By the Committee on Banking and Insurance; and Senator Brandes

597-03465-13

20131046c1

1	A bill to be entitled
2	An act relating to insurance; amending s. 316.646,
3	F.S.; authorizing a uniform motor vehicle proof-of-
4	insurance card to be in an electronic format;
5	providing construction with respect to the parameters
6	of a person's consent to access information on an
7	electronic device presented to provide proof of
8	insurance; providing immunity from liability to a law
9	enforcement officer for damage to an electronic device
10	presented to provide proof of insurance; authorizing
11	the Department of Highway Safety and Motor Vehicles to
12	adopt rules; amending s. 320.02, F.S.; authorizing
13	insurers to furnish uniform proof-of-purchase cards in
14	an electronic format for use by insureds to prove the
15	purchase of required insurance coverage when
16	registering a motor vehicle; amending s. 554.1021,
17	F.S.; defining the term "authorized inspection
18	agency"; amending s. 554.107, F.S.; requiring the
19	chief inspector of the state boiler inspection program
20	to issue a certificate of competency as a special
21	inspector to certain individuals; specifying how long
22	such certificate remains in effect; amending s.
23	554.109, F.S.; authorizing specified insurers to
24	contract with an authorized inspection agency for
25	boiler inspections; requiring such insurers to
26	annually report the identity of contracted authorized
27	inspection agencies to the Department of Financial
28	Services; amending s. 624.413, F.S.; revising a
29	specified time period applicable to a certified

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597-03465-13 30 examination that must be filed by a foreign or alien insurer applying for a certificate of authority; 31 amending s. 626.0428, F.S.; requiring each insurance 32 33 agency to be under the control of an agent licensed to 34 transact certain lines of insurance; authorizing an 35 agent to be in charge of more than one branch office 36 under certain circumstances; providing requirements 37 relating to the designation of an agent in charge; 38 prohibiting an insurance agency from conducting 39 insurance business at a location without a designated 40 agent in charge; providing a definition for the term 41 "agent in charge"; providing that the designated agent 42 in charge is liable for certain acts of misconduct; 43 providing grounds for the Department of Financial 44 Services to order operations to cease at certain 45 insurance agency locations until an agent in charge is properly designated; amending s. 626.112, F.S.; 46 47 providing licensure exemptions that allow specified individuals or entities to conduct insurance business 48 at specified locations under certain circumstances; 49 50 revising licensure requirements and penalties with 51 respect to registered insurance agencies; providing 52 that the registration of an approved registered 53 insurance agency automatically converts to an 54 insurance agency license on a specified date; amending 55 s. 626.172, F.S.; revising requirements relating to 56 applications for insurance agency licenses; conforming 57 provisions to changes made by the act; amending s. 58 626.321, F.S.; providing that a limited license to

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597-03465-13 20131046c1 offer motor vehicle rental insurance issued to a 59 60 business that rents or leases motor vehicles encompasses the employees of such business; amending 61 62 s. 626.382, F.S.; providing that an insurance agency 63 license continues in force until canceled, suspended, 64 revoked, or terminated; amending s. 626.601, F.S.; 65 revising terminology relating to investigations conducted by the Department of Financial Services and 66 the Office of Insurance Regulation with respect to 67 individuals and entities involved in the insurance 68 69 industry; repealing s. 626.747, F.S., relating to 70 branch agencies, agents in charge, and the payment of 71 additional county tax under certain circumstances; 72 amending s. 626.8411, F.S.; conforming a cross-73 reference; amending s. 626.8805, F.S.; revising 74 insurance administrator application requirements; 75 amending s. 626.8817, F.S.; authorizing an insurer's 76 designee to provide certain coverage information to an 77 insurance administrator; authorizing an insurer to subcontract the audit of an insurance administrator; 78 79 amending s. 626.882, F.S.; prohibiting a person from acting as an insurance administrator without a 80 81 specific written agreement; amending s. 626.883, F.S.; 82 requiring insurance administrators to furnish fiduciary account records to an insurer's designee; 83 84 providing that administrator withdrawals from a 85 fiduciary account be made according to specific 86 written agreements; providing that an insurer's 87 designee may authorize payment of claims; amending s.

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88	626.884, F.S.; revising an insurer's right of access
89	to certain administrator records; amending s. 626.89,
90	F.S.; revising the deadline for filing certain
91	financial statements; amending s. 626.931, F.S.;
92	deleting provisions requiring a surplus lines agent to
93	file a quarterly affidavit with the Florida Surplus
94	Lines Service Office; amending s. 626.932, F.S.;
95	revising the due date of surplus lines tax; amending
96	s. 626.935, F.S.; conforming provisions to changes
97	made by the act; amending s. 626.936, F.S.; conforming
98	provisions to changes made by the act; amending s.
99	627.062, F.S.; requiring the Office of Insurance
100	Regulation to use certain models or straight averages
101	of certain models to estimate hurricane losses when
102	determining whether the rates in a rate filing are
103	excessive, inadequate, or unfairly discriminatory;
104	amending s. 627.0628, F.S.; increasing the length of
105	time during which an insurer must adhere to certain
106	findings made by the Commission on Hurricane Loss
107	Projection Methodology with respect to certain
108	methods, principles, standards, models, or output
109	ranges used in a rate finding; providing that the
110	requirement to adhere to such findings does not limit
111	an insurer from using a straight average of results of
112	certain models or output ranges under specified
113	circumstances; amending s. 627.072, F.S.; authorizing
114	retrospective rating plans relating to workers'
115	compensation and employer's liability insurance to
116	allow negotiations between certain employers and

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117	insurers with respect to rating factors used to
118	calculate premiums; amending s. 627.281, F.S.;
119	conforming a cross-reference; repealing s. 627.3519,
120	F.S., relating to an annual report from the Financial
121	Services Commission to the Legislature of aggregate
122	net probable maximum losses, financing options, and
123	potential assessments of the Florida Hurricane
124	Catastrophe Fund and Citizens Property Insurance
125	Corporation; amending s. 627.4133, F.S.; increasing
126	the amount of prior notice required with respect to
127	the nonrenewal, cancellation, or termination of
128	certain insurance policies; deleting certain
129	provisions that require extended periods of prior
130	notice with respect to the nonrenewal, cancellation,
131	or termination of certain insurance policies;
132	prohibiting the cancellation of certain policies that
133	have been in effect for a specified amount of time
134	except under certain circumstances; amending s.
135	627.4137, F.S.; adding licensed company adjusters to
136	the list of persons who may respond to a claimant's
137	written request for information relating to liability
138	insurance coverage; amending s. 627.421, F.S.;
139	authorizing the electronic delivery of certain
140	insurance documents; amending s. 627.43141, F.S.;
141	authorizing a notice of change in policy terms to be
142	sent in a separate mailing to an insured under certain
143	circumstances; requiring an insurer to provide such
144	notice to the insured's insurance agent; amending s.
145	627.6484, F.S.; providing that coverage for each

