

Insurance Claims and Litigation

A priori refers to a claim or argument that is based on a previous experience or knowledge, in the context of insurance claims and litigation, it is used to establish a pre-existing condition. Absolute privilege is a legal doctrine that protects individuals from defamation lawsuits when they make statements in certain contexts, such as in a court of law or during a legislative proceeding. Accident report is a document that provides details about an accident, including the date, time, location, and parties involved, it is often used as evidence in insurance claims and litigation. Accommodation is a reasonable adjustment made to a person's environment or tasks to help them perform their job or daily activities, in the context of insurance claims and litigation, it is often used to determine the extent of a person's disability. Action is a lawsuit or legal proceeding, in the context of insurance claims and litigation, it refers to the process of taking a claim to court. Active duty refers to a military personnel's full-time service, in the context of insurance claims and litigation, it is often used to determine eligibility for certain benefits or compensation. Act of God is an unforeseen event or disaster that is beyond human control, such as a natural disaster, in the context of insurance claims and litigation, it is often used to determine liability. Actuarial tables are statistical tables used to determine the likelihood of certain events, such as death or disability, in the context of insurance claims and litigation, they are often used to calculate insurance premiums and benefits. Additional living expenses refer to the extra costs incurred by a person as a result of an accident or disaster, such as temporary housing or food expenses, in the context of insurance claims and litigation, they are often reimbursed by the insurance company. Ademption occurs when a specific gift in a will is no longer available, in the context of insurance claims and litigation, it is often used to determine the distribution of assets. Adjudication is the process of making a decision or judgment, in the context of insurance claims and litigation, it refers to the process of determining the outcome of a claim. Adjuster is an insurance professional who investigates and settles claims on behalf of the insurance company, in the context of insurance claims and litigation, they play a crucial role in determining the validity and value of a claim. Administrative regulation is a rule or guideline established by a government agency, in the context of insurance claims and litigation, they are often used to regulate the insurance industry. Admission is a statement or acknowledgment, in the context of insurance claims and litigation, it is often used to establish liability or fault. Adverse possession is the acquisition of title to a property through hostile possession, in the context of insurance claims and litigation, it is often used to determine ownership. Advice of counsel is a defense used to avoid liability, in which a person claims that they relied on the advice of a lawyer or other expert, in the context of insurance claims and litigation, it is often used to shift blame. Affidavit is a sworn statement in writing, in the context of insurance claims and litigation, it is often used as evidence. Aggregate limit is the maximum amount of money that an insurance company will pay for all claims during a certain period, in the context of insurance claims and litigation, it is often used to limit liability. Allegations are statements or claims made in a lawsuit, in the context of insurance claims and litigation, they are often used to establish the facts of a case. Alternative dispute resolution refers to the process of resolving disputes outside of the courtroom, such as through mediation or arbitration, in the context of insurance claims and litigation, it is often used to reduce costs and time. Ambiguity is a term or phrase that is open to

multiple interpretations, in the context of insurance claims and litigation, it is often used to challenge the validity of a claim. Amendment is a change or revision to a document, such as a policy or contract, in the context of insurance claims and litigation, it is often used to clarify or modify the terms of a policy. Ancillary administration refers to the process of managing the estate of a deceased person, in the context of insurance claims and litigation, it is often used to determine the distribution of assets. Annuitant is a person who receives payments from an annuity, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Annulment is the process of declaring a marriage or contract void, in the context of insurance claims and litigation, it is often used to determine the validity of a claim. Answer is a response to a complaint or lawsuit, in the context of insurance claims and litigation, it is often used to establish the defendant's position. Appeal is the process of challenging a decision or judgment, in the context of insurance claims and litigation, it is often used to seek a higher court's review. Appellant is the party that appeals a decision or judgment, in the context of insurance claims and litigation, it is often used to refer to the party seeking a higher court's review. Appellee is the party that responds to an appeal, in the context of insurance claims and litigation, it is often used to refer to the party defending a decision or judgment. Application is a request for something, such as insurance coverage or benefits, in the context of insurance claims and litigation, it is often used to establish the terms of a policy. Appraisal is the process of determining the value of something, such as a property or asset, in the context of insurance claims and litigation, it is often used to determine the extent of a loss. Arbitration is a process of resolving disputes through a neutral third party, in the context of insurance claims and litigation, it is often used to reduce costs and time. Arbitrator is a neutral third party who resolves disputes through arbitration, in the context of insurance claims and litigation, they play a crucial role in determining the outcome of a claim. Assumption of risk is the doctrine that holds a person responsible for taking a risk, in the context of insurance claims and litigation, it is often used to determine liability. Attachment is the process of seizing or taking control of a person's assets, in the context of insurance claims and litigation, it is often used to secure a debt or claim. Attorney-in-fact is a person who has the authority to act on behalf of another person, in the context of insurance claims and litigation, they are often used to represent a party in a lawsuit. Audit is the process of examining or reviewing something, such as financial records or a claim, in the context of insurance claims and litigation, it is often used to determine the validity of a claim. Authenticity refers to the genuineness or legitimacy of something, such as a document or evidence, in the context of insurance claims and litigation, it is often used to establish the reliability of evidence. Authorization is the process of giving permission or consent, in the context of insurance claims and litigation, it is often used to establish the authority of a representative or agent. Automatic renewal refers to the process of renewing a policy or contract without the need for further action, in the context of insurance claims and litigation, it is often used to ensure continuous coverage. Average daily rate is the average amount of money spent per day, in the context of insurance claims and litigation, it is often used to calculate the value of a claim. Bad faith refers to the intentional or reckless failure to fulfill a duty or obligation, in the context of insurance claims and litigation, it is often used to determine liability. Beneficiary is the person or entity that receives benefits or proceeds from a policy or contract, in the context of insurance claims and litigation, they are often used to determine the distribution of assets. Benefit of the bargain refers to the advantage or value received by a party in a contract or transaction, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Bequeath is to leave or give something to someone in a will, in the context of insurance claims and litigation, it is often used to determine the distribution of assets. Binder is a temporary insurance

