsection (9)(p), does not obtain a verdict that is at least 20% less than the arbitration  
316 award, the uninsured motorist carrier is responsible for all of the nonmoving party's costs.

317 (iii) Except as provided in Subsection (9)(r)(iv), the costs under this Subsection (9)(r)  
318 shall include:

- 319 (A) any costs set forth in Rule 54(d), Utah Rules of Civil Procedure; and
- 320 (B) the costs of expert witnesses and depositions.

321 (iv) An award of costs under this Subsection (9)(r) may not exceed \$2,500 unless  
322 Subsection (10)(h)(iii) applies.

323 (s) For purposes of determining whether a party's verdict is greater or less than the  
324 arbitration award under Subsection (9)(r), a court may not consider any recovery or other relief  
325 granted on a claim for damages if the claim for damages:

326 (i) was not fully disclosed in writing prior to the arbitration proceeding; or  
327 (ii) was not disclosed in response to discovery contrary to the Utah Rules of Civil  
328 Procedure.

329 (t) If a district court determines, upon a motion of the nonmoving party, that the  
330 moving party's use of the trial de novo process was filed in bad faith in accordance with  
331 Section 78B-5-825, the district court may award reasonable attorney fees to the nonmoving  
332 party.

333 (u) Nothing in this section is intended to limit any claim under any other portion of an  
334 applicable insurance policy.

335 (v) If there are multiple uninsured motorist policies, as set forth in Subsection (8), the  
336 claimant may elect to arbitrate in one hearing the claims against all the uninsured motorist  
337 carriers.

338 (10) (a) Within 30 days after a covered person elects to submit a claim for uninsured  
339 motorist benefits to binding arbitration or files litigation, the covered person shall provide to  
340 the uninsured motorist carrier:

341 (i) a written demand for payment of uninsured motorist coverage benefits, setting forth:

342 (A) subject to Subsection [~~(10)(t)~~] (10)(m), the specific monetary amount of the  
343 demand, including a computation of the covered person's claimed past medical expenses,  
344 claimed past lost wages, and the other claimed past economic damages; and

345 (B) the factual and legal basis and any supporting documentation for the demand;

346 (ii) a written statement under oath disclosing:

347 (A) (I) the names and last known addresses of all health care providers who have  
348 rendered health care services to the covered person that are material to the claims for which  
349 uninsured motorist benefits are sought for a period of five years preceding the date of the event  
350 giving rise to the claim for uninsured motorist benefits up to the time the election for  
351 arbitration or litigation has been exercised; and

352 (II) the names and last known addresses of the health care providers who have rendered

353 health care services to the covered person, which the covered person claims are immaterial to  
354 the claims for which uninsured motorist benefits are sought, for a period of five years  
355 preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the  
356 time the election for arbitration or litigation has been exercised that have not been disclosed  
357 under Subsection (10)(a)(ii)(A)(I);

358 (B) (I) the names and last known addresses of all health insurers or other entities to  
359 whom the covered person has submitted claims for health care services or benefits material to  
360 the claims for which uninsured motorist benefits are sought, for a period of five years  
361 preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the  
362 time the election for arbitration or litigation has been exercised; and

363 (II) the names and last known addresses of the health insurers or other entities to whom  
364 the covered person has submitted claims for health care services or benefits, which the covered  
365 person claims are immaterial to the claims for which uninsured motorist benefits are sought,  
366 for a period of five years preceding the date of the event giving rise to the claim for uninsured  
367 motorist benefits up to the time the election for arbitration or litigation have not been disclosed;

368 (C) if lost wages, diminished earning capacity, or similar damages are claimed, all  
369 employers of the covered person for a period of five years preceding the date of the event  
370 giving rise to the claim for uninsured motorist benefits up to the time the election for  
371 arbitration or litigation has been exercised;

372 (D) other documents to reasonably support the claims being asserted; and

373 (E) all state and federal statutory lienholders including a statement as to whether the  
374 covered person is a recipient of Medicare or Medicaid benefits or Utah Children's Health  
375 Insurance Program benefits under Title 26, Chapter 40, Utah Children's Health Insurance Act,  
376 or if the claim is subject to any other state or federal statutory liens; and

377 (iii) signed authorizations to allow the uninsured motorist carrier to only obtain records  
378 and billings from the individuals or entities disclosed under Subsections (10)(a)(ii)(A)(I),  
379 (B)(I), and (C).

380 (b) (i) If the uninsured motorist carrier determines that the disclosure of undisclosed  
381 health care providers or health care insurers under Subsection (10)(a)(ii) is reasonably  
382 necessary, the uninsured motorist carrier may:

383 (A) make a request for the disclosure of the identity of the health care providers or  
384 health care insurers; and

385 (B) make a request for authorizations to allow the uninsured motorist carrier to only  
386 obtain records and billings from the individuals or entities not disclosed.

387 (ii) If the covered person does not provide the requested information within 10 days:

388 (A) the covered person shall disclose, in writing, the legal or factual basis for the  
389 failure to disclose the health care providers or health care insurers; and

390 (B) either the covered person or the uninsured motorist carrier may request the  
391 arbitrator or arbitration panel to resolve the issue of whether the identities or records are to be  
392 provided if the covered person has elected arbitration.