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1	597-03465-13 20131046c1
146	policyholder of the Florida Comprehensive Health
147	Association terminates on a specified date; requiring
148	the association to provide assistance to
149	policyholders; requiring the association to notify
150	policyholders of termination of coverage and provide
151	information concerning how to obtain other coverage;
152	requiring the association to impose a final assessment
153	or provide a refund to member insurers, sell or
154	dispose of physical assets, perform a final
155	accounting, legally dissolve the association, submit a
156	required report, and transfer all records to the
157	Office of Insurance Regulation; repealing s.
158	627.64872, F.S., relating to the Florida Health
159	Insurance Plan; providing for the future repeal of ss.
160	627.648, 627.6482, 627.6484, 627.6486, 627.6488,
161	627.6489, 627.649, 627.6492, 627.6494, 627.6496,
162	627.6498, and 627.6499, F.S., relating to the Florida
163	Comprehensive Health Association Act, definitions,
164	termination of enrollment and availability of other
165	coverage, eligibility, the Florida Comprehensive
166	Health Association, the Disease Management Program,
167	the administrator of the health insurance plan,
168	participation of insurers, insurer assessments,
169	deferment, and assessment limitations, issuing of
170	policies, minimum benefits coverage and exclusions,
171	premiums, and deductibles, and reporting by insurers
172	and third-party administrators, respectively; amending
173	s. 627.701, F.S.; revising requirements to issue or
174	renew personal lines residential property insurance

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597-03465-13 20131046c1 175 after a certain date; increasing the deductible amount 176 for losses from perils other than hurricane; amending 177 s. 627.7015, F.S.; revising the rulemaking authority 178 of the department with respect to qualifications and 179 specified types of penalties covered under the 180 property insurance mediation program; creating s. 181 627.70151, F.S.; providing criteria for an insurer or 182 policyholder to challenge the impartiality of a loss 183 appraisal umpire for purposes of disqualifying such 184 umpire; amending s. 627.706, F.S.; revising the 185 definition of the term "neutral evaluator"; amending 186 s. 627.7074, F.S.; requiring the department to adopt rules relating to the certification of neutral 187 188 evaluators; amending s. 627.736, F.S.; revising the 189 time period for applicability of certain Medicare fee 190 schedules or payment limitations; amending s. 627.745, 191 F.S.; revising qualifications for approval as a 192 mediator by the department; providing grounds for the 193 department to deny an application, or suspend or 194 revoke approval of a mediator or certification of a 195 neutral evaluator; authorizing the department to adopt 196 rules; amending s. 627.841, F.S.; providing that an 197 insurance premium finance company may impose a fee for 198 payments returned due to insufficient funds; amending 199 s. 627.952, F.S.; providing that certain persons who 200 are not residents of this state must be licensed and 201 appointed as nonresident surplus lines agents in this 202 state in order to engage in specified activities with 203 respect to servicing insurance contracts,

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597-03465-13 20131046c1 204 certificates, or agreements for purchasing or risk 205 retention groups; deleting a fidelity bond requirement 206 applicable to certain nonresident agents who are 207 licensed as surplus lines agents in another state; 208 amending ss. 627.971 and 627.972, F.S.; including 209 licensed mutual insurers in financial guaranty 210 insurance corporations; amending s. 628.901, F.S.; revising the definition of terms applicable to captive 211 212 insurers; amending s. 628.905, F.S.; authorizing an 213 industrial insured captive insurance company to write 214 workers compensation and employer liability insurance in excess of a certain amount under certain 215 216 conditions; conforming provisions to changes made by 217 the act; redesignating the Office of Insurance 218 Regulation instead of the Insurance Commissioner as 219 the collector of certain fees and issuer of licenses; 220 amending s. 628.907, F.S.; conforming provisions to 221 changes made by the act; amending s. 628.909, F.S.; 222 providing for applicability of certain provisions of 223 the Insurance Code to specified captive insurers; 224 conforming provisions to changes made by the act; 225 amending s. 628.9142, F.S.; conforming provisions to 226 changes made by the act; amending s. 628.915, F.S.; 227 conforming provisions to changes made by the act; 228 amending s. 628.917, F.S.; conforming provisions to 229 changes made by the act; amending s. 628.919, F.S.; 230 requiring a pure captive insurance company to submit 231 certain risk management standards to the Office of 232 Insurance Regulation; amending s. 634.406, F.S.;

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233	revising criteria authorizing premiums of certain
234	service warranty associations to exceed their
235	specified net assets limitations; revising
236	requirements relating to contractual liability
237	policies that insure warranty associations; providing
238	an effective date.
239	
240	Be It Enacted by the Legislature of the State of Florida:
241	
242	Section 1. Subsection (1) of section 316.646, Florida
243	Statutes, is amended, and subsection (5) is added to that
244	section, to read:
245	316.646 Security required; proof of security and display
246	thereof; dismissal of cases
247	(1) <u>A</u> Any person required by s. 324.022 to maintain
248	property damage liability security, required by s. 324.023 to
249	maintain liability security for bodily injury or death, or
250	required by s. 627.733 to maintain personal injury protection
251	security on a motor vehicle shall have in his or her immediate
252	possession at all times while operating such motor vehicle
253	proper proof of maintenance of the required security. Such proof
254	shall be a uniform proof-of-insurance card, in paper or
255	electronic format, in a form prescribed by the department, a
256	valid insurance policy, an insurance policy binder, a
257	certificate of insurance, or such other proof as may be
258	prescribed by the department. <u>If a person presents an electronic</u>
259	device to a law enforcement officer for the purpose of
260	displaying a proof-of-insurance card in an electronic format:
261	(a) The person presenting the device is not deemed to

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597-03465-13 20131046c1 262 consent to access to any information on the electronic device 263 other than the displayed proof-of-insurance card. 264 (b) The law enforcement officer is not liable for damage to 265 the electronic device. 266 (5) The department may adopt rules to implement this 267 section. 268 Section 2. Paragraph (a) of subsection (5) of section 320.02, Florida Statutes, is amended to read: 269 270 320.02 Registration required; application for registration; 271 forms.-272 (5) (a) Proof that personal injury protection benefits have 273 been purchased when required under s. 627.733, that property 274 damage liability coverage has been purchased as required under 275 s. 324.022, that bodily injury or death coverage has been 276 purchased if required under s. 324.023, and that combined bodily 277 liability insurance and property damage liability insurance have 278 been purchased when required under s. 627.7415 shall be provided 279 in the manner prescribed by law by the applicant at the time of application for registration of any motor vehicle that is 280 281 subject to such requirements. The issuing agent shall refuse to 282 issue registration if such proof of purchase is not provided. 283 Insurers shall furnish uniform proof-of-purchase cards, in paper or electronic format, in a form prescribed by the department and 284 285 shall include the name of the insured's insurance company, the coverage identification number, and the make, year, and vehicle 286 287 identification number of the vehicle insured. The card must 288 shall contain a statement notifying the applicant of the penalty 289 specified in s. 316.646(4). The card or insurance policy, 290 insurance policy binder, or certificate of insurance or a