contract that provides coverage until a permanent policy is issued, in the context of insurance claims and litigation, it is often used to provide immediate coverage. Birth certificate is a document that proves a person's birth and identity, in the context of insurance claims and litigation, it is often used to establish a person's age or identity. Breach of contract is the failure to fulfill the terms or obligations of a contract, in the context of insurance claims and litigation, it is often used to determine liability. Breach of duty refers to the failure to fulfill a duty or obligation, in the context of insurance claims and litigation, it is often used to determine liability. Burden of proof is the responsibility to provide evidence or prove a claim, in the context of insurance claims and litigation, it is often used to determine the outcome of a claim. Business interruption insurance is a type of insurance that provides coverage for losses due to business interruption, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Cancellation is the process of terminating a policy or contract, in the context of insurance claims and litigation, it is often used to determine the effective date of termination. Capacity refers to the ability or authority to enter into a contract or make decisions, in the context of insurance claims and litigation, it is often used to determine the validity of a claim. Capital asset is a type of asset that is used to generate income or profits, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Caption is the heading or title of a document, such as a lawsuit or complaint, in the context of insurance claims and litigation, it is often used to identify the parties and the nature of the claim. Carrier is the insurance company that provides coverage, in the context of insurance claims and litigation, it is often used to refer to the party responsible for paying claims. Case law refers to the body of law that is based on judicial decisions, in the context of insurance claims and litigation, it is often used to establish precedent and guide the interpretation of laws and regulations. Casualty insurance is a type of insurance that provides coverage for accidents or losses, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Cause of action is the facts or circumstances that give rise to a claim or lawsuit, in the context of insurance claims and litigation, it is often used to establish the basis for a claim. Certificate of insurance is a document that provides proof of insurance coverage, in the context of insurance claims and litigation, it is often used to establish the terms of a policy. Certification is the process of verifying or confirming something, such as a document or a person's qualifications, in the context of insurance claims and litigation, it is often used to establish the reliability of evidence. Chain of custody refers to the sequence of events or handling of evidence, in the context of insurance claims and litigation, it is often used to establish the authenticity and reliability of evidence. Change of condition refers to a change in the circumstances or conditions of a policy or contract, in the context of insurance claims and litigation, it is often used to determine the validity of a claim. Claim is a request for payment or compensation, in the context of insurance claims and litigation, it is often used to seek reimbursement or damages. Claimant is the person or entity that makes a claim, in the context of insurance claims and litigation, they are often used to refer to the party seeking compensation. Class action is a type of lawsuit that involves a group of people with similar claims, in the context of insurance claims and litigation, it is often used to seek compensation for a large number of people. Clear and convincing evidence is a standard of proof that requires evidence to be clear and convincing, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Codicil is a supplement or amendment to a will, in the context of insurance claims and litigation, it is often used to make changes to a will. Collateral estoppel refers to the doctrine that prevents a party from relitigating an issue that has already been decided, in the context of insurance claims and litigation, it is often used to prevent repetitive litigation. Collateral source rule refers to the doctrine that