393 (iii) The time periods imposed by Subsection (10)(c)(i) are tolled pending resolution of  
394 the dispute concerning the disclosure and production of records of the health care providers or  
395 health care insurers.

396 (c) (i) An uninsured motorist carrier that receives an election for arbitration or a notice  
397 of filing litigation and the demand for payment of uninsured motorist benefits under Subsection  
398 (10)(a)(i) shall have a reasonable time, not to exceed 60 days from the date of the demand and  
399 receipt of the items specified in Subsections (10)(a)(i) through (iii), to:

400 (A) provide a written response to the written demand for payment provided for in  
401 Subsection (10)(a)(i);

402 (B) except as provided in Subsection (10)(c)(i)(C), tender the amount, if any, of the  
403 uninsured motorist carrier's determination of the amount owed to the covered person; and

404 (C) if the covered person is a recipient of Medicare or Medicaid benefits or Utah  
405 Children's Health Insurance Program benefits under Title 26, Chapter 40, Utah Children's  
406 Health Insurance Act, or if the claim is subject to any other state or federal statutory liens,

407 tender the amount, if any, of the uninsured motorist carrier's determination of the amount owed  
408 to the covered person less:

409 (I) if the amount of the state or federal statutory lien is established, the amount of the  
410 lien; or

411 (II) if the amount of the state or federal statutory lien is not established, two times the  
412 amount of the medical expenses subject to the state or federal statutory lien until such time as  
413 the amount of the state or federal statutory lien is established.

414 (ii) If the amount tendered by the uninsured motorist carrier under Subsection (10)(c)(i)  
415 is the total amount of the uninsured motorist policy limits, the tendered amount shall be  
416 accepted by the covered person.

417 (d) A covered person who receives a written response from an uninsured motorist  
418 carrier as provided for in Subsection (10)(c)(i), may:

419 (i) elect to accept the amount tendered in Subsection (10)(c)(i) as payment in full of all  
420 uninsured motorist claims; or

421 (ii) elect to:

422 (A) accept the amount tendered in Subsection (10)(c)(i) as partial payment of all  
423 uninsured motorist claims; and

424 (B) continue to litigate or arbitrate the remaining claim in accordance with the election  
425 made under Subsections (9)(a), (b), and (c).

426 (e) If a covered person elects to accept the amount tendered under Subsection (10)(c)(i)  
427 as partial payment of all uninsured motorist claims, the final award obtained through  
428 arbitration, litigation, or later settlement shall be reduced by any payment made by the  
429 uninsured motorist carrier under Subsection (10)(c)(i).

430 (f) In an arbitration proceeding on the remaining uninsured claims:

431 (i) the parties may not disclose to the arbitrator or arbitration panel the amount paid  
432 under Subsection (10)(c)(i) until after the arbitration award has been rendered; and

433 (ii) the parties may not disclose the amount of the limits of uninsured motorist benefits

434 provided by the policy.

435 (g) If the final award obtained through arbitration or litigation is greater than the  
436 average of the covered person's initial written demand for payment provided for in Subsection  
437 (10)(a)(i) and the uninsured motorist carrier's initial written response provided for in  
438 Subsection (10)(c)(i), the uninsured motorist carrier shall pay:

439 (i) the final award obtained through arbitration or litigation, except that if the award  
440 exceeds the policy limits of the subject uninsured motorist policy by more than \$15,000, the  
441 amount shall be reduced to an amount equal to the policy limits plus \$15,000; and

442 (ii) any of the following applicable costs:

443 (A) any costs as set forth in Rule 54(d), Utah Rules of Civil Procedure;

444 (B) the arbitrator or arbitration panel's fee; and

445 (C) the reasonable costs of expert witnesses and depositions used in the presentation of  
446 evidence during arbitration or litigation.

447 (h) (i) The covered person shall provide an affidavit of costs within five days of an  
448 arbitration award.

449 (ii) (A) Objection to the affidavit of costs shall specify with particularity the costs to  
450 which the uninsured motorist carrier objects.

451 (B) The objection shall be resolved by the arbitrator or arbitration panel.

452 (iii) The award of costs by the arbitrator or arbitration panel under Subsection  
453 (10)(g)(ii) may not exceed \$5,000.

454 (i) (i) A covered person shall disclose all material information, other than rebuttal  
455 evidence, within 30 days after a covered person elects to submit a claim for uninsured motorist  
456 coverage benefits to binding arbitration or files litigation as specified in Subsection (10)(a).

457 (ii) If the information under Subsection (10)(i)(i) is not disclosed, the covered person  
458 may not recover costs or any amounts in excess of the policy under Subsection (10)(g).

459 (j) This Subsection (10) does not limit any other cause of action that arose or may arise  
460 against the uninsured motorist carrier from the same dispute.

461 (k) The provisions of this Subsection (10) only apply to motor vehicle accidents that  
462 occur on or after March 30, 2010.