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291	photocopy of any of these; an affidavit containing the name of
292	the insured's insurance company, the insured's policy number,
293	and the make and year of the vehicle insured; or such other
294	proof as may be prescribed by the department <u>constitutes</u> <del>shall</del>
295	constitute sufficient proof of purchase. If an affidavit is
296	provided as proof, it <u>must</u> shall be in substantially the
297	following form:
298	
299	Under penalty of perjury, I(Name of insured) do hereby
300	certify that I have(Personal Injury Protection, Property
301	Damage Liability, and, when required, Bodily Injury
302	Liability) Insurance currently in effect with(Name of
303	insurance company) under (policy number) covering
304	(make, year, and vehicle identification number of
305	vehicle) (Signature of Insured)
306	
307	Such affidavit shall include the following warning:
308	
309	WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE
310	REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA
311	LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS
312	SUBJECT TO PROSECUTION.
313	
314	When an application is made through a licensed motor vehicle
315	dealer as required in s. 319.23, the original or a photostatic
316	copy of such card, insurance policy, insurance policy binder, or
317	certificate of insurance or the original affidavit from the
318	insured shall be forwarded by the dealer to the tax collector of
319	the county or the Department of Highway Safety and Motor

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320	Vehicles for processing. By executing the aforesaid affidavit,
321	no licensed motor vehicle dealer will be liable in damages for
322	any inadequacy, insufficiency, or falsification of any statement
323	contained therein. A card shall also indicate the existence of
324	any bodily injury liability insurance voluntarily purchased.
325	Section 3. Subsection (8) is added to section 554.1021,
326	Florida Statutes, to read:
327	554.1021 DefinitionsAs used in ss. 554.1011-554.115:
328	(8) "Authorized inspection agency" means:
329	(a) A county, city, town, or other governmental subdivision
330	that has adopted and administers, at a minimum, Section I of the
331	A.S.M.E. Boiler and Pressure Vessel Code as a legal requirement
332	and whose inspectors hold valid certificates of competency in
333	accordance with s. 554.113; or
334	(b) An insurance company that is licensed or registered by
335	an appropriate authority of any state of the United States or
336	province of Canada and whose inspectors hold valid certificates
337	of competency in accordance with s. 554.113.
338	Section 4. Section 554.107, Florida Statutes, is amended to
339	read:
340	554.107 Special inspectors
341	(1) Upon application by <del>any</del> <u>an authorized inspection agency</u>
342	company licensed to insure boilers in this state, the chief
343	inspector shall issue a certificate of competency as a special
344	inspector to <u>an</u> <del>any</del> inspector employed by the <u>agency if he or</u>
345	she company, provided that such inspector satisfies the
346	competency requirements for inspectors as provided in s.
347	554.113.
348	(2) The certificate of competency of a special inspector

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597-03465-13 20131046c1 349 remains shall remain in effect only so long as the special 350 inspector is employed by an authorized inspection agency a 351 company licensed to insure boilers in this state. Upon termination of employment with such agency company, a special 352 353 inspector shall, in writing, notify the chief inspector of such termination. Such notice shall be given within 15 days following 354 355 the date of termination. 356 Section 5. Subsection (1) of section 554.109, Florida 357 Statutes, is amended to read: 358 554.109 Exemptions.-359 (1) An Any insurance company that insures insuring a boiler 360 located in a public assembly location in this state shall 361 inspect or contract with an authorized inspection agency to 362 inspect such boiler so insured, and shall annually report to the 363 department the identity of the authorized inspection agency that 364 performs a required boiler inspection on behalf of the company. 365 A any county, city, town, or other governmental subdivision that 366 which has adopted into law the Boiler and Pressure Vessel Code 367 of the American Society of Mechanical Engineers and the National 368 Board Inspection Code for the construction, installation, 369 inspection, maintenance, and repair of boilers, regulating such 370 boilers in public assembly locations, shall inspect such boilers 371 so regulated; provided that such inspection shall be conducted 372 by a special inspector licensed pursuant to ss. 554.1011-373 554.115. Upon filing of a report of satisfactory inspection with 374 the department, such boiler is exempt from inspection by the 375 department. 376 Section 6. Paragraph (f) of subsection (1) of section

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624.413, Florida Statutes, is amended to read:

597-03465-13 20131046c1 378 624.413 Application for certificate of authority.-379 (1) To apply for a certificate of authority, an insurer 380 shall file its application therefor with the office, upon a form 381 adopted by the commission and furnished by the office, showing 382 its name; location of its home office and, if an alien insurer, 383 its principal office in the United States; kinds of insurance to 384 be transacted; state or country of domicile; and such additional 385 information as the commission reasonably requires, together with 386 the following documents: 387 (f) If a foreign or alien insurer, a copy of the report of 388 the most recent examination of the insurer certified by the 389 public official having supervision of insurance in its state of 390 domicile or of entry into the United States. The end of the most 391 recent year covered by the examination must be within the 5-year 392 3-year period preceding the date of application. In lieu of the 393 certified examination report, the office may accept an audited 394 certified public accountant's report prepared on a basis 395 consistent with the insurance laws of the insurer's state of 396 domicile, certified by the public official having supervision of 397 insurance in its state of domicile or of entry into the United 398 States. 399 Section 7. Subsection (4) is added to section 626.0428, 400 Florida Statutes, to read: 626.0428 Agency personnel powers, duties, and limitations.-401 402

402 (4) (a) Each place of business established by an agent or 403 agency, firm, corporation, or association must be in the active 404 full-time charge of a licensed and appointed agent holding the 405 required agent licenses to transact the lines of insurance being 406 handled at the location.

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597-03465-13 20131046c1 407 (b) Notwithstanding paragraph (a), the licensed agent in 408 charge of an insurance agency may also be the agent in charge of 409 additional branch office locations of the agency if insurance 410 activities requiring licensure as an insurance agent do not 411 occur at any location when the agent is not physically present 412 and unlicensed employees at the location do not engage in 413 insurance activities requiring licensure as an insurance agent 414 or customer representative. 415 (c) An insurance agency and each branch place of business 416 of an insurance agency shall designate an agent in charge and 417 file the name and license number of the agent in charge and the 418 physical address of the insurance agency location with the 419 department at the department's designated website. The 420 designation of the agent in charge may be changed at the option 421 of the agency. A change of the designated agent in charge is 422 effective upon notification to the department, which shall be 423 provided within 30 days after such change. 424 (d) For the purposes of this subsection, an "agent in charge" is the licensed and appointed agent who is responsible 425 426 for the supervision of all individuals within an insurance 427 agency location, regardless of whether such individuals deal 428 with the general public in the solicitation or negotiation of 429 insurance contracts or the collection or accounting of moneys. 430 (e) An agent in charge of an insurance agency is 431 accountable for wrongful acts, misconduct, or violations of 432 provisions of this code committed by the agent or by any person 433 under his or her supervision while acting on behalf of the 434 agency. This section may not be construed to render the agent in 435 charge criminally liable for an act unless he or she personally

