A bill to be entitled

An act relating to property and casualty insurance
rates and forms; amending s. 627.062, F.S.; exempting
medical malpractice insurance that covers certain
providers and practitioners from specified rate filing
requirements; revising provisions relating to
notification of rate changes to codify the amendments
made to s. 627.062(3)(d)3., F.S., by s. 1, ch. 2011-160, Laws of Florida, in lieu of the amendments made
by s. 12, ch. 2011-39, Laws of Florida, and making
editorial changes; amending s. 627.410, F.S.;
conforming provisions to changes made by the act;
creating s. 627.4102, F.S.; providing for an
informational filing of certain forms that are exempt
from the Office of Insurance Regulation's approval
process; requiring an informational filing to include
a notarized certification from the insurer and
providing a statement that must be included in the
certification; authorizing the office to require prior
review and approval of a form that is not in
compliance; requiring a Notice of Change In Policy
Terms form to be filed with a changed renewal policy;
providing for construction and applicability;
providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (d) of subsection (3) and paragraph
(e) of subsection (7) of section 627.062, Florida Statutes, are amended to read:

627.062 Rate standards.—

(3)

(d)1. The following categories or kinds of insurance and types of commercial lines risks are not subject to paragraph (2)(a) or paragraph (2)(f):

a. Excess or umbrella.
b. Surety and fidelity.
c. Boiler and machinery and leakage and fire extinguishing equipment.
d. Errors and omissions.
e. Directors and officers, employment practices, fiduciary liability, and management liability.
f. Intellectual property and patent infringement liability.
g. 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.
l. Excess property.
m. Burglary and theft.
n. Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility
licensed under part I of chapter 429.

Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, or a podiatric physician licensed under chapter 461.

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 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.

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.

3. 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. Actuarial data Underwriting files, premiums, losses, and expense statistics.
with regard to rates for such insurance and risks written by an insurer must be maintained by the insurer for 2 years after the effective date of changes to those rates and are subject to examination by the office. The office may require the insurer 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), (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 shall 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)(a), the each medical malpractice insurer shall 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) A 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 certificates issued under a master contract delivered in this state, or printed rider or endorsement form or form of renewal certificate, may not be delivered or issued for delivery in this state unless the form has been filed with the office by or on behalf of the insurer that 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 are designed for and used with relation to insurance on a particular subject, or that 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
this state; and

(b) 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 contain the following
statement, and no other language: "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 a form be found not to be in compliance with Florida laws and rules, I acknowledge that the Office of Insurance Regulation shall disapprove the form."

(2) If the filing contains a form that is not in compliance with state laws and rules, the form filing, at the discretion of the office, is 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 noncompliant form.

(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 sample 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.

(5) The provisions of this section supersede and replace the existing order issued by the office exempting specified property and casualty forms from the requirements of s. 627.410.

Section 4. This act shall take effect July 1, 2013.