463 (l) (i) The written demand requirement in Subsection (10)(a)(i)(A) does not affect the  
464 covered person's requirement to provide a computation of any other economic damages  
465 claimed, and the one or more respondents shall have a reasonable time after the receipt of the  
466 computation of any other economic damages claimed to conduct fact and expert discovery as to  
467 any additional damages claimed. The changes made by Laws of Utah 2014, Chapter 290,  
468 Section 10, and Chapter 300, Section 10, to this Subsection (10)(l) and Subsection  
469 (10)(a)(i)(A) apply to a claim submitted to binding arbitration or through litigation on or after  
470 May 13, 2014.

471 (ii) The changes made by Laws of Utah 2014, Chapter 290, Section 10, and Chapter  
472 300, Section 10, to Subsections (10)(a)(ii)(A)(II) and (B)(II) apply to any claim submitted to  
473 binding arbitration or through litigation on or after May 13, 2014.

474 (11) (a) Notwithstanding Section 31A-21-313, an action on a written policy or contract  
475 for uninsured motorist coverage shall be commenced within four years after the inception of  
476 loss.

477 (b) Subsection (11)(a) shall apply to all claims that have not been time barred by  
478 Subsection 31A-21-313(1)(a) as of May 14, 2019.

479 Section 2. Section 31A-22-305.3 is amended to read:

480 **31A-22-305.3. Underinsured motorist coverage.**

481 (1) As used in this section:

482 (a) "Covered person" has the same meaning as defined in Section 31A-22-305.

483 (b) (i) "Underinsured motor vehicle" includes a motor vehicle, the operation,  
484 maintenance, or use of which is covered under a liability policy at the time of an injury-causing  
485 occurrence, but which has insufficient liability coverage to compensate fully the injured party  
486 for all special and general damages.

487 (ii) The term "underinsured motor vehicle" does not include:

488 (A) a motor vehicle that is covered under the liability coverage of the same policy that  
489 also contains the underinsured motorist coverage;

490 (B) an uninsured motor vehicle as defined in Subsection 31A-22-305(2); or

491 (C) a motor vehicle owned or leased by:

492 (I) a named insured;

493 (II) a named insured's spouse; or

494 (III) a dependent of a named insured.

495 (2) (a) Underinsured motorist coverage under Subsection 31A-22-302(1)(c) provides  
496 coverage for a covered person who is legally entitled to recover damages from an owner or  
497 operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death.

498 (b) A covered person occupying or using a motor vehicle owned, leased, or furnished  
499 to the covered person, the covered person's spouse, or covered person's resident relative may  
500 recover underinsured benefits only if the motor vehicle is:

501 (i) described in the policy under which a claim is made; or

502 (ii) a newly acquired or replacement motor vehicle covered under the terms of the  
503 policy.

504 (3) (a) For purposes of this Subsection (3), "new policy" means:

505 (i) any policy that is issued that does not include a renewal or reinstatement of an  
506 existing policy; or

507 (ii) a change to an existing policy that results in:

508 (A) a named insured being added to or deleted from the policy; or

509 (B) a change in the limits of the named insured's motor vehicle liability coverage.

510 (b) For new policies written on or after January 1, 2001, the limits of underinsured  
511 motorist coverage shall be equal to the lesser of the limits of the named insured's motor vehicle  
512 liability coverage or the maximum underinsured motorist coverage limits available by the  
513 insurer under the named insured's motor vehicle policy, unless a named insured rejects or  
514 purchases coverage in a lesser amount by signing an acknowledgment form that:

515 (i) is filed with the department;  
516 (ii) is provided by the insurer;  
517 (iii) waives the higher coverage;  
518 (iv) need only state in this or similar language that "underinsured motorist coverage  
519 provides benefits or protection to you and other covered persons for bodily injury resulting  
520 from an accident caused by the fault of another party where the other party has insufficient  
521 liability insurance"; and

522 (v) discloses the additional premiums required to purchase underinsured motorist  
523 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
524 liability coverage or the maximum underinsured motorist coverage limits available by the  
525 insurer under the named insured's motor vehicle policy.

526 (c) Any selection or rejection under Subsection (3)(b) continues for that issuer of the  
527 liability coverage until the insured requests, in writing, a change of underinsured motorist  
528 coverage from that liability insurer.

529 (d) (i) Subsections (3)(b) and (c) apply retroactively to any claim arising on or after  
530 January 1, 2001, for which, as of May 14, 2013, an insured has not made a written demand for  
531 arbitration or filed a complaint in a court of competent jurisdiction.

532 (ii) The Legislature finds that the retroactive application of Subsections (3)(b) and (c)  
533 clarifies legislative intent and does not enlarge, eliminate, or destroy vested rights.

534 (e) (i) As used in this Subsection (3)(e), "additional motor vehicle" means a change  
535 that increases the total number of vehicles insured by the policy, and does not include  
536 replacement, substitute, or temporary vehicles.

537 (ii) The adding of an additional motor vehicle to an existing personal lines or  
538 commercial lines policy does not constitute a new policy for purposes of Subsection (3)(a).