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436	committed or knew or should have known of the act and of the
437	facts constituting a violation of this chapter.
438	(f) An insurance agency location may not conduct the
439	business of insurance unless the agency designates an agent in
440	charge at all times. If the agency fails to update the
441	designation of the agent in charge within 90 days after the date
442	of a change in designation, the department shall automatically
443	revoke the agency's license.
444	Section 8. Subsection (7) of section 626.112, Florida
445	Statutes, is amended to read:
446	626.112 License and appointment required; agents, customer
447	representatives, adjusters, insurance agencies, service
448	representatives, managing general agents
449	(7)(a) <del>Effective October 1, 2006,</del> No individual, firm,
450	partnership, corporation, association, or any other entity shall
451	act in its own name or under a trade name, directly or
452	indirectly, as an insurance agency, unless it complies with s.
453	626.172 with respect to possessing an insurance agency license
454	for each place of business at which it engages in <u>an</u> <del>any</del>
455	activity that which may be performed only by a licensed
456	insurance agent. However, an insurance agency that is owned and
457	operated by a single licensed agent conducting business in his
458	or her individual name and not employing or otherwise using the
459	services of or appointing other licensees is exempt from the
460	agency licensing requirements of this subsection. A branch place
461	of business that is established by a licensed agency is
462	considered a branch agency and is not required to be licensed so
463	long as it transacts business under the same name and federal
464	tax identification number as the licensed agency and has

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597-03465-13 20131046c1 465 designated a licensed agent in charge of the location as 466 required by s. 626.0428 and the address and telephone number of 467 the location have been submitted to the department for inclusion 468 in the licensing record of the licensed agency within 30 days 469 after insurance transactions begin at the location Each agency 470 engaged in business in this state before January 1, 2003, which 471 is wholly owned by insurance agents currently licensed and appointed under this chapter, each incorporated agency whose 472 473 voting shares are traded on a securities exchange, each agency 474 designated and subject to supervision and inspection as a branch 475 office under the rules of the National Association of Securities 476 Dealers, and each agency whose primary function is offering 477 insurance as a service or member benefit to members of a nonprofit corporation may file an application for registration 478 479 in lieu of licensure in accordance with s. 626.172(3). Each agency engaged in business before October 1, 2006, shall file an 480 481 application for licensure or registration on or before October 482 1, 2006.

(b) 1. If an agency is required to be licensed but fails to file an application for licensure in accordance with this section, the department shall impose on the agency an administrative penalty in an amount of up to \$10,000.

487 2. If an agency is eligible for registration but fails to 488 file an application for registration or an application for 489 licensure in accordance with this section, the department shall 490 impose on the agency an administrative penalty in an amount of 491 up to \$5,000.

492 (c) (b) Effective October 1, 2013, the department must
 493 automatically convert the registration of an approved a

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494	registered insurance agency <u>to</u> <del>shall, as a condition precedent</del>
495	<del>to continuing business, obtain</del> an insurance agency license <del>if</del>
496	the department finds that, with respect to any majority owner,
497	partner, manager, director, officer, or other person who manages
498	or controls the agency, any person has:
499	1. Been found guilty of, or has pleaded guilty or nolo
500	contendere to, a felony in this state or any other state
501	relating to the business of insurance or to an insurance agency,
502	without regard to whether a judgment of conviction has been
503	entered by the court having jurisdiction of the cases.
504	2. Employed any individual in a managerial capacity or in a
505	capacity dealing with the public who is under an order of
506	revocation or suspension issued by the department. An insurance
507	agency may request, on forms prescribed by the department,
508	verification of any person's license status. If a request is
509	mailed within 5 working days after an employee is hired, and the
510	employee's license is currently suspended or revoked, the agency
511	shall not be required to obtain a license, if the unlicensed
512	person's employment is immediately terminated.
513	3. Operated the agency or permitted the agency to be
514	operated in violation of s. 626.747.
515	4. With such frequency as to have made the operation of the
516	agency hazardous to the insurance-buying public or other
517	persons:
518	a. Solicited or handled controlled business. This
519	subparagraph shall not prohibit the licensing of any lending or
520	financing institution or creditor, with respect to insurance
521	only, under credit life or disability insurance policies of
522	borrowers from the institutions, which policies are subject to

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523	part IX of chapter 627.
524	b. Misappropriated, converted, or unlawfully withheld
525	moneys belonging to insurers, insureds, beneficiaries, or others
526	and received in the conduct of business under the license.
527	c. Unlawfully rebated, attempted to unlawfully rebate, or
528	unlawfully divided or offered to divide commissions with
529	another.
530	d. Misrepresented any insurance policy or annuity contract,
531	or used deception with regard to any policy or contract, done
532	either in person or by any form of dissemination of information
533	or advertising.
534	e. Violated any provision of this code or any other law
535	applicable to the business of insurance in the course of dealing
536	under the license.
537	f. Violated any lawful order or rule of the department.
538	g. Failed or refused, upon demand, to pay over to any
539	insurer he or she represents or has represented any money coming
540	into his or her hands belonging to the insurer.
541	h. Violated the provision against twisting as defined in s.
542	<del>626.9541(1)(1).</del>
543	i. In the conduct of business, engaged in unfair methods of
544	competition or in unfair or deceptive acts or practices, as
545	prohibited under part IX of this chapter.
546	j. Willfully overinsured any property insurance risk.
547	k. Engaged in fraudulent or dishonest practices in the
548	conduct of business arising out of activities related to
549	insurance or the insurance agency.
550	1. Demonstrated lack of fitness or trustworthiness to
551	engage in the business of insurance arising out of activities

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552	related to insurance or the insurance agency.
553	m. Authorized or knowingly allowed individuals to transact
554	insurance who were not then licensed as required by this code.
555	5. Knowingly employed any person who within the preceding 3
556	years has had his or her relationship with an agency terminated
557	in accordance with paragraph (d).
558	6. Willfully circumvented the requirements or prohibitions
559	of this code.
560	Section 9. Subsections $(2)$ , $(3)$ , and $(4)$ of section
561	626.172, Florida Statutes, are amended to read:
562	626.172 Application for insurance agency license
563	(2) An application for an insurance agency license <u>must</u>
564	shall be signed by the owner or owners of the agency. If the
565	agency is incorporated, the application <u>must</u> shall be signed by
566	the president and secretary of the corporation. The application
567	for an insurance agency license <u>must</u> shall include:
568	(a) The name of each majority owner, partner, officer, and
569	director of the insurance agency.
570	(b) The residence address of each person required to be
571	listed in the application under paragraph (a).
572	(c) The name of the insurance agency <u>,</u> and its principal
573	business street address and a valid e-mail address of the
574	insurance agency.
575	(d) The physical address <del>location</del> of each <u>branch</u> agency,
576	including its name, e-mail address, and telephone number and the
577	date that the branch location began transacting insurance office
578	and the name under which each agency office conducts or will
579	conduct business.
580	(e) The name of each agent to be in full-time charge of an

