

THE INSULAR LIFE ASSURANCE CO., LTD., PETITIONER VS. SERAFIN D. FELICIANO*G.R. No. 47593. September 13, 1941*

Ponente: LAUREL, J.

Read online (full-text search, related cases, audio case brief): <https://batas.org/library/g-r-no-47593/>**LAUREL, J.:**

One Evaristo Feliciano filed an application for insurance with the herein petitioner upon the solicitation of one of its agents. Two insurance policies to the aggregate amount of P25,000 were issued to him. Feliciano died on September 29, 1935. The defendant company refused to pay on the ground that the policies were fraudulently obtained, the insured having given false answers and statements in the application as well as in the medical report. The present action was brought to recover on said policies. The lower court rendered judgment in favor of the plaintiffs. The lower court found that at the time Feliciano filed his application and at the time he was subjected to physical examination by the medical examiner of the herein petitioner, he was already suffering from tuberculosis. This fact appears in the negative both in the application and in the medical report. The lower court, after an exhaustive examination of the conflicting testimonies, also found that Feliciano was made to sign the application and the examiner's report in blank, and that afterwards the blank spaces therein were filled in by the agent and the medical examiner, who made it appear therein that Feliciano was a fit subject for insurance. The lower court also held that neither the insured nor any member of his family concealed the real state of health of the insured. That as a matter of fact the insured, as well as the members of his family, told the agent and the medical examiner that the applicant had been sick and coughing for sometime and that he had also gone three times to the Santol Sanatorium. On appeal, this finding of facts of the lower court was sustained by the Court of Appeals. This concludes the controversy over the facts in so far as this Court is concerned.

The first assignment of error of the petitioner raises the question we are now called upon to decide:

"The Court of Appeals erred in holding that an insurance company has no right to avoid a policy where its agent knowingly and intentionally wrote down the answers in the application differing from those made by the insured, in disregard of the exception that when the agent, instead of serving the interests of his principal, acts in his own or another's interest and adversely to that of his principal, the said principal is not bound by said acts of the agent."

On the proposition thus presented, there are two main avenues of approach indicated: one leading to the validation of a policy where its agent, without fraud, collusion or bad faith on the part of the insured, falsified the answers given by the insured; and the other, leading to the avoidance of the policy under the circumstances. We see no need for an extended discussion of the conflicting authorities. Whenever courts are given the choice between two conflicting principles, the determinative fact which should sway them is the conformity of its contemplated course to reason and to "the common sense of the situation." The life of the law is not only logic but experience.

The phenomenal growth of insurance from almost nothing a hundred years ago to its present gigantic proportion is not of the outstanding marvels of present-day business life. The demand for economic security, the growing need for social stability, and the clamor for protection against the hazards of cruel-crippling calamities and sudden

economic shocks, have made insurance one of the felt necessities of modern life. Insurance is no longer a rich man's monopoly. Upon it are heaped the assured hopes of many families of modest means. It is woven, as it were, into the very warp and woof of national economy. It touches the holiest and most sacred ties in the life of man—love of parents, love of wives and love of children. It is of common knowledge that the selling of insurance today is subjected to the whirlwind pressure of modern salesmanship. Insurance companies send detailed instructions to their agents to solicit and procure applications. These agents are to be found all over the length and breadth of the land. They are stimulated to more active efforts by contests and by the keen competition offered by other rival insurance companies. They are supplied with blank applications and paid large commissions on the policies secured by them. All transactions are generally done through these agents. They act, in fact and in theory, as the general representatives of the insurance companies. They supply all the information, prepare and answer the applications, submit the applications to their companies, conclude the transactions, and otherwise smooth out all difficulties. The agents, in short, do what the company set them out to do.

In the present case, the agent knew all the time the true state of health of the insured. The insurer's medical examiner approved the application knowing full well that the applicant was sick. The situation is one in which one of two innocent parties must bear a loss for his reliance upon a third person. In this case, it was the insurer who gave the agent authority to deal with the applicant. It was the one who selected the agent, thus implying that the insured could put his trust on him. It was the one who drafted and accepted the policy and consummated the contract. It seems reasonable that as between the two of them, the one who employed and gave character to the third person as its agent should be the one to bear the loss.