539 (iii) If an additional motor vehicle is added to a personal lines policy where  
540 underinsured motorist coverage has been rejected, or where underinsured motorist limits are  
541 lower than the named insured's motor vehicle liability limits, the insurer shall provide a notice

542 to a named insured within 30 days that:

543 (A) in the same manner described in Subsection (3)(b)(iv), explains the purpose of  
544 underinsured motorist coverage; and

545 (B) encourages the named insured to contact the insurance company or insurance  
546 producer for quotes as to the additional premiums required to purchase underinsured motorist  
547 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
548 liability coverage or the maximum underinsured motorist coverage limits available by the  
549 insurer under the named insured's motor vehicle policy.

550 (f) A change in policy number resulting from any policy change not identified under  
551 Subsection (3)(a)(ii) does not constitute a new policy.

552 (g) (i) Subsection (3)(a) applies retroactively to any claim arising on or after January 1,  
553 2001 for which, as of May 1, 2012, an insured has not made a written demand for arbitration or  
554 filed a complaint in a court of competent jurisdiction.

555 (ii) The Legislature finds that the retroactive application of Subsection (3)(a):

556 (A) does not enlarge, eliminate, or destroy vested rights; and

557 (B) clarifies legislative intent.

558 (h) A self-insured, including a governmental entity, may elect to provide underinsured  
559 motorist coverage in an amount that is less than its maximum self-insured retention under  
560 Subsections (3)(b) and (l) by issuing a declaratory memorandum or policy statement from the  
561 chief financial officer or chief risk officer that declares the:

562 (i) self-insured entity's coverage level; and

563 (ii) process for filing an underinsured motorist claim.

564 (i) Underinsured motorist coverage may not be sold with limits that are less than:

565 (i) \$10,000 for one person in any one accident; and

566 (ii) at least \$20,000 for two or more persons in any one accident.

567 (j) An acknowledgment under Subsection (3)(b) continues for that issuer of the  
568 underinsured motorist coverage until the named insured, in writing, requests different

569 underinsured motorist coverage from the insurer.

570 (k) (i) The named insured's underinsured motorist coverage, as described in Subsection  
571 (2), is secondary to the liability coverage of an owner or operator of an underinsured motor  
572 vehicle, as described in Subsection (1).

573 (ii) Underinsured motorist coverage may not be set off against the liability coverage of  
574 the owner or operator of an underinsured motor vehicle, but shall be added to, combined with,  
575 or stacked upon the liability coverage of the owner or operator of the underinsured motor  
576 vehicle to determine the limit of coverage available to the injured person.

577 (l) (i) In conjunction with the first two renewal notices sent after January 1, 2001, for  
578 policies existing on that date, the insurer shall disclose in the same medium as the premium  
579 renewal notice, an explanation of:

580 (A) the purpose of underinsured motorist coverage in the same manner as described in  
581 Subsection (3)(b)(iv); and

582 (B) a disclosure of the additional premiums required to purchase underinsured motorist  
583 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
584 liability coverage or the maximum underinsured motorist coverage limits available by the  
585 insurer under the named insured's motor vehicle policy.

586 (ii) The disclosure required under this Subsection (3)(l) shall be sent to all named  
587 insureds that carry underinsured motorist coverage limits in an amount less than the named  
588 insured's motor vehicle liability policy limits or the maximum underinsured motorist coverage  
589 limits available by the insurer under the named insured's motor vehicle policy.

590 (m) For purposes of this Subsection (3), a notice or disclosure sent to a named insured  
591 in a household constitutes notice or disclosure to all insureds within the household.

592 (4) (a) (i) Except as provided in this Subsection (4), a covered person injured in a  
593 motor vehicle described in a policy that includes underinsured motorist benefits may not elect  
594 to collect underinsured motorist coverage benefits from another motor vehicle insurance policy.

595 (ii) The limit of liability for underinsured motorist coverage for two or more motor

596 vehicles may not be added together, combined, or stacked to determine the limit of insurance  
597 coverage available to an injured person for any one accident.

598 (iii) Subsection (4)(a)(ii) applies to all persons except a covered person described  
599 under Subsections (4)(b)(i) and (ii).

600 (b) (i) A covered person injured as a pedestrian by an underinsured motor vehicle may  
601 recover underinsured motorist benefits under any one other policy in which they are described  
602 as a covered person.

603 (ii) Except as provided in Subsection (4)(b)(iii), a covered person injured while  
604 occupying, using, or maintaining a motor vehicle that is not owned, leased, or furnished to the  
605 covered person, the covered person's spouse, or the covered person's resident parent or resident  
606 sibling, may also recover benefits under any one other policy under which the covered person is  
607 also a covered person.

608 (iii) (A) A covered person may recover benefits from no more than two additional  
609 policies, one additional policy from each parent's household if the covered person is:

610 (I) a dependent minor of parents who reside in separate households; and

611 (II) injured while occupying or using a motor vehicle that is not owned, leased, or  
612 furnished to the covered person, the covered person's resident parent, or the covered person's  
613 resident sibling.

614 (B) Each parent's policy under this Subsection (4)(b)(iii) is liable only for the  
615 percentage of the damages that the limit of liability of each parent's policy of underinsured  
616 motorist coverage bears to the total of both parents' underinsured coverage applicable to the  
617 accident.