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581	agency office and specification of which office, including
582	branch locations.
583	(f) The fingerprints of each of the following:
584	1. A sole proprietor;
585	2. Each partner;
586	3. Each owner of an unincorporated agency;
587	4. Each owner who directs or participates in the management
588	or control of an incorporated agency whose shares are not traded
589	on a securities exchange;
590	5. The president, senior vice presidents, treasurer,
591	secretary, and directors of the agency; and
592	6. Any other person who directs or participates in the
593	management or control of the agency, whether through the
594	ownership of voting securities, by contract, by ownership of
595	agency bank accounts, or otherwise.
596	
597	Fingerprints must be taken by a law enforcement agency or other
598	entity approved by the department and must be accompanied by the
599	fingerprint processing fee specified in s. 624.501. Fingerprints
600	<u>must</u> shall be processed in accordance with s. $624.34$ . However,
601	fingerprints need not be filed for <u>an</u> any individual who is
602	currently licensed and appointed under this chapter. This
603	paragraph does not apply to corporations whose voting shares are
604	traded on a securities exchange.
605	(g) Such additional information as the department requires
606	by rule to ascertain the trustworthiness and competence of
607	persons required to be listed on the application and to
608	ascertain that such persons meet the requirements of this code.
609	However, the department may not require that credit or character

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597-03465-13 20131046c1 610 reports be submitted for persons required to be listed on the 611 application. 612 (h) Beginning October 1, 2005, The department must shall 613 accept the uniform application for nonresident agency licensure. The department may adopt by rule revised versions of the uniform 614 615 application. 616 (3) The department shall issue a registration as an 617 insurance agency to any agency that files a written application 618 with the department and qualifies for registration. The 619 application for registration shall require the agency to provide 620 the same information required for an agency licensed under 621 subsection (2), the agent identification number for each owner 622 who is a licensed agent, proof that the agency qualifies for registration as provided in s. 626.112(7), and any other 623 624 additional information that the department determines is 62.5 necessary in order to demonstrate that the agency gualifies for 626 registration. The application must be signed by the owner or 627 owners of the agency. If the agency is incorporated, the 628 application must be signed by the president and the secretary of 629 the corporation. An agent who owns the agency need not file 630 fingerprints with the department if the agent obtained a license 631 under this chapter and the license is currently valid. 632 (a) If an application for registration is denied, the 633 agency must file an application for licensure no later than 30 634 days after the date of the denial of registration. 635 (b) A registered insurance agency must file an application 636 for licensure no later than 30 days after the date that any 637 person who is not a licensed and appointed agent in this state 638 acquires any ownership interest in the agency. If an agency

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639	fails to file an application for licensure in compliance with
640	this paragraph, the department shall impose an administrative
641	penalty in an amount of up to \$5,000 on the agency.
642	(c) Sections 626.6115 and 626.6215 do not apply to agencies
643	registered under this subsection.
644	(3)(4) The department must shall issue a license or
645	registration to each agency upon approval of the application,
646	and each agency <u>location must</u> <del>shall</del> display the license <del>or</del>
647	registration prominently in a manner that makes it clearly
648	visible to <u>a</u> any customer or potential customer who enters the
649	agency.
650	Section 10. Paragraph (d) of subsection (1) of section
651	626.321, Florida Statutes, is amended to read:
652	626.321 Limited licenses
653	(1) The department shall issue to a qualified applicant a
654	license as agent authorized to transact a limited class of
655	business in any of the following categories of limited lines
656	insurance:
657	(d) Motor vehicle rental insurance
658	1. License covering only insurance of the risks set forth
659	in this paragraph when offered, sold, or solicited with and
660	incidental to the rental or lease of a motor vehicle and which
661	applies only to the motor vehicle that is the subject of the
662	lease or rental agreement and the occupants of the motor
663	vehicle:
664	a. Excess motor vehicle liability insurance providing
665	coverage in excess of the standard liability limits provided by
666	the lessor in the lessor's lease to a person renting or leasing
667	a motor vehicle from the licensee's employer for liability

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597-03465-13 20131046c1 668 arising in connection with the negligent operation of the leased 669 or rented motor vehicle. 670 b. Insurance covering the liability of the lessee to the 671 lessor for damage to the leased or rented motor vehicle. 672 c. Insurance covering the loss of or damage to baggage, 673 personal effects, or travel documents of a person renting or 674 leasing a motor vehicle. 675 d. Insurance covering accidental personal injury or death 676 of the lessee and any passenger who is riding or driving with the covered lessee in the leased or rented motor vehicle. 677 2. Insurance under a motor vehicle rental insurance license 678 679 may be issued only if the lease or rental agreement is for no 680 more than 60 days, the lessee is not provided coverage for more 681 than 60 consecutive days per lease period, and the lessee is 682 given written notice that his or her personal insurance policy 683 providing coverage on an owned motor vehicle may provide 684 coverage of such risks and that the purchase of the insurance is 685 not required in connection with the lease or rental of a motor 686 vehicle. If the lease is extended beyond 60 days, the coverage 687 may be extended one time only for a period not to exceed an 688 additional 60 days. Insurance may be provided to the lessee as 689 an additional insured on a policy issued to the licensee's 690 employer. 3. The license may be issued only to the full-time salaried 691 692 employee of a licensed general lines agent or to a business 693 entity that offers motor vehicles for rent or lease if insurance

695 with and incidental to the rental or lease of a motor vehicle.

sales activities authorized by the license are in connection

696

694

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a. A license issued to a business entity that offers motor

725

to read:

597-03465-13 20131046c1 697 vehicles for rent or lease encompasses each office, branch 698 office, employee, or place of business making use of the 699 entity's business name in order to offer, solicit, and sell 700 insurance pursuant to this paragraph. 701 b. The application for licensure must list the name, 702 address, and phone number for each office, branch office, or 703 place of business that is to be covered by the license. The 704 licensee shall notify the department of the name, address, and 705 phone number of any new location that is to be covered by the 706 license before the new office, branch office, or place of business engages in the sale of insurance pursuant to this 707 708 paragraph. The licensee must notify the department within 30 days after closing or terminating an office, branch office, or 709 710 place of business. Upon receipt of the notice, the department 711 shall delete the office, branch office, or place of business 712 from the license. 713 c. A licensed and appointed entity is directly responsible 714 and accountable for all acts of the licensee's employees. 715 Section 11. Section 626.382, Florida Statutes, is amended to read: 716 626.382 Continuation, expiration of license; insurance 717 718 agencies.-An insurance agency license continues The license of 719 any insurance agency shall be issued for a period of 3 years and 720 shall continue in force until it is canceled, suspended, 721 revoked, or otherwise terminated. A license may be renewed by 722 submitting a renewal request to the department on a form adopted 723 by department rule. 724 Section 12. Section 626.601, Florida Statutes, is amended

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597-03465-13 20131046c1 726 626.601 Improper conduct; inquiry; fingerprinting.-727 (1) The department or office may, upon its own motion or 728 upon a written complaint signed by an any interested person and 729 filed with the department or office, inquire into any alleged 730 improper conduct of a any licensed, approved, or certified 731 insurance agency, agent, adjuster, service representative, 732 managing general agent, customer representative, title insurance 733 agent, title insurance agency, mediator, neutral evaluator, 734 continuing education course provider, instructor, school 735 official, or monitor group under this code. The department or 736 office may thereafter initiate an investigation of any such 737 individual or entity licensee if it has reasonable cause to 738 believe that the individual or entity licensee has violated any 739 provision of the insurance code. During the course of its 740 investigation, the department or office shall contact the 741 individual or entity licensee being investigated unless it 742 determines that contacting such individual or entity person 743 could jeopardize the successful completion of the investigation 744 or cause injury to the public.

