How the insurance companies, banks, courts, etc tricks you into believing that a document was signed with a valid signature but in reality they never were.

As the Great Stephen Hawking said, anyone can be a genius all you have to do is think like a genius. Because I think like a genius I was able to uncover many things.

Per Section 3-401. SIGNATURE of the Uniform Commercial Code the U.C.C for short

(a) A person is not liable on an instrument unless (i) the person signed the instrument, or (ii) the person is represented by an agent or representative who signed the instrument and the signature is binding on the represented person under Section 3-402.

(b) Again the document must, must be signed with a valid signature! If a document is not signed with a valid signature it is not legally binding.

Corporations which are usually ran by attorneys know the foregoing law and will trick you into believing a document was signed when it never was.

Example number one. In order to trick you into believing that your insurance claim has been denied the insurance company will send you and unsigned denial letter.

(a) If you look closely at the alleged denial letter that you received from Allstate Property and Casualty Insurance Company, State Farm, etc. you will see that the purported denial letter was never signed. This is because a printed name is not a signature. A printed name includes the use of cursive fonts. Cursive fonts are often used to trick most people into believing that a document was signed. This is because these types of non-signatures can be created by anyone with a computer. Meaning the person who stated they signed the letter or any other document can deny that they were the one who sent the letter or other documents that unlawfully made you believe that the document was signed.

    Mortgage agreements must be signed in ink and must also be notarized with a valid notary stamp to be valid. Most mortgage agreements are fake, therefore if you look at closely that the quote mortgage agreement unquote you will see that the alleged officer's name will be printed, not signed and the notary stamp that was used is counterfeit.

(b) Why is a signature so important?

A signature is a handwritten depiction of someone's name that a person writes on documents as proof of identity and intent.

The traditional function of a signature is to permanently affix to a document a person's uniquely personal, undeniable self-identification as physical evidence of that person's personal witness and certification of the content of all or a specified part, of the document.

The person who signs the document is called a signatory or signer. The signer of the document can be indentified based on their unique signature.

A critical thinker will know that a type written name is not unique because it can be created by anyone and therefore has no legal effect. Therefore, because most of these claims were never signed the insurance claim from 200 years ago, 20 years 10 years ago and every year before during or after are still open.

This also applies to the victims of Black Wallstreet, the insurance company should have paid for their damage.

The Illinois Department of Insurance adopted the NAIC Model Laws, Regulations, Guidelines and Other Resources—July 1997 under the Illinois Administrative Code Title 50, §§ 919.10 to 919.100 (1974/2004).

The "NAIC Model Laws, Regulations, Guidelines and Other Resources—July 1997" are listed in relevant part as follows:

UNFAIR PROPERTY/CASUALTY CLAIMS SETTLEMENT PRACTICES MODEL REGULATION Authority

This regulation is adopted under the authority of the Unfair Claims Settlement Practices Act.

Section 2. Purpose
The purpose of this regulation is to set forth **minimum standards for the investigation and disposition of property and casualty claim**s. The various provisions of this regulation are intended to define procedures and practices, which constitute unfair claims practices.

Standards for Prompt, Fair and Equitable Settlements Applicable to All Insurers
Within twenty-one (21) days after receipt by the insurer of properly executed proofs of loss, the first party claimant shall be advised of the acceptance or denial of the claim by the insurer.

Now make sure you pay close attention to the foregoing sentence. The insurance company has 21 days and not 21 years to either tell you that the claim was approved or denied.

Now this where (1) knowing the importance of a signature comes in (2) the tricks used to make you believe that the denial letter was signed and (3) critical

thinking comes in.
Because the document was never signed the case is still open.

The second paragraph states as follows: **Standards for Prompt, Fair and Equitable Settlements Applicable to All Insurers**

No insurer shall deny a claim on the grounds of a specific policy provision, condition or exclusion unless reference to such provision, condition, or exclusion is included in the denial. The denial must be given to the claimant in writing and the claim file of the insurer shall contain documentation of the denial as required by Section 4.

Further as sections F states payment should have been made in 30 days.

Insurers shall not fail to settle first party claims on the basis that responsibility for payment should be assumed by others except as may otherwise be provided by policy provisions.

F. The insurer shall affirm or deny liability on claims within a reasonable time and shall tender payment within thirty (30) days of affirmation of liability, if the amount of the claim is determined and not in dispute. In claims where multiple coverage's are involved, payments which are not in dispute and where the payee is known should be tendered within thirty (30) days if such payment would terminate the insurer's known liability under that individual coverage.