618 (iv) A covered person's recovery under any available policies may not exceed the full  
619 amount of damages.

620 (v) Underinsured coverage on a motor vehicle occupied at the time of an accident is  
621 primary coverage, and the coverage elected by a person described under Subsections  
622 [31A-22-305\(1\)\(a\), \(b\), and \(c\)](#) is secondary coverage.

- 623 (vi) The primary and the secondary coverage may not be set off against the other.
- 624 (vii) A covered person as described under Subsection (4)(b)(i) or is entitled to the  
625 highest limits of underinsured motorist coverage under only one additional policy per  
626 household applicable to that covered person as a named insured, spouse, or relative.
- 627 (viii) A covered injured person is not barred against making subsequent elections if  
628 recovery is unavailable under previous elections.
- 629 (ix) (A) As used in this section, "interpolicy stacking" means recovering benefits for a  
630 single incident of loss under more than one insurance policy.
- 631 (B) Except to the extent permitted by this Subsection (4), interpolicy stacking is  
632 prohibited for underinsured motorist coverage.
- 633 (c) Underinsured motorist coverage:
- 634 (i) does not cover any benefit paid or payable under Title 34A, Chapter 2, Workers'  
635 Compensation Act, except that the covered person is credited an amount described in  
636 Subsection [34A-2-106\(5\)](#);
- 637 (ii) may not be subrogated by a workers' compensation insurance carrier, workers'  
638 compensation insurance, uninsured employer, the Uninsured Employers Fund created in  
639 Section [34A-2-704](#), or the Employers' Reinsurance Fund created in Section [34A-2-702](#);
- 640 (iii) may not be reduced by benefits provided by workers' compensation insurance,  
641 uninsured employer, the Uninsured Employers Fund created in Section [34A-2-704](#), or the  
642 Employers' Reinsurance Fund created in Section [34A-2-702](#);
- 643 (iv) may be reduced by health insurance subrogation only after the covered person is  
644 made whole;
- 645 (v) may not be collected for bodily injury or death sustained by a person:
- 646 (A) while committing a violation of Section [41-1a-1314](#);
- 647 (B) who, as a passenger in a vehicle, has knowledge that the vehicle is being operated  
648 in violation of Section [41-1a-1314](#); or
- 649 (C) while committing a felony; and

650 (vi) notwithstanding Subsection (4)(c)(v), may be recovered:  
651 (A) for a person under 18 years [~~of age~~] old who is injured within the scope of  
652 Subsection (4)(c)(v), but is limited to medical and funeral expenses; or  
653 (B) by a law enforcement officer as defined in Section 53-13-103, who is injured  
654 within the course and scope of the law enforcement officer's duties.  
655 (5) The inception of the loss under Subsection 31A-21-313(1) for underinsured  
656 motorist claims occurs upon the date of the last liability policy payment.  
657 (6) An underinsured motorist insurer does not have a right of reimbursement against a  
658 person liable for the damages resulting from an injury-causing occurrence if the person's  
659 liability insurer has tendered the policy limit and the limits have been accepted by the claimant.  
660 (7) Except as otherwise provided in this section, a covered person may seek, subject to  
661 the terms and conditions of the policy, additional coverage under any policy:  
662 (a) that provides coverage for damages resulting from motor vehicle accidents; and  
663 (b) that is not required to conform to Section 31A-22-302.  
664 (8) (a) When a claim is brought by a named insured or a person described in  
665 Subsection 31A-22-305(1) and is asserted against the covered person's underinsured motorist  
666 carrier, the claimant may elect to resolve the claim:  
667 (i) by submitting the claim to binding arbitration; or  
668 (ii) through litigation.  
669 (b) Unless otherwise provided in the policy under which underinsured benefits are  
670 claimed, the election provided in Subsection (8)(a) is available to the claimant only, except that  
671 if the policy under which insured benefits are claimed provides that either an insured or the  
672 insurer may elect arbitration, the insured or the insurer may elect arbitration and that election to  
673 arbitrate shall stay the litigation of the claim under Subsection (8)(a)(ii).  
674 (c) Once a claimant elects to commence litigation under Subsection (8)(a)(ii), the  
675 claimant may not elect to resolve the claim through binding arbitration under this section  
676 without the written consent of the underinsured motorist coverage carrier.

677 (d) For purposes of the statute of limitations applicable to a claim described in  
678 Subsection (8)(a), if the claimant does not elect to resolve the claim through litigation, the  
679 claim is considered filed when the claimant submits the claim to binding arbitration in  
680 accordance with this Subsection (8).

681 (e) (i) Unless otherwise agreed to in writing by the parties, a claim that is submitted to  
682 binding arbitration under Subsection (8)(a)(i) shall be resolved by a single arbitrator.

683 (ii) All parties shall agree on the single arbitrator selected under Subsection (8)(e)(i).

684 (iii) If the parties are unable to agree on a single arbitrator as required under Subsection  
685 (8)(e)(ii), the parties shall select a panel of three arbitrators.