prevents a party from introducing evidence of collateral sources, such as insurance, in the context of insurance claims and litigation, it is often used to prevent the introduction of irrelevant evidence. Complaint is a document that initiates a lawsuit, in the context of insurance claims and litigation, it is often used to establish the basis for a claim. Compensatory damages are awards of money that are intended to compensate a party for losses or injuries, in the context of insurance claims and litigation, they are often used to provide reimbursement for expenses or losses. Concealment is the act of hiding or failing to disclose information, in the context of insurance claims and litigation, it is often used to determine liability. Concurrent cause refers to the doctrine that holds multiple causes can contribute to a single loss or injury, in the context of insurance claims and litigation, it is often used to determine liability. Condition precedent is a condition that must be met before a contract or policy can be enforced, in the context of insurance claims and litigation, it is often used to determine the validity of a claim. Consequential damages are awards of money that are intended to compensate a party for indirect or secondary losses, in the context of insurance claims and litigation, they are often used to provide reimbursement for expenses or losses. Consideration is the basis or value that is given in exchange for something, such as a contract or policy, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Consent is the agreement or permission to do something, in the context of insurance claims and litigation, it is often used to establish the authority of a representative or agent. Contingent beneficiary is a person or entity that receives benefits or proceeds if the primary beneficiary is unable to receive them, in the context of insurance claims and litigation, they are often used to determine the distribution of assets. Continuing education refers to the process of ongoing learning or professional development, in the context of insurance claims and litigation, it is often used to ensure that professionals stay up-to-date with industry developments. Contract is a binding agreement between two or more parties, in the context of insurance claims and litigation, it is often used to establish the terms of a policy. Contributory negligence is the doctrine that holds a party partially responsible for their own injuries or losses, in the context of insurance claims and litigation, it is often used to determine liability. Conversion is the act of taking or using someone else's property without permission, in the context of insurance claims and litigation, it is often used to determine liability. Co-pay is a payment or fee that is paid by a party for a service or benefit, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Counterclaim is a claim or lawsuit that is filed in response to an original claim, in the context of insurance claims and litigation, it is often used to establish a defense or seek compensation. Course of dealing refers to the history or pattern of interactions between parties, in the context of insurance claims and litigation, it is often used to establish the terms of a policy or contract. Court is a tribunal or forum that has the authority to hear and decide cases, in the context of insurance claims and litigation, it is often used to resolve disputes. Covenant is a promise or agreement to do something, in the context of insurance claims and litigation, it is often used to establish the terms of a policy or contract. Coverage is the protection or insurance provided by a policy, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Credibility refers to the believability or reliability of a witness or evidence, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Cross-claim is a claim or lawsuit that is filed against a co-party, in the context of insurance claims and litigation, it is often used to establish a defense or seek compensation. Cumulative trauma disorder is a type of injury that occurs over time, such as a repetitive strain injury, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Damages are awards of money that are intended to compensate a party for losses or injuries, in the

context of insurance claims and litigation, they are often used to provide reimbursement for expenses or losses. Death benefit is the payment or benefit that is paid to the beneficiary of a life insurance policy, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Declaratory judgment is a judgment or decision that declares the rights or obligations of a party, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Deduction is the process of subtracting or reducing the value of a claim, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Defamation is the act of making false or damaging statements about someone, in the context of insurance claims and litigation, it is often used to determine liability. Defendant is the party that is being sued or accused, in the context of insurance claims and litigation, they are often used to refer to the party being held liable. Defense is the response or argument made by a party to a claim or lawsuit, in the context of insurance claims and litigation, it is often used to establish a party's position. Deposit premium is the initial payment or deposit made to purchase a policy, in the context of insurance claims and litigation, it is often used to establish the terms of a policy. Deposition is the testimony or statement of a witness, in the context of insurance claims and litigation, it is often used as evidence. Derivative claim is a claim or lawsuit that is based on the rights or interests of another party, in the context of insurance claims and litigation, it is often used to establish a party's standing. Description of risk is the identification or description of the risks or hazards that are covered by a policy, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Determination is the process of making a decision or judgment, in the context of insurance claims and litigation, it is often used to establish the outcome of a claim. Direct action is a lawsuit or claim that is filed directly against the party responsible for the loss or injury, in the context of insurance claims and litigation, it is often used to seek compensation. Direct evidence is testimony or evidence that is based on personal knowledge or observation, in the context of insurance claims and litigation, it is often used to establish the facts of a case. Disability is the inability or limitation of a person to perform certain tasks or functions, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Discharge is the release or termination of a debt or obligation, in the context of insurance claims and litigation, it is often used to determine the effective date of termination. Disclosure is the process of revealing or providing information, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Discovery is the process of gathering or obtaining evidence, in the context of insurance claims and litigation, it is often used to establish the facts of a case. Discretionary clause is a provision or term that gives the insurance company discretion to make decisions, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Diversity jurisdiction refers to the authority of a court to hear cases that involve parties from different states or countries, in the context of insurance claims and litigation, it is often used to establish the jurisdiction of a court. Dividend is the payment or distribution of profits or earnings, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Document is a record or writing that provides evidence or proof, in the context of insurance claims and litigation, it is often used to establish the facts of a case. Duty to defend is the obligation of an insurance company to defend a party against a claim or lawsuit, in the context of insurance claims and litigation, it is often used to determine the liability of an insurance company. Duty to indemnify is the obligation of an insurance company to pay or reimburse a party for losses or expenses, in the context of insurance claims and litigation, it is often used to determine the liability of an insurance company. Earning capacity is the ability or potential of a person to earn income or wages, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Economic