(2) In the investigation by the department or office of the
alleged misconduct, the <u>individual or entity</u> <del>licensee</del> shall,
whenever so required by the department or office, cause <u>the</u>
<u>individual's or entity's</u> <del>his or her</del> books and records to be open
for inspection for the purpose of such inquiries.

(3) The complaints against <u>an individual or entity</u> <del>any</del>
1 licensee may be informally alleged and <u>are not required to</u>
<u>include language</u> need not be in any such language as is
necessary to charge a crime on an indictment or information.
(4) The expense for <del>any</del> hearings or investigations

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597-03465-13 20131046c1 755 conducted under this law, as well as the fees and mileage of 756 witnesses, may be paid out of the appropriate fund. 757 (5) If the department or office, after investigation, has 758 reason to believe that an individual a licensee may have been 759 found guilty of or pleaded guilty or nolo contendere to a felony 760 or a crime related to the business of insurance in this or any 761 other state or jurisdiction, the department or office may 762 require the individual <del>licensee</del> to file with the department or 763 office a complete set of his or her fingerprints, which must 764 shall be accompanied by the fingerprint processing fee set forth 765 in s. 624.501. The fingerprints shall be taken by an authorized 766 law enforcement agency or other department-approved entity. 767 (6) The complaint and any information obtained pursuant to 768 the investigation by the department or office are confidential 769 and are exempt from the provisions of s. 119.07, unless the 770 department or office files a formal administrative complaint, 771 emergency order, or consent order against the individual or 772 entity licensee. Nothing in This subsection does not shall be 773 construed to prevent the department or office from disclosing 774 the complaint or such information as it deems necessary to 775 conduct the investigation, to update the complainant as to the 776 status and outcome of the complaint, or to share such 777 information with a any law enforcement agency. 778 Section 13. Section 626.747, Florida Statutes, is repealed. 779 Section 14. Paragraph (b) of subsection (1) of section 780 626.8411, Florida Statutes, is amended to read: 781 626.8411 Application of Florida Insurance Code provisions 782 to title insurance agents or agencies.-783 (1) The following provisions of part II applicable to

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784	general lines agents or agencies also apply to title insurance
785	agents or agencies:
786	(b) Section <u>626.0428(4)(a) and (b)</u> <del>626.747</del> , relating to
787	branch agencies.
788	Section 15. Paragraph (c) of subsection (2) and subsection
789	(3) of section 626.8805, Florida Statutes, is amended to read:
790	626.8805 Certificate of authority to act as administrator
791	(2) The administrator shall file with the office an
792	application for a certificate of authority upon a form to be
793	adopted by the commission and furnished by the office, which
794	application shall include or have attached the following
795	information and documents:
796	(c) The names, addresses, official positions, and
797	professional qualifications of the individuals who are <u>employed</u>
798	or retained by the administrator and who are responsible for the
799	conduct of the affairs of the administrator, including all
800	members of the board of directors, board of trustees, executive
801	committee, or other governing board or committee, <u>and</u> the
802	principal officers in the case of a corporation ${ m or}_{m  au}$ the partners
803	or members in the case of a partnership or association <u>of the</u>
804	administrator, and any other person who exercises control or
805	influence over the affairs of the administrator.
806	(3) The applicant shall make available for inspection by
807	the office copies of all contracts <u>relating to services provided</u>
808	by the administrator to with insurers or other persons utilizing
809	the services of the administrator.
810	Section 16. Subsections (1) and (3) of section 626.8817,
811	Florida Statutes, are amended to read:
812	626.8817 Responsibilities of insurance company with respect

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597-03465-13 20131046c1 813 to administration of coverage insured.-814 (1) If an insurer uses the services of an administrator, the insurer is responsible for determining the benefits, premium 815 816 rates, underwriting criteria, and claims payment procedures 817 applicable to the coverage and for securing reinsurance, if any. 818 The rules pertaining to these matters shall be provided $_{m{ au}}$  in 819 writing, by the insurer, or its designee, to the administrator. 820 The responsibilities of the administrator as to any of these 821 matters shall be set forth in a the written agreement binding 822 upon between the administrator and the insurer. (3) In cases in which an administrator administers benefits 823 for more than 100 certificateholders on behalf of an insurer, 824 825 the insurer shall, at least semiannually, conduct a review of 826 the operations of the administrator. At least one such review

827 must be an onsite audit of the operations of the administrator.
828 The insurer may contract with a qualified third party to conduct
829 such examination.

830 Section 17. Subsections (1) and (4) of section 626.882,831 Florida Statutes, are amended to read:

832 626.882 Agreement between administrator and insurer;
833 required provisions; maintenance of records.-

(1) <u>A</u> No person may <u>not</u> act as an administrator without a
written agreement, <u>as required under s. 626.8817</u>, <u>which</u>
<u>specifies the rights</u>, <u>duties and obligations of the</u> <del>between such</del>
<del>person as</del> administrator and <del>an</del> insurer.

(4) If a policy is issued to a trustee or trustees, a copy
of the trust agreement and any amendments to that agreement
shall be furnished to the insurer <u>or its designee</u> by the
administrator and shall be retained as part of the official

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842	records of both the administrator and the insurer for the
843	duration of the policy and for 5 years thereafter.
844	Section 18. Subsections (3), (4), and (5) of section
845	626.883, Florida Statutes, are amended to read:
846	626.883 Administrator as intermediary; collections held in
847	fiduciary capacity; establishment of account; disbursement;
848	payments on behalf of insurer
849	(3) If charges or premiums deposited in a fiduciary account
850	have been collected on behalf of or for more than one insurer,
851	the administrator shall keep records clearly recording the
852	deposits in and withdrawals from such account on behalf of or
853	for each insurer. The administrator shall, upon request of an
854	insurer or its designee, furnish such insurer with copies of
855	records pertaining to deposits and withdrawals on behalf of or
856	for such insurer.
857	(4) The administrator may not pay <u>a</u> any claim by
858	withdrawals from a fiduciary account. Withdrawals from such
859	account shall be made as provided in the written agreement
860	required under ss. 626.8817 and 626.882 between the
861	administrator and the insurer for any of the following:
862	(a) Remittance to an insurer entitled to such remittance.
863	(b) Deposit in an account maintained in the name of such
864	insurer.
865	(c) Transfer to and deposit in a claims-paying account,
866	with claims to be paid as provided by such insurer.
867	(d) Payment to a group policyholder for remittance to the
868	insurer entitled to such remittance.
869	(e) Payment to the administrator of the commission, fees,
870	or charges of the administrator.