686 (f) If the parties select a panel of three arbitrators under Subsection (8)(e)(iii):

687 (i) each side shall select one arbitrator; and

688 (ii) the arbitrators appointed under Subsection (8)(f)(i) shall select one additional  
689 arbitrator to be included in the panel.

690 (g) Unless otherwise agreed to in writing:

691 (i) each party shall pay an equal share of the fees and costs of the arbitrator selected  
692 under Subsection (8)(e)(i); or

693 (ii) if an arbitration panel is selected under Subsection (8)(e)(iii):

694 (A) each party shall pay the fees and costs of the arbitrator selected by that party; and

695 (B) each party shall pay an equal share of the fees and costs of the arbitrator selected  
696 under Subsection (8)(f)(ii).

697 (h) Except as otherwise provided in this section or unless otherwise agreed to in  
698 writing by the parties, an arbitration proceeding conducted under this section is governed by  
699 Title 78B, Chapter 11, Utah Uniform Arbitration Act.

700 (i) (i) The arbitration shall be conducted in accordance with Rules 26(a)(4) through (f),  
701 27 through 37, 54, and 68 of the Utah Rules of Civil Procedure, once the requirements of  
702 Subsections (9)(a) through (c) are satisfied.

703 (ii) The specified tier as defined by Rule 26(c)(3) of the Utah Rules of Civil Procedure

704 shall be determined based on the claimant's specific monetary amount in the written demand  
705 for payment of uninsured motorist coverage benefits as required in Subsection (9)(a)(i)(A).

706 (iii) Rules 26.1 and 26.2 of the Utah Rules of Civil Procedure do not apply to  
707 arbitration claims under this part.

708 (j) An issue of discovery shall be resolved by the arbitrator or the arbitration panel.

709 (k) A written decision by a single arbitrator or by a majority of the arbitration panel  
710 constitutes a final decision.

711 (l) (i) Except as provided in Subsection (9), the amount of an arbitration award may not  
712 exceed the underinsured motorist policy limits of all applicable underinsured motorist policies,  
713 including applicable underinsured motorist umbrella policies.

714 (ii) If the initial arbitration award exceeds the underinsured motorist policy limits of all  
715 applicable underinsured motorist policies, the arbitration award shall be reduced to an amount  
716 equal to the combined underinsured motorist policy limits of all applicable underinsured  
717 motorist policies.

718 (m) The arbitrator or arbitration panel may not decide an issue of coverage or  
719 extra-contractual damages, including:

720 (i) whether the claimant is a covered person;

721 (ii) whether the policy extends coverage to the loss; or

722 (iii) an allegation or claim asserting consequential damages or bad faith liability.

723 (n) The arbitrator or arbitration panel may not conduct arbitration on a class-wide or  
724 class-representative basis.

725 (o) If the arbitrator or arbitration panel finds that the arbitration is not brought, pursued,  
726 or defended in good faith, the arbitrator or arbitration panel may award reasonable attorney fees  
727 and costs against the party that failed to bring, pursue, or defend the arbitration in good faith.

728 (p) An arbitration award issued under this section shall be the final resolution of all  
729 claims not excluded by Subsection (8)(m) between the parties unless:

730 (i) the award is procured by corruption, fraud, or other undue means;

731 (ii) either party, within 20 days after service of the arbitration award:  
732 (A) files a complaint requesting a trial de novo in the district court; and  
733 (B) serves the nonmoving party with a copy of the complaint requesting a trial de novo  
734 under Subsection (8)(p)(ii)(A).

735 (q) (i) Upon filing a complaint for a trial de novo under Subsection (8)(p), a claim shall  
736 proceed through litigation pursuant to the Utah Rules of Civil Procedure and Utah Rules of  
737 Evidence in the district court.

738 (ii) In accordance with Rule 38, Utah Rules of Civil Procedure, either party may  
739 request a jury trial with a complaint requesting a trial de novo under Subsection (8)(p)(ii)(A).

740 (r) (i) If the claimant, as the moving party in a trial de novo requested under Subsection  
741 (8)(p), does not obtain a verdict that is at least \$5,000 and is at least 20% greater than the  
742 arbitration award, the claimant is responsible for all of the nonmoving party's costs.

743 (ii) If the underinsured motorist carrier, as the moving party in a trial de novo requested  
744 under Subsection (8)(p), does not obtain a verdict that is at least 20% less than the arbitration  
745 award, the underinsured motorist carrier is responsible for all of the nonmoving party's costs.

746 (iii) Except as provided in Subsection (8)(r)(iv), the costs under this Subsection (8)(r)  
747 shall include:

748 (A) any costs set forth in Rule 54(d), Utah Rules of Civil Procedure; and  
749 (B) the costs of expert witnesses and depositions.

750 (iv) An award of costs under this Subsection (8)(r) may not exceed \$2,500 unless  
751 Subsection (9)(h)(iii) applies.

752 (s) For purposes of determining whether a party's verdict is greater or less than the  
753 arbitration award under Subsection (8)(r), a court may not consider any recovery or other relief  
754 granted on a claim for damages if the claim for damages:

755 (i) was not fully disclosed in writing prior to the arbitration proceeding; or  
756 (ii) was not disclosed in response to discovery contrary to the Utah Rules of Civil  
757 Procedure.