damages are awards of money that are intended to compensate a party for financial losses or expenses, in the context of insurance claims and litigation, they are often used to provide reimbursement for expenses or losses. Effective date is the date on which a policy or contract becomes effective, in the context of insurance claims and litigation, it is often used to determine the terms of a policy. Emotional distress is the experience of emotional pain or suffering, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Employer's liability is the responsibility of an employer to provide a safe work environment and to compensate employees for work-related injuries or illnesses, in the context of insurance claims and litigation, it is often used to determine liability. Endorsement is the process of adding or modifying a term or provision to a policy or contract, in the context of insurance claims and litigation, it is often used to establish the terms of a policy. Equitable estoppel is the doctrine that prevents a party from denying or asserting something that is contrary to their previous actions or statements, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Equity is the value or interest that a party has in a property or asset, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Error is the mistake or inaccuracy that is made in a decision or judgment, in the context of insurance claims and litigation, it is often used to challenge the validity of a claim. Evidence is the information or proof that is presented to support a claim or lawsuit, in the context of insurance claims and litigation, it is often used to establish the facts of a case. Examination is the process of questioning or investigating a witness or party, in the context of insurance claims and litigation, it is often used to gather evidence. Exclusion is the provision or term that excludes or limits coverage for certain risks or losses, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Exculpatory clause is a provision or term that releases or excuses a party from liability, in the context of insurance claims and litigation, it is often used to determine liability. Executor is the person or entity that is responsible for managing the estate of a deceased person, in the context of insurance claims and litigation, they are often used to determine the distribution of assets. Exhaustion of administrative remedies is the process of pursuing all available administrative remedies before seeking judicial review, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Expert witness is a person who provides expert testimony or opinion, in the context of insurance claims and litigation, they are often used to establish the facts of a case. Expiration date is the date on which a policy or contract expires or terminates, in the context of insurance claims and litigation, it is often used to determine the terms of a policy. Exposure is the risk or likelihood of a loss or injury, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Extra-contractual liability is the liability that arises from actions or omissions that are outside the terms of a policy or contract, in the context of insurance claims and litigation, it is often used to determine liability. Facilitator is the person or entity that helps to resolve disputes or facilitate communication, in the context of insurance claims and litigation, they are often used to facilitate settlement or negotiation. Fair market value is the value or price that a property or asset would sell for in the open market, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Fiduciary is the person or entity that has a duty to act in the best interests of another party, in the context of insurance claims and litigation, they are often used to determine the validity of a claim. Fiduciary duty is the obligation to act in the best interests of another party, in the context of insurance claims and litigation, it is often used to determine liability. File is the collection of documents or records that relate to a claim or lawsuit, in the context of insurance claims and litigation, it is often used to establish the facts of a case. Final judgment is the decision or judgment that is made at the end of a lawsuit or claim, in