The company received the money of the applicant as the price of the risk to be taken by it. If the policy should be avoided, it must be because it was void from the very beginning, and the result would be that the insurer, while it received the money, never assumed any risk. The result would be, in the language of one of the cases, "to place every simple or uneducated person seeking insurance at the mercy of the insurer who could, through its agent, insert in every application, unknown to the applicant and over his signature, some false statements which would enable him to avoid all liability while retaining the price paid for the supposed insurance." (*State Insurance Company v. Taylor*, 14 Colo. 499, 24 Pac. 333.) The weight of authority is that if an agent of the insurer, after obtaining from an applicant for insurance a correct and truthful answer to interrogatories contained in the application for insurance, without knowledge of the applicant fills in false answers, either fraudulently or otherwise, the insurer cannot assert the falsity of such answers as a defense to liability on the policy, and this is true generally without regard to the subject matter of the answers or the nature of the agent's duties or limitations on his authority, at least if not brought to the attention of the applicant.

The fact that the insured did not read the application which he signed, is not indicative of bad faith. It has been held that it is not negligence for the insured to sign an application without first reading it if the insurer by its conduct in appointing the agent influenced the insured to place trust and confidence in the agent. (*Den Hartog v. Home Nat. Ins. Asso.*, 197 Iowa, 143, 196 N. W. 944.) As the court said in the case of *Germania L. Ins. Co. v. Lunkenbiemer*, 127 Ind. 538, 26 N. E. 1082, "Nor can it be said that the assured, who has fully, frankly, truthfully, and in good faith answered all the required questions, is guilty of negligence in signing, without reading, the application which is thereupon prepared by the agent. He is justified in assuming that the agent has, with equal good faith, truthfully recorded the answers given him. He may well say to the company: 'You accredited this man to me as your representative and I signed the application thus prepared by him, relying upon the character which you gave him when you commissioned him to come to me as your agent. If he acted dishonestly in the matter, you and not I must suffer the consequences.' * * *" In the instant case, it has been proved that the insured could not read English, the language in which the application was written, and that after the contract was signed, it was kept by his mother. As a consequence, the insured had no opportunity to read or correct any misstatement therein. (Bill

of Execptions, pp. 60-61.)

We have not been insensible to the appeal that the course we have followed may lead to fraud and work hardship on insurance companies, for it would be easy for insurance agents and applicants to insert false answers in their applications for insurance. This means that it is to the particular interest of these companies to exercise greater care in the selection of their agents and examiners. Their protection is still in their own hands and which may be achieved by other means. Withal, the attainment of a common good may involve impairment and even sacrifice of beneficial interests of a particular group, but in life compromise is inevitable until the hour of doom strikes.

The petition is hereby dismissed and the judgment sought to be reviewed is affirmed with costs against the petitioner. So ordered.

Abad Santos, Diaz, and Horrilleno, JJ., concur.

OZAETA, J., with whom concur AVANCEÑA, C. J., and MORAN, J., dissenting:

Altho a dissenting opinion is but a voice in the wilderness, we have to write it because the Constitution so requires.

The material facts are not disputed in this instance, but they are not adequately stated in the majority opinion, and we apprehend that the significance of those not stated therein may have been overlooked by the majority of the Court.

This is a suit on two life insurance policies issued by the petitioner (hereinafter referred to as the Company) to Evaristo Feliciano as of October 1 and November 1, 1934, for P20,000 and P5,000, respectively. The application for the first policy was signed on October 12, and that for the second policy, on October 28, 1934. On those dates Feliciano "had an advanced disease of the lungs * * * He was breathless, having difficulty in breathing, and he had the appearance of one with a very high fever." As a matter of fact, on October 12, 1934, the very day the insured signed the first applications, after the last X-ray examination of his lungs had been made at the Santol Sanatorium by Doctor Trepp, the latter informed the respondent Serafin D. Feliciano, brother of the insured, of the result of the X-ray examination and told him that in his opinion his brother "was already in a very serious and practically hopeless condition." (Trial court's decision, p. 27, B. of E.) After the first application for insurance of P20,000 had been approved and the corresponding policy issued, the insured applied on October 28, 1934, for another insurance of P5,000, and the policy therefor was issued as of November 1, 1934. Less than one year later, to wit, on September 29, 1935, the insured died of the same malady he had been suffering—pulmonary tuberculosis.