758 (t) If a district court determines, upon a motion of the nonmoving party, that a moving  
759 party's use of the trial de novo process is filed in bad faith in accordance with Section  
760 78B-5-825, the district court may award reasonable attorney fees to the nonmoving party.

761 (u) Nothing in this section is intended to limit a claim under another portion of an  
762 applicable insurance policy.

763 (v) If there are multiple underinsured motorist policies, as set forth in Subsection (4),  
764 the claimant may elect to arbitrate in one hearing the claims against all the underinsured  
765 motorist carriers.

766 (9) (a) Within 30 days after a covered person elects to submit a claim for underinsured  
767 motorist benefits to binding arbitration or files litigation, the covered person shall provide to  
768 the underinsured motorist carrier:

769 (i) a written demand for payment of underinsured motorist coverage benefits, setting  
770 forth:

771 (A) subject to Subsection (9)(l), the specific monetary amount of the demand,  
772 including a computation of the covered person's claimed past medical expenses, claimed past  
773 lost wages, and all other claimed past economic damages; and

774 (B) the factual and legal basis and any supporting documentation for the demand;

775 (ii) a written statement under oath disclosing:

776 (A) (I) the names and last known addresses of all health care providers who have  
777 rendered health care services to the covered person that are material to the claims for which the  
778 underinsured motorist benefits are sought for a period of five years preceding the date of the  
779 event giving rise to the claim for underinsured motorist benefits up to the time the election for  
780 arbitration or litigation has been exercised; and

781 (II) the names and last known addresses of the health care providers who have rendered  
782 health care services to the covered person, which the covered person claims are immaterial to  
783 the claims for which underinsured motorist benefits are sought, for a period of five years  
784 preceding the date of the event giving rise to the claim for underinsured motorist benefits up to

785 the time the election for arbitration or litigation has been exercised that have not been disclosed  
786 under Subsection (9)(a)(ii)(A)(I);

787 (B) (I) the names and last known addresses of all health insurers or other entities to  
788 whom the covered person has submitted claims for health care services or benefits material to  
789 the claims for which underinsured motorist benefits are sought, for a period of five years  
790 preceding the date of the event giving rise to the claim for underinsured motorist benefits up to  
791 the time the election for arbitration or litigation has been exercised; and

792 (II) the names and last known addresses of the health insurers or other entities to whom  
793 the covered person has submitted claims for health care services or benefits, which the covered  
794 person claims are immaterial to the claims for which underinsured motorist benefits are sought,  
795 for a period of five years preceding the date of the event giving rise to the claim for  
796 underinsured motorist benefits up to the time the election for arbitration or litigation have not  
797 been disclosed;

798 (C) if lost wages, diminished earning capacity, or similar damages are claimed, all  
799 employers of the covered person for a period of five years preceding the date of the event  
800 giving rise to the claim for underinsured motorist benefits up to the time the election for  
801 arbitration or litigation has been exercised;

802 (D) other documents to reasonably support the claims being asserted; and

803 (E) all state and federal statutory lienholders including a statement as to whether the  
804 covered person is a recipient of Medicare or Medicaid benefits or Utah Children's Health  
805 Insurance Program benefits under Title 26, Chapter 40, Utah Children's Health Insurance Act,  
806 or if the claim is subject to any other state or federal statutory liens; and

807 (iii) signed authorizations to allow the underinsured motorist carrier to only obtain  
808 records and billings from the individuals or entities disclosed under Subsections  
809 (9)(a)(ii)(A)(I), (B)(I), and (C).

810 (b) (i) If the underinsured motorist carrier determines that the disclosure of undisclosed  
811 health care providers or health care insurers under Subsection (9)(a)(ii) is reasonably necessary,

812 the underinsured motorist carrier may:

813 (A) make a request for the disclosure of the identity of the health care providers or  
814 health care insurers; and

815 (B) make a request for authorizations to allow the underinsured motorist carrier to only  
816 obtain records and billings from the individuals or entities not disclosed.

817 (ii) If the covered person does not provide the requested information within 10 days:

818 (A) the covered person shall disclose, in writing, the legal or factual basis for the  
819 failure to disclose the health care providers or health care insurers; and

820 (B) either the covered person or the underinsured motorist carrier may request the  
821 arbitrator or arbitration panel to resolve the issue of whether the identities or records are to be  
822 provided if the covered person has elected arbitration.

823 (iii) The time periods imposed by Subsection (9)(c)(i) are tolled pending resolution of  
824 the dispute concerning the disclosure and production of records of the health care providers or  
825 health care insurers.