The insurance company has 30 days to pay the claim. Most claims are never paid.

G. No insurer shall request or require any insured to submit to a polygraph examination unless authorized under the applicable insurance contracts and state law.

H. If, after an insurer rejects a claim, the claimant objects to such rejection, the insurer shall notify the claimant in writing that he or she may have the matter reviewed by the [insert state] Department of Insurance, [insert department address and telephone number]

Section 5.
Misrepresentation of Policy Provisions

A. No insurer shall fail to fully disclose to first party claimants all pertinent benefits, coverages or other provisions of a policy or contract under which a claim is presented.

B. No agent shall conceal from first party claimants benefits, coverages or other provisions of any insurance policy or insurance contract when such benefits, coverages or other provisions are pertinent to a claim.

C. A claim shall not be denied on the basis of failure to exhibit property unless there is documentation of breach of the policy provisions in the claim file.

D. No insurer shall deny a claim based upon the failure of a first party claimant to give written notice of loss within a specified time limit unless the written notice is a written policy condition, or claimant's failure to give written notice after being requested to do so is so unreasonable as to constitute a breach of the claimant's duty to cooperate with the insurer.

E. No insurer shall indicate to a first party claimant on a payment draft, check or in any accompanying letter that said payment is "final" or "a release" of any claim unless the policy limit has been paid or there has been a compromise settlement agreed to by the first party claimant and the insurer as to coverage

G. No insurer shall request or require any insured to submit to a polygraph examination unless authorized under the applicable insurance contracts and state law.

H. If, after an insurer rejects a claim, the claimant objects to such rejection, the insurer shall notify the claimant in writing that he or she may have the matter reviewed by the [insert state] Department of Insurance, [insert department address and telephone number]

Now remember per Section F. The insurance company has 30 days to pay the claim. Most claims are never paid, per Section H the claimant can have the matter reviewed by the Illinois Department of Insurance.

Dana Popish Severinghaus, is the Director and Regulator of Illinois Department of Insurance.

Per the Illinois Department of Insurance's website

Quote Dana Popish Severinghaus, is the Director of the Illinois Department of Insurance. She brings extensive legal, policy, government relations and insurance industry-related experience to her role heading a state regulatory agency.

Popish Severinghaus was formerly Legislative and Regulatory Counsel at Allstate Insurance Company where she advised Allstate and its subsidiaries on legal, regulatory and legislative matters across the Midwest. Unquote.

Can we say conflict of interest here people? She regulates the same company she use to and in my opinion still works for.

Quote Before that, she served as Senior Policy Advisor at the State of Illinois in Central Management Services where she oversaw the Bureau of Benefits. Prior to that, Popish Severinghaus was the Director of Government Relations for Blue Cross Blue Shield of Illinois.

Popish Severinghaus formerly served on the board of the Illinois Insurance Guaranty Fund, and was a member of the Illinois Insurance Association.

On a side note Illinois Insurance Guaranty Fund is owned by Illinois Court of Claims Chief Judge, Peter J. Birnbau.

She also holds committee leadership roles with the National Association of Insurance Commissioners (NAIC), including serving as Co-Vice Chair of the Innovation, Cybersecurity and Technology (H) Committee and as a member of the International Insurance Relations (G) Committee.

Popish Severinghaus earned her Bachelor of Arts in Communication Studies and Journalism & Mass Communications from the University of Iowa and Juris Doctor from Chicago Kent College of Law, which is secretly owned by Illinois Court of Claims Chief judge Peter J. Birnbaum.

Now with that being said

Let me tell you some but not all of the b

Dana Popish Severinghaus makes over $145,000 per year in tax-payer paid dollars. A person making $12.00 per hour makes approximately $23,040 per year. Dana Popish Severinghaus makes six times more than that. I does not matter is you are a member of the far right, far left or somewhere in between, taxes are taken out of your check to pay her and other corrupt politicians.

Bear in that because of these unrelenting bribes, inflation is at a record high. Most people can't afford the rents, etc. Most if not all real estate property management companies which by the way are incidently are owned by the white collar enterprise, will not even rent to you unless you make 3 times the rent and have a good credit score, the credit reporting agencies are also ran the white collar enterprise. This is just one of the reasons that so many people are homeless.

The banks have no problem paying these bribes because the judges, politicians that the paid brides to will(1) because they still get their