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071	597-03465-13       20131046c1         (f)       Demitteeners for strengthered by the streng
871	(f) Remittance of return premium to the person or persons
872	entitled to such return premium.
873	(5) All claims paid by the administrator from funds
874	collected on behalf of the insurer shall be paid only on drafts
875	of, and as authorized by, such insurer <u>or its designee</u> .
876	Section 19. Subsection (3) of section 626.884, Florida
877	Statutes, is amended to read:
878	626.884 Maintenance of records by administrator; access;
879	confidentiality
880	(3) The insurer shall retain the right of continuing access
881	to books and records maintained by the administrator sufficient
882	to permit the insurer to fulfill all of its contractual
883	obligations to insured persons, subject to any restrictions in
884	the written agreement <u>pertaining to</u> <del>between the insurer and the</del>
885	administrator on the proprietary rights of the parties in such
886	books and records.
887	Section 20. Subsections (1) and (2) of section 626.89,
888	Florida Statutes, are amended to read:
889	626.89 Annual financial statement and filing fee; notice of
890	change of ownership
891	(1) Each authorized administrator shall file with the
892	office a full and true statement of its financial condition,
893	transactions, and affairs. The statement shall be filed annually
894	on or before <u>April</u> <del>March</del> 1 or within such extension of time
895	therefor as the office for good cause may have granted and shall
896	be for the preceding calendar year or fiscal year, if the
897	administrator's accounting is on a fiscal year basis. The
898	statement shall be in such form and contain such matters as the
899	commission prescribes and shall be verified by at least two

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597-03465-13 20131046c1 officers of such administrator. An administrator whose sole 900 901 stockholder is an association representing health care providers 902 which is not an affiliate of an insurer, an administrator of a 903 pooled governmental self-insurance program, or an administrator 904 that is a university may submit the preceding fiscal year's 905 statement within 2 months after its fiscal year end. 906 (2) Each authorized administrator shall also file an 907 audited financial statement performed by an independent 908 certified public accountant. The audited financial statement 909 shall be filed with the office on or before July June 1 for the 910 preceding calendar or fiscal year ending December 31. An 911 administrator whose sole stockholder is an association 912 representing health care providers which is not an affiliate of 913 an insurer, an administrator of a pooled governmental self-914 insurance program, or an administrator that is a university may 915 submit the preceding fiscal year's audited financial statement 916 within 5 months after the end of its fiscal year. An audited 917 financial statement prepared on a consolidated basis must 918 include a columnar consolidating or combining worksheet that 919 must be filed with the statement and must comply with the 920 following: 921 (a) Amounts shown on the consolidated audited financial statement must be shown on the worksheet; 922 923 (b) Amounts for each entity must be stated separately; and 924 (c) Explanations of consolidating and eliminating entries 925 must be included. 926 Section 21. Section 626.931, Florida Statutes, is amended 927 to read: 928 626.931 Agent affidavit and Insurer reporting

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929	requirements
930	(1) Each surplus lines agent shall on or before the 45th
931	day following each calendar quarter file with the Florida
932	Surplus Lines Service Office an affidavit, on forms as
933	prescribed and furnished by the Florida Surplus Lines Service
934	Office, stating that all surplus lines insurance transacted by
935	him or her during such calendar quarter has been submitted to
936	the Florida Surplus Lines Service Office as required.
937	(2) The affidavit of the surplus lines agent shall include
938	efforts made to place coverages with authorized insurers and the
939	results thereof.
940	(1) (3) Each foreign insurer accepting premiums shall, on or
941	before the end of the month following each calendar quarter,
942	file with the Florida Surplus Lines Service Office a verified
943	report of all surplus lines insurance transacted by such insurer
944	for insurance risks located in this state during such calendar
945	quarter.
946	(2)(4) Each alien insurer accepting premiums shall, on or
947	before June 30 of each year, file with the Florida Surplus Lines
948	Service Office a verified report of all surplus lines insurance
949	transacted by such insurer for insurance risks located in this
950	state during the preceding calendar year.
951	(3)(5) The department may waive the filing requirements
952	described in subsections (1) (3) and (2) (4).
953	(4) <del>(6)</del> Each insurer's report and supporting information

953 <u>(4) (6)</u> Each insurer's report and supporting information 954 shall be in a computer-readable format as determined by the 955 Florida Surplus Lines Service Office or shall be submitted on 956 forms prescribed by the Florida Surplus Lines Service Office and 957 shall show for each applicable agent:

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

CS for SB 1046

597-03465-13 20131046c1 958 (a) A listing of all policies, certificates, cover notes, 959 or other forms of confirmation of insurance coverage or any 960 substitutions thereof or endorsements thereto and the 961 identifying number; and (b) Any additional information required by the department 962 or Florida Surplus Lines Service Office. 963 964 Section 22. Paragraph (a) of subsection (2) of section 965 626.932, Florida Statutes, is amended to read: 966 626.932 Surplus lines tax.-967 (2) (a) The surplus lines agent shall make payable to the 968 department the tax related to each calendar quarter's business 969 as reported to the Florida Surplus Lines Service Office, and 970 remit the tax to the Florida Surplus Lines Service Office on or 971 before the 45th day following each calendar quarter at the same 972 time as provided for the filing of the quarterly affidavit, 973 under s. 626.931. The Florida Surplus Lines Service Office shall 974 forward to the department the taxes and any interest collected 975 pursuant to paragraph (b), within 10 days after of receipt. 976 Section 23. Subsection (1) of section 626.935, Florida 977 Statutes, is amended to read: 978 626.935 Suspension, revocation, or refusal of surplus lines 979 agent's license.-(1) The department shall deny an application for, suspend, 980 revoke, or refuse to renew the appointment of a surplus lines 981 982 agent and all other licenses and appointments held by the 983 licensee under this code, on any of the following grounds: 984 (a) Removal of the licensee's office from the licensee's state of residence. 985 986 (b) Removal of the accounts and records of his or her

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1	597-03465-13       20131046c1
987	surplus lines business from this state or the licensee's state
988	of residence during the period when such accounts and records
989	are required to be maintained under s. 626.930.
990	(c) Closure of the licensee's office for more than 30
991	consecutive days.
992	(d) Failure to make and file his or her affidavit or
993	reports when due as required by s. 626.931.
994	(d) <del>(e)</del> Failure to pay the tax or service fee on surplus
995	lines premiums, as provided in the Surplus Lines Law.
996	(e) (f) Suspension, revocation, or refusal to renew or
997	continue the license or appointment as a general lines agent,
998	service representative, or managing general agent.
999	<u>(f)</u> Lack of qualifications as for an original surplus
1000	lines agent's license.
1001	(g) (h) Violation of this Surplus Lines Law.
1002	(h) <del>(i)</del> For any other applicable cause for which the license
1003	of a general lines agent could be suspended, revoked, or refused
1004	under s. 626.611 or s. 626.621.
1005	Section 24. Subsection (1) of section 626.936, Florida
1006	Statutes, is amended to read:
1007	626.936 Failure to file reports or pay tax or service fee;
1008	administrative penalty
1009	(1) <u>A</u> Any licensed surplus lines agent who neglects to file
1010	a report <del>or an affidavit</del> in the form and within the time
1011	required or provided for in the Surplus Lines Law may be fined
1012	up to \$50 per day for each day the neglect continues, beginning
1013	the day after the report <del>or affidavit</del> was due until the date the
1014	report <del>or affidavit</del> is received. All sums collected under this
1015	section shall be deposited into the Insurance Regulatory Trust