826 (c) (i) An underinsured motorist carrier that receives an election for arbitration or a  
827 notice of filing litigation and the demand for payment of underinsured motorist benefits under  
828 Subsection (9)(a)(i) shall have a reasonable time, not to exceed 60 days from the date of the  
829 demand and receipt of the items specified in Subsections (9)(a)(i) through (iii), to:

830 (A) provide a written response to the written demand for payment provided for in  
831 Subsection (9)(a)(i);

832 (B) except as provided in Subsection (9)(c)(i)(C), tender the amount, if any, of the  
833 underinsured motorist carrier's determination of the amount owed to the covered person; and

834 (C) if the covered person is a recipient of Medicare or Medicaid benefits or Utah  
835 Children's Health Insurance Program benefits under Title 26, Chapter 40, Utah Children's  
836 Health Insurance Act, or if the claim is subject to any other state or federal statutory liens,  
837 tender the amount, if any, of the underinsured motorist carrier's determination of the amount  
838 owed to the covered person less:

839 (I) if the amount of the state or federal statutory lien is established, the amount of the  
840 lien; or

841 (II) if the amount of the state or federal statutory lien is not established, two times the  
842 amount of the medical expenses subject to the state or federal statutory lien until such time as  
843 the amount of the state or federal statutory lien is established.

844 (ii) If the amount tendered by the underinsured motorist carrier under Subsection  
845 (9)(c)(i) is the total amount of the underinsured motorist policy limits, the tendered amount  
846 shall be accepted by the covered person.

847 (d) A covered person who receives a written response from an underinsured motorist  
848 carrier as provided for in Subsection (9)(c)(i), may:

849 (i) elect to accept the amount tendered in Subsection (9)(c)(i) as payment in full of all  
850 underinsured motorist claims; or

851 (ii) elect to:

852 (A) accept the amount tendered in Subsection (9)(c)(i) as partial payment of all  
853 underinsured motorist claims; and

854 (B) continue to litigate or arbitrate the remaining claim in accordance with the election  
855 made under Subsections (8)(a), (b), and (c).

856 (e) If a covered person elects to accept the amount tendered under Subsection (9)(c)(i)  
857 as partial payment of all underinsured motorist claims, the final award obtained through  
858 arbitration, litigation, or later settlement shall be reduced by any payment made by the  
859 underinsured motorist carrier under Subsection (9)(c)(i).

860 (f) In an arbitration proceeding on the remaining underinsured claims:

861 (i) the parties may not disclose to the arbitrator or arbitration panel the amount paid  
862 under Subsection (9)(c)(i) until after the arbitration award has been rendered; and

863 (ii) the parties may not disclose the amount of the limits of underinsured motorist  
864 benefits provided by the policy.

865 (g) If the final award obtained through arbitration or litigation is greater than the

866 average of the covered person's initial written demand for payment provided for in Subsection  
867 (9)(a)(i) and the underinsured motorist carrier's initial written response provided for in  
868 Subsection (9)(c)(i), the underinsured motorist carrier shall pay:

869 (i) the final award obtained through arbitration or litigation, except that if the award  
870 exceeds the policy limits of the subject underinsured motorist policy by more than \$15,000, the  
871 amount shall be reduced to an amount equal to the policy limits plus \$15,000; and

872 (ii) any of the following applicable costs:

873 (A) any costs as set forth in Rule 54(d), Utah Rules of Civil Procedure;

874 (B) the arbitrator or arbitration panel's fee; and

875 (C) the reasonable costs of expert witnesses and depositions used in the presentation of  
876 evidence during arbitration or litigation.

877 (h) (i) The covered person shall provide an affidavit of costs within five days of an  
878 arbitration award.

879 (ii) (A) Objection to the affidavit of costs shall specify with particularity the costs to  
880 which the underinsured motorist carrier objects.

881 (B) The objection shall be resolved by the arbitrator or arbitration panel.

882 (iii) The award of costs by the arbitrator or arbitration panel under Subsection (9)(g)(ii)  
883 may not exceed \$5,000.

884 (i) (i) A covered person shall disclose all material information, other than rebuttal  
885 evidence, within 30 days after a covered person elects to submit a claim for underinsured  
886 motorist coverage benefits to binding arbitration or files litigation as specified in Subsection  
887 (9)(a).

888 (ii) If the information under Subsection (9)(i)(i) is not disclosed, the covered person  
889 may not recover costs or any amounts in excess of the policy under Subsection (9)(g).

890 (j) This Subsection (9) does not limit any other cause of action that arose or may arise  
891 against the underinsured motorist carrier from the same dispute.

892 (k) The provisions of this Subsection (9) only apply to motor vehicle accidents that

893 occur on or after March 30, 2010.

894 (l) (i) The written demand requirement in Subsection (9)(a)(i)(A) does not affect the  
895 covered person's requirement to provide a computation of any other economic damages  
896 claimed, and the one or more respondents shall have a reasonable time after the receipt of the  
897 computation of any other economic damages claimed to conduct fact and expert discovery as to  
898 any additional damages claimed. The changes made by Laws of Utah 2014, Chapter 290,  
899 Section 11, and Chapter 300, Section 11, to this Subsection (9)(l) and Subsection (9)(a)(i)(A)  
900 apply to a claim submitted to binding arbitration or through litigation on or after May 13, 2014.

901 (ii) The changes made by Laws of Utah 2014, Chapter 290, Section 11, and Chapter  
902 300, Section 11, under Subsections (9)(a)(ii)(A)(II) and (B)(II) apply to a claim submitted to  
903 binding arbitration or through litigation on or after May 13, 2014.