The Court of Appeals found in effect that the Company's soliciting agent Romulo M. David, in collusion with the medical examiner Dr. Gregorio Valdez, knowingly wrote false answers to the questions contained in the applications and in the medical examiner's reports—which they had made the applicant sign in blank—in order to secure the Company's approval thereof and have the corresponding policies credited to the agent in connection with the interprovincial contest which the Company was then holding among its soliciting agents to boost the sales of its policies. The Court of Appeals intimates that Agent David bribed Medical Examiner Valdez with money which the former borrowed from the applicant's mother by way of advanced payment on the premium. In this connection, it may be mentioned that the premium paid on the first policy was P1,111.20, and that on the second policy, P277.80, or a total of P1,389, which the Company offers to refund.

The Court of Appeals also found that before the insured signed the first application and medical examiner's report, he and the members of his family told the agent and the medical examiner that he had been, sick and coughing for

some time and that he had gone three times to the Santol Sanatorium and had X-ray pictures of his lungs taken; but that in spite of such information the agent and the medical examiner told them that the applicant was a fit subject for insurance.

Each of the policies sued upon contains the following stipulations:

"This policy and the application thefor constitute the entire contract between the parties hereto. * * * Only the President, or the Manager, acting jointly with the Secretary or Assistant Secretary (and then only in writing signed by them) have power in behalf of the Company to issue permits or to modify this or any contract, or to extend the time for making any premium payment, and the Company shall not be bound by any promise or representation heretofore or hereafter given by any person other than the above-named officials, and by them only in writing and signed conjointly as stated."

The application referred to in and made a part of the policy contains, among others, the following statements:

"18.—I [the applicant] hereby declare that all the above statements and answers as well as all those that I may make to the Company's Medical Examiner in continuation of this application, to be complete, true and correct to the best of my knowledge and belief, and I hereby agree as follows:

"1. That this declaration, with the answers to be given by me to the Medical Examiner, shall be the basis of the policy and form part of same.

"* * * * *

"3. That the said policy shall not take effect until the first premium has been paid and the policy has been delivered to and accepted by me, while I am in good health.

"* * * * *

"4. That the agent taking this application has no authority to make, modify or discharge contracts, or to waive any of the Company's rights or requirements.

Upon the facts above set forth, we are of the opinion that respondents are not entitled to recover the amounts of the policies in question but only the premiums paid thereon, for the following reasons:

1. Under the very terms of the policies sued upon there is no valid contract of insurance here. The policies were issued on the basis of the statement subscribed to by the applicant to the effect that he was and had been in good health. The basis being false, there was no real meeting of the minds of the parties. The agents had no authority to bind the Company thru oral representations, and less so when such representations were false and fraudulent.

2. The insured and the members of his family who are the respondents herein were not entirely innocent of bad faith. They were not candid, unsophisticated rustics. They were well to do and well educated. They were not ignorant of the practices in the life insurance business. In 1924, the insured had taken an insurance policy of P10,000 from the Sun Life Insurance Company, which, however, he allowed to lapse. The insured was a "proprietor and agriculturist" (see policy Exhibit E). The respondent Serafin D. Feliciano, brother of the insured, is a physician who for some years had worked in the Santol Sanatorium with Doctor Trepp (Exhibit B, p. 16). The most charitable view that one could take of the insured's part in the transaction is that he, with the approval of his relatives, particularly his mother who furnished the money with which to pay the premiums and who was named beneficiary to the extent of P12,000, allowed himself to be used as instrument in the wrongful issuance of the policies in question by the Company to defraud the latter. It is difficult to believe that in so doing he and his relatives were not actuated by the desire for lucre. They knew that a person in bad health—let alone one who was "in a very serious and practically hopeless condition"—was not insurable. So they must also have known, or at least they had good reason to suspect, that Agent David and Medical Examiner Valdez were not acting in good