the context of insurance claims and litigation, it is often used to determine the outcome of a claim. Financial interest is the stake or investment that a party has in a property or asset, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Fire insurance is a type of insurance that provides coverage for losses or damages caused by fire, in the context of insurance claims and litigation, it is often used to determine the value of a claim. First-party claim is a claim or lawsuit that is filed by the insured party against the insurance company, in the context of insurance claims and litigation, it is often used to seek compensation. Fraud is the intentional or reckless act of deceiving or misleading someone, in the context of insurance claims and litigation, it is often used to determine liability. Functional capacity evaluation is the assessment or evaluation of a person's ability to perform certain tasks or functions, in the context of insurance claims and litigation, it is often used to determine the value of a claim. General damages are awards of money that are intended to compensate a party for non-economic losses, such as pain and suffering, in the context of insurance claims and litigation, they are often used to provide reimbursement for expenses or losses. Genuine issue of material fact is a dispute or issue that is relevant to the outcome of a claim or lawsuit, in the context of insurance claims and litigation, it is often used to determine the validity of a claim. Good faith is the honesty or integrity that is expected of a party in a transaction or relationship, in the context of insurance claims and litigation, it is often used to determine liability. Grace period is the time or period during which a party can take action or make a payment without penalty, in the context of insurance claims and litigation, it is often used to determine the terms of a policy. Gross negligence is the reckless or wanton disregard for the safety or well-being of others, in the context of insurance claims and litigation, it is often used to determine liability. Hazard is the risk or danger that is associated with a particular activity or situation, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Health insurance is a type of insurance that provides coverage for medical expenses or health-related costs, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Hearing is the proceeding or trial that is held to determine the outcome of a claim or lawsuit, in the context of insurance claims and litigation, it is often used to establish the facts of a case. Implied contract is a contract or agreement that is implied by the actions or circumstances of the parties, in the context of insurance claims and litigation, it is often used to establish the terms of a policy. Incontestable clause is a provision or term that makes a policy or contract incontestable, in the context of insurance claims and litigation, it is often used to determine the validity of a claim. Indemnification is the process of reimbursing or compensating a party for losses or expenses, in the context of insurance claims and litigation, it is often used to determine the liability of an insurance company. Independent contractor is a person or entity that is hired to perform a specific task or service, in the context of insurance claims and litigation, they are often used to determine liability. Index is the reference or guide that is used to determine the value or cost of something, in the context of insurance claims and litigation, it is often used to calculate the value of a claim. Informed consent is the agreement or permission that is given by a party after they have been fully informed of the risks and benefits, in the context of insurance claims and litigation, it is often used to establish the authority of a representative or agent. Injury is the harm or damage that is caused to a person or property, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Insolvency is the inability of a person or entity to pay their debts or obligations, in the context of insurance claims and litigation, it is often used to determine the liability of an insurance company. Inspection is the process of examining or reviewing something, such as a property or asset, in the context of insurance claims and litigation, it is often used to determine the value of a claim.

Insurer is the insurance company that provides coverage, in the context of insurance claims and litigation, they are often used to refer to the party responsible for paying claims. Intent is the purpose or goal that a party has in mind, in the context of insurance claims and litigation, it is often used to determine liability. Interim award is a payment or award that is made during the course of a lawsuit or claim, in the context of insurance claims and litigation, it is often used to provide reimbursement for expenses or losses. Interpleader is a lawsuit or claim that is filed to determine the rights or interests of multiple parties, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Interrogatories are questions or requests for information that are made to a party, in the context of insurance claims and litigation, they are often used to gather evidence. Investigation is the process of gathering or obtaining information, in the context of insurance claims and litigation, it is often used to establish the facts of a case. Invitee is a person who is invited or permitted to enter a property or premises, in the context of insurance claims and litigation, they are often used to determine liability. Irrevocable trust is a trust or agreement that cannot be changed or terminated, in the context of insurance claims and litigation, it is often used to determine the distribution of assets. Issue is the topic or subject that is being disputed or litigated, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Judgment is the decision or verdict that is made by a court or judge, in the context of insurance claims and litigation, it is often used to determine the outcome of a claim. Judicial review is the process of reviewing or appealing a decision or judgment, in the context of insurance claims and litigation, it is often used to seek a higher court's review. Jurisdiction is the authority or power of a court to hear and decide cases, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Jurisprudence is the body of law or principles that govern a particular area or subject, in the context of insurance claims and litigation, it is often used to establish the validity of a claim. Lack of jurisdiction is the failure of a court to have the authority or power to hear and decide a case, in the context of insurance claims and litigation, it is often used to challenge the validity of a claim. Latent defect is a hidden or underlying flaw or defect that is not immediately apparent, in the context of insurance claims and litigation, it is often used to determine liability. Lawful act is an action or behavior that is permitted or authorized by law, in the context of insurance claims and litigation, it is often used to determine liability. Liability is the responsibility or obligation to pay or compensate for losses or damages, in the context of insurance claims and litigation, it is often used to determine the liability of an insurance company. Liability insurance is a type of insurance that provides coverage for losses or damages caused by the insured party, in the context of insurance claims and litigation, it is often used to determine the value of a claim. Libel is the act of making false or damaging written statements about someone, in the context of insurance claims and litigation, it is often used to determine liability. License is the permission or authority to do something, such as to practice a profession or operate a business, in the context of insurance claims and litigation, it is often used to determine the validity of a claim.