1 A bill to be entitled 2 An act relating to commercial insurance rates and 3 forms; amending s. 627.062, F.S.; exempting medical 4 malpractice insurance that covers certain providers 5 and practitioners from specified rate filing 6 requirements; amending s. 627.410, F.S.; conforming 7 provisions to changes made by the act; creating s. 8 627.4102, F.S.; providing for an informational filing 9 of certain forms that are exempt from the Office of Insurance Regulation's approval process; requiring an 10 11 informational filing to include a notarized 12 certification from the insurer and providing a statement that must be included in the certification; 13 authorizing the office to impose sanctions for false 14 15 certifications; requiring a Notice of Change In Policy 16 Terms form to be filed with a changed renewal policy; 17 providing for construction; providing an effective 18 date. 19 20 Be It Enacted by the Legislature of the State of Florida: 21 22 Section 1. Paragraph (d) of subsection (3) and paragraph 23 (e) of subsection (7) of section 627.062, Florida Statutes, are 24 amended to read: 627.062 25 Rate standards.-

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types of commercial lines risks are not subject to paragraph

The following categories or kinds of insurance and

CODING: Words stricken are deletions; words underlined are additions.

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(d) 1.

(2)(a) or paragraph (2)(f):

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- a. Excess or umbrella.
 - b. Surety and fidelity.
- 32 c. Boiler and machinery and leakage and fire extinguishing against equipment.
 - d. Errors and omissions.
 - e. Directors and officers, employment practices, fiduciary liability, and management liability.
 - f. Intellectual property and patent infringement liability.
 - q. Advertising injury and Internet liability insurance.
 - h. Property risks rated under a highly protected risks rating plan.
 - i. General liability.
 - j. Nonresidential property, except for collateral protection insurance as defined in s. 624.6085.
 - k. Nonresidential multiperil.
 - 1. Excess property.
 - m. Burglary and theft.
 - n. Medical malpractice for a facility that is not a hospital, nursing home, or assisted living facility.
 - o. Medical malpractice for a health care practitioner who is not a dentist, physician, or surgeon.
 - p.n. Any other commercial lines categories or kinds of insurance or types of commercial lines risks that the office determines should not be subject to paragraph (2)(a) or paragraph (2)(f) because of the existence of a competitive market for such insurance, similarity of such insurance to other

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categories or kinds of insurance not subject to paragraph (2)(a) or paragraph (2)(f), or to improve the general operational efficiency of the office.

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- 2. Insurers or rating organizations shall establish and use rates, rating schedules, or rating manuals to allow the insurer a reasonable rate of return on insurance and risks described in subparagraph 1. Which are written in this state.
- An insurer shall must notify the office of any changes to rates for insurance and risks described in subparagraph 1. within 30 days after the effective date of the change. The notice must include the name of the insurer, the type or kind of insurance subject to rate change, total premium written during the immediately preceding year by the insurer for the type or kind of insurance subject to the rate change, and the average statewide percentage change in rates. Underwriting files, premiums, losses, and expense statistics with regard to such insurance and risks written by an insurer must be maintained by the insurer and subject to examination by the office. Upon examination, the office, in accordance with generally accepted and reasonable actuarial techniques, shall consider the rate factors in paragraphs (2)(b), (c), and (d) and the standards in paragraph (2) (e) to determine if the rate is excessive, inadequate, or unfairly discriminatory.
- 4. A rating organization <u>shall</u> <u>must</u> notify the office of any changes to loss cost for insurance and risks described in subparagraph 1. within 30 days after the effective date of the change. The notice must include the name of the rating organization, the type or kind of insurance subject to a loss

cost change, loss costs during the immediately preceding year for the type or kind of insurance subject to the loss cost change, and the average statewide percentage change in loss cost. Actuarial data with regard to changes to loss cost for risks not subject to paragraph (2)(a) or paragraph (2)(f) must be maintained by the rating organization for 2 years after the effective date of the change and are subject to examination by the office. The office may require the rating organization to incur the costs associated with an examination. Upon examination, the office, in accordance with generally accepted and reasonable actuarial techniques, shall consider the rate factors in paragraphs (2)(b)-(d) and the standards in paragraph (2)(e) to determine if the rate is excessive, inadequate, or unfairly discriminatory.

- (7) The provisions of this subsection apply only to rates for medical malpractice insurance and control to the extent of any conflict with other provisions of this section.
- (e) For medical malpractice rates subject to paragraph (2)(e), the each medical malpractice insurer shall must make a rate filing under this section, sworn to by at least two executive officers of the insurer, at least once each calendar year.
- Section 2. Subsection (1) of section 627.410, Florida Statutes, is amended to read:
 - 627.410 Filing, approval of forms.—
- (1) \underline{A} No basic insurance policy or annuity contract form, or application form where written application is required and is to be made a part of the policy or contract, or group

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certificates issued under a master contract delivered in this state, or printed rider or endorsement form or form of renewal certificate, may not shall be delivered or issued for delivery in this state, unless the form has been filed with the office by or on in behalf of the insurer that which proposes to use such form and has been approved by the office or filed pursuant to s. 627.4102. This provision does not apply to surety bonds or to policies, riders, endorsements, or forms of unique character that which are designed for and used with relation to insurance on upon a particular subject, (other than as to health insurance), or that which relate to the manner of distributing distribution of benefits or to the reservation of rights and benefits under life or health insurance policies and are used at the request of the individual policyholder, contract holder, or certificateholder. For As to group insurance policies effectuated and delivered outside this state but covering persons resident in this state, the group certificates to be delivered or issued for delivery in this state shall be filed with the office for information purposes only.

Section 3. Section 627.4102, Florida Statutes, is created to read:

627.4102 Informational filing of forms.—

- (1) Property and casualty forms, except workers' compensation forms, are exempt from the approval process required under s. 627.410 if:
- (a) The form has been electronically submitted to the office in an informational filing made through I-File 30 days before the delivery or issuance for delivery of the form within

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this state; and

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At the time the informational filing is made, a notarized certification is attached to the filing that certifies that each form within the filing is in compliance with all applicable state laws and rules. The certification must be on the insurer's letterhead and signed and dated by the insurer's president, chief executive officer, general counsel, or an employee of the insurer responsible for the filing on behalf of the insurer. The certification must expressly acknowledge that if the representations contained in the certification are found to be false, the insurer is subject to appropriate regulatory action. The certification must contain substantively the following statement: "I, ...[name]..., as ...[title]... of ...[insurer name]..., do hereby certify that this form filing has been thoroughly and diligently reviewed by me and by all appropriate company personnel, as well as company consultants, if applicable, and certify that each form contained within the filing is in compliance with all applicable Florida laws and rules. Should this certification later be deemed false, I acknowledge that ...[insurer name]... is subject to all appropriate regulatory action by the Office of Insurance Regulation."

(2) If the filing contains a certification that does not meet the requirements of this section, the form filing, at the discretion of the office, shall be subject to prior review and approval pursuant to s. 627.410, and the period for review and approval established under s. 627.410(2) begins to run on the date the office notifies the insurer of the discovery of the

inadequate certification. The office may pursue regulatory action against an insurer that submits a false certification.

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- (3) A Notice of Change in Policy Terms form required under s. 627.43141(2) shall be filed as a part of the informational filing for a renewal policy that contains a change. If a renewal policy that was certified requires such form, the insurer must provide a copy of the form to the named insured's agent before or upon providing the form to the named insured.
- (4) This section does not preclude an insurer from electing to file any form for approval under s. 627.410 that would otherwise be exempt under this section.
 - Section 4. This act shall take effect upon becoming a law.