faith when they made the applicant sign the application in blank and told him (the hopelessly sick man) that he was fit for insurance. If the applicant and his relatives were acting in good faith, they would have been curious enough to scrutinize the application and the medical examiner's report contained in the first policy upon receipt of it, to see whether the medical examiner had correctly stated therein the state of the applicant's health. It is significant that Shortly after they had received the first policy of P20,000, the insured applied for and secured another policy of P5,000. As held by the Supreme Court of the United States in the analogous case of *New York Life Insurance Company v. Fletcher*, 117 U. S. 519: "He could not hold the policy without approving the action of the agents and thus becoming a participant in the fraud committed. The retention of the policy was an approval of the application and of its statements. The consequences of that approval cannot after his death be avoided."

3. Life insurance is a savings institution; it is not a gambling scheme. The premiums paid by the insured, plus a participation in the profits realized by the life insurance company from the investment of those premiums, are returned to him if he survives the policy. If, contrary to the life expectancy of the insured, he dies before the policy matures, the full amount of the insurance is paid to his beneficiary. The insured is not expected to lose, but neither is he supposed to expect a windfall or an inordinate gain. That is elemental in every sound business. The life insurance business is a co-operative enterprise in the sense that the policy-holders as well as the company are interested in making profits and in avoiding unnecessary or bad losses. The company is, to a certain extent, a trustee of the funds paid to it by its policyholders. No insurance company which would issue policies indiscriminately could expect to survive or, for that matter, be licensed by the Government to do business. That is fundamental. Every fraud perpetrated upon the company affects the policyholders because their share in the profits is thereby unduly minimized. That is why the Government, thru the Insurance Commissioner, closely supervises the insurance business (see sections 169 et seq., The Insurance Act). We think it is bad law to hold valid a policy procured thru fraud on the life of a person who was almost on the brink of his grave. Avaricious persons, with the connivance of unscrupulous agents of insurance companies, could make money on the lives of their relatives who were expected to die soon, by fraudulently insuring them, and could get away with it, as in the instant case. The real or ultimate victim is not the company alone but also its numerous policyholders, who have put their savings in it.

It is suggested that the remedy is for the insurance companies to exercise greater care in the selection of their agents and examiners. As a matter of fact, under the law no one may act as soliciting agent of an insurance company without authority or license from the Insurance Commissioner (section 189, The Insurance Act) ; and the Insurance Commissioner makes a careful, confidential investigation of the conduct and reputation of the applicant for such license before issuing the same. But no amount of care taken by both the company and the Insurance Commissioner in the selection of soliciting agents and medical examiners can insure the company against bad faith and the cupidity of the evil-minded. The company would have to exact a huge bond of every one of its numerous agents and medical examiners to guarantee his fidelity, and that would be too expensive to make the insurance business profitable. In other words, the suggested remedy is, we believe, impracticable. The only safe and sound policy is, not to condone but to condemn fraud under any and all circumstances.

4. If we are to be guided and persuaded by cases adjudicated in other jurisdictions as the Court of Appeals was in deciding this case, we should follow that decided by the Supreme Court of the United States upon facts similar or analogous to those obtaining in the instant case, instead of adopting doctrines laid down by state supreme courts and inferior federal courts in cases the facts of which bear little or no analogy to those of the case at bar. The case squarely in point, but which the Court of Appeals rejected, is *New York Life Insurance Company v. Fletcher*, supra. In that case it was stated in the application for insurance that the applicant never had a disease of the kidneys or any serious disease, and had never been seriously ill, and had no regular medical attendant, whereas he had been afflicted with diabetes, which is a serious disease of the kidneys, and had been under medical treatment

for it, and he actually died of that disease. The plaintiff therein, however, alleged, and adduced evidence to show:

"* * * That two agents of the company at St. Louis, who were personally acquainted with the assured and knew his past and then physical condition, had solicited him on different occasions to take out a policy in the company; that he told each of them on those occasions that he did not believe he was insurable; that they knew he had been in bad health and had been under medical treatment for diabetes, though he thought he was then well; that they assured him that he was insurable, that the fact that he had had the disease made no difference, and that if he would take out a policy and pay the premiums required he would have no trouble; that finally, about the 18th of December, 1877, he consented to take a policy; that they then told him it would be necessary for him to answer certain questions as a matter of form; that one of them thereupon read to him certain questions from a printed blank, and as he answered them the other pretended to take down and write in the blank the substance of the answers as given, not reading over to the assured what he had written, nor consulting him about it, nor informing him what it was, but saying that what he did was a mere formality; that when he was asked with respect to his having any disease of the kidneys he replied that his condition was well known to the agents, who were aware that he had been sick and under treatment by Doctor Brokaw for diabetes, and that the doctor's office was opposite, and they could go there and find out everything they wanted to know; that the assured had faithfully answered all the questions, but the agents inserted in the blanks false answers; that he had no reason to suppose that the answers were taken down differently from those given; that after answering all their questions he was asked to sign his name to the paper to identify him as the party for whose benefit the policy was to be issued, and for that purpose he signed the paper twice, without reading it or the written answers; that the agents did not read to him any part of the application except the questions, and did not read the clause set forth in the defendant's answer, nor call attention to the fact that his signatures were intended as an acceptance or assent to that clause; that when the policy was delivered to him he neither read it nor the copy of the application attached to it; that the agent who delivered it informed him that it was all right, and he was insured, and he gave no further attention to the matter; that the annual premiums, as they fell due, were paid to said agent, who received them with full knowledge of all the facts; and that, therefore, the company was estopped from pretending that any of the answers as written rendered the policy void." (117 U. S. 521-523.)

In reversing the judgment rendered by the trial court in favor of the plaintiff, the Federal Supreme Court held "that the agent had no authority from the company to falsify the answers," and that "the assured could acquire no right by virtue of his falsified answers." The Court further said:

"* * * Both he and the company were deceived by the fraudulent conduct of the agent. The assured was placed in the position of making false representations in order to secure a valuable contract which, upon a truthful report of his condition, could not have been obtained. By them the company was imposed upon and induced to enter into the contract. In such a case, assuming that both parties acted in good faith, justice would require that the contract be cancelled and the premiums returned. As the present action is not for such a cancellation, the only recovery which the plaintiff could properly have upon the facts he asserts, taken in connection with the limitation upon the powers of the agent, is for the amount of the premiums paid, and to that only would he be entitled by virtue of the statute of Missouri.

"But the case as presented by the record is by no means as favorable to him as we have assumed. It was his duty to read the application he signed. He knew that upon it the policy would be issued, if issued at all. It would introduce great uncertainty in all business transactions, if a party making written proposals for a contract, with representations to induce its execution, should be allowed to show, after it had been obtained, that he did not know the contents of his proposals, and to enforce it, notwithstanding their falsity as to matters essential to its obligation and validity. Contracts could not be made, or business fairly conducted, if such a rule should prevail; and there is no reason why it should be applied merely to contracts of insurance. There is nothing in their nature which distinguishes them in this particular from others. But here the right is asserted to prove not only that the assured did not make the statements contained in his answers, but that he never read the

application, and to recover upon a contract obtained by representations admitted to be false, just as though they were true. If he had read even the printed lines of his application, he would have seen that it stipulated that the rights of the company could in no respect be affected by his verbal statements, or by those of its agents, unless the same were reduced to writing and forwarded with his application to the home office. The company, like any other principal, could limit the authority of its agents, and thus bind all parties dealing with them with knowledge of the limitation. It must be presumed that he read the application, and was cognizant of the limitations therein expressed.

"* * * * *

"There is another view of this case equally fatal to a recovery. Assuming that the answers of the assured were falsified, as alleged, the fact would be at once disclosed by the copy of the application, annexed to the policy, to which his attention was called. He would have discovered by inspection that a fraud had been perpetrated, not only upon himself but upon the company, and it would have been his duty to make the fact known to the company. He could not hold the policy without approving the action of the agents and thus becoming a participant in the fraud committed. The retention of the policy was an approval of the application and of its statements. The consequences of that approval cannot after his death be avoided.

"* * * No one can claim the benefit of an executory contract fraudulently obtained, after the discovery of the fraud, without approving and sanctioning it." (117 U. S. 529-530, 534, 535.)

Our attention has been called to a later case—Continental Life Insurance Company v. Chamberlain, 132 U. S. 304—in which the same court held the company liable upon a policy of insurance on the life of one Richard Stevens issued under the following circumstances, as stated in the decision:

"The application for insurance was taken in Iowa by one Boak, a district agent of the company in certain named counties of the States, fourteen in number, having written authority 'to prosecute the business of soliciting and procuring applications for life insurance policies within and throughout said territory.'

"Among the numerous questions propounded in the application was the following: 'Has the said party [the applicant] any other insurance on his life; if so, where and for what amounts?' The answer, as it appears in the application, is: 'No other.' That answer, as were all the answers to questions propounded to the applicant, was written by the company's agent, Boak. In reference to the above question and answer, the latter testified: 'I asked him [Stevens] the question if he had any other insurance, as printed in the application and as we ask every applicant, and he told me he had certain certificates of membership with certain cooperative societies, and he enumerated different ones, and said he did not know whether I would consider them insurance or not. I told him emphatically that I did not consider them insurance and we had considerable conversation about it. He wanted to know my authority for saying I did not consider them insurance. I gave him my authority—gave him my reasons—and he agreed with me that these cooperative societies were in no sense insurance companies, and in that light I answered the question 'No' after he had stated the facts?—A. I did.

Q. Who wrote the answer in there?—A. I did.'

"* * * * *

"It was admitted on the trial that at the date of Stevens' application he had insurance in cooperative companies to the amount of \$12,000." (132 U. S. 306, 308.)

The court, after quoting the pertinent provision of the statute of Iowa, observed that "by force of the statute, he was the agent of the company in soliciting and procuring the application. He could not, by any act of his, shake off the character of agent for the company. Nor could the company by any provision in the application or policy convert him into an agent of the assured." Referring to the incorrectness of the answer written by the agent to the question propounded by him to the applicant in relation to the stipulation in the policy that the terms thereof could

not be varied except in writing signed by the president or the secretary of the company, the court said:

"* * * The purport of the word 'insurance' in the question, 'Has the said party any other insurance on his life?' is not so absolutely certain as, in an action upon the policy, to preclude proof as to what kind of life insurance the contracting parties had in mind when that question was answered. Such proof does not necessarily contradict the written contract. Consequently, the above clause, printed on the back of the policy, is to be interpreted in the light of the statute and of the understanding reached between the assured and the company by its agent when the application was completed, namely, that the particular kind of insurance inquired about did not include insurance in cooperative societies. In view of the statute and of that understanding, upon the faith of which the assured made his application, paid the first premium, and accepted the policy, the company is estopped, by every principle of justice, from saying that its question embraced insurance in cooperative associations. The answer of 'No other' having been written by its own agent, invested with authority to solicit and procure applications, to deliver policies, and, under certain limitations, to receive premiums, should be held as properly interpreting both the question and the answer as to other insurance." (132 U. S. 311-312.)

There is no conflict between the two cases. They were decided differently because the facts were different. Suffice it for us to say that the facts of the instant case are analogous to those of the Fletcher case and different from those of the Chamberlain case.

We have examined the three cases cited in the majority opinion, from the supreme courts of Colorado, Iowa, and Indiana, respectively, and we find that the facts of each and everyone of them bear no analogy to those of the present case.

5. The majority opinion says: "The situation is one in which one of two innocent parties must bear a loss for his reliance upon a third person." We cannot subscribe to this proposition (1) because, as we have pointed out above, the insured and his relatives, the herein respondents, were not innocent of bad faith and (2) because, even if the policies in question should be held invalid, the respondents would not suffer any loss since the Company has offered to return the premiums paid, and it could be ordered to make such refund with legal interest. By such judgment neither party would be permitted to enrich himself at the expense of the other. This, we feel, is urged by justice, reason, and "the common sense of the situation."

Writ denied.

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