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1016	Fund.
1017	Section 25. Paragraph (b) of subsection (2) of section
1018	627.062, Florida Statutes, is amended to read:
1019	627.062 Rate standards
1020	(2) As to all such classes of insurance:
1021	(b) Upon receiving a rate filing, the office shall review
1022	the filing to determine if a rate is excessive, inadequate, or
1023	unfairly discriminatory. In making that determination, the
1024	office shall, in accordance with generally accepted and
1025	reasonable actuarial techniques, consider the following factors:
1026	1. Past and prospective loss experience within and without
1027	this state.
1028	2. Past and prospective expenses.
1029	3. The degree of competition among insurers for the risk
1030	insured.
1031	4. Investment income reasonably expected by the insurer,
1032	consistent with the insurer's investment practices, from
1033	investable premiums anticipated in the filing, plus any other
1034	expected income from currently invested assets representing the
1035	amount expected on unearned premium reserves and loss reserves.
1036	The commission may adopt rules using reasonable techniques of
1037	actuarial science and economics to specify the manner in which
1038	insurers calculate investment income attributable to classes of
1039	insurance written in this state and the manner in which
1040	investment income is used to calculate insurance rates. Such
1041	manner must contemplate allowances for an underwriting profit
1042	factor and full consideration of investment income which produce
1043	a reasonable rate of return; however, investment income from
1044	invested surplus may not be considered.

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597-03465-13 20131046c1 1045 5. The reasonableness of the judgment reflected in the 1046 filing. 6. Dividends, savings, or unabsorbed premium deposits 1047 1048 allowed or returned to Florida policyholders, members, or 1049 subscribers. 1050 7. The adequacy of loss reserves. 1051 8. The cost of reinsurance. The office may not disapprove a 1052 rate as excessive solely due to the insurer having obtained 1053 catastrophic reinsurance to cover the insurer's estimated 250-1054 year probable maximum loss or any lower level of loss. 1055 9. Trend factors, including trends in actual losses per 1056 insured unit for the insurer making the filing. 1057 10. Conflagration and catastrophe hazards, if applicable. 1058 11. Projected hurricane losses, if applicable, which must 1059 be estimated using a model or method, or a straight average of 1060 model results or output ranges, independently found to be 1061 acceptable or reliable by the Florida Commission on Hurricane 1062 Loss Projection Methodology, and as further provided in s. 627.0628. 1063 1064 12. A reasonable margin for underwriting profit and 1065 contingencies. 1066 13. The cost of medical services, if applicable. 1067 14. Other relevant factors that affect the frequency or 1068 severity of claims or expenses. 1069 Section 26. Paragraph (d) of subsection (3) of section 1070 627.0628, Florida Statutes, is amended to read: 1071 627.0628 Florida Commission on Hurricane Loss Projection 1072 Methodology; public records exemption; public meetings 1073 exemption.-

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

CS for SB 1046

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1074	(3) ADOPTION AND EFFECT OF STANDARDS AND GUIDELINES
1075	(d) With respect to a rate filing under s. 627.062, an
1076	insurer shall employ and may not modify or adjust actuarial
1077	methods, principles, standards, models, or output ranges found
1078	by the commission to be accurate or reliable in determining
1079	hurricane loss factors for use in a rate filing under s.
1080	627.062. An insurer shall employ and may not modify or adjust
1081	models found by the commission to be accurate or reliable in
1082	determining probable maximum loss levels pursuant to paragraph
1083	(b) with respect to a rate filing under s. 627.062 made more
1084	than $\underline{180}$ $\overline{60}$ days after the commission has made such findings.
1085	This paragraph does not prohibit an insurer from using a
1086	straight average of model results or output ranges or using
1087	straight averages for the purposes of a rate filing under s.
1088	627.062.
1089	Section 27. Present subsections (2) through (4) of section
1090	627.072, Florida Statutes, are renumbered as subsections (3)
1091	through (5), respectively, and a new subsection (2) is added to
1092	that section, to read:
1093	627.072 Making and use of rates
1094	(2) A retrospective rating plan may contain a provision
1095	that allows negotiation between the employer and the insurer to
1096	determine the retrospective rating factors used to calculate the
1097	premium for employers that have exposure in more than one state
1098	and an estimated annual countrywide standard premium of \$1
1099	million or more for workers' compensation.
1100	Section 28. Subsection (2) of section 627.281, Florida
1101	Statutes, is amended to read:
1102	627.281 Appeal from rating organization; workers'

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1103	compensation and employer's liability insurance filings
1104	(2) If such appeal is based upon the failure of the rating
1105	organization to make a filing on behalf of such member or
1106	subscriber which is based on a system of expense provisions
1107	which differs, in accordance with the right granted in s.
1108	627.072(3) <del>627.072(2)</del> , from the system of expense provisions
1109	included in a filing made by the rating organization, the office
1110	shall, if it grants the appeal, order the rating organization to
1111	make the requested filing for use by the appellant. In deciding
1112	such appeal, the office shall apply the applicable standards set
1113	forth in ss. 627.062 and 627.072.
1114	
1115	Section 29. <u>Section 627.3519</u> , Florida Statutes, is
	repealed.
1116	Section 30. Paragraph (b) of subsection (2) of section
1117	627.4133, Florida Statutes, is amended to read:
1118	627.4133 Notice of cancellation, nonrenewal, or renewal
1119	premium
1120	(2) With respect to any personal lines or commercial
1121	residential property insurance policy, including, but not
1122	limited to, any homeowner's, mobile home owner's, farmowner's,
1123	condominium association, condominium unit owner's, apartment
1124	building, or other policy covering a residential structure or
1125	its contents:
1126	(b) The insurer shall give the first-named insured written
1127	notice of nonrenewal, cancellation, or termination at least $\underline{120}$
1128	100 days before the effective date of the nonrenewal,
1129	cancellation, or termination. However, the insurer shall give at
1130	least 100 days' written notice, or written notice by June 1,
1131	whichever is earlier, for any nonrenewal, cancellation, or

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597-03465-13 20131046c1 11.32 termination that would be effective between June 1 and November 30. The notice must include the reason or reasons for the 1133 nonrenewal, cancellation, or termination, except that: 1134 1135 1. The insurer shall give the first-named insured written 1136 notice of nonrenewal, cancellation, or termination at least 120 1137 days prior to the effective date of the nonrenewal, 1138 cancellation, or termination for a first-named insured whose 1139 residential structure has been insured by that insurer or an affiliated insurer for at least a 5-year period immediately 1140 prior to the date of the written notice. 1141 1142 1.2. If cancellation is for nonpayment of premium, at least 1143 10 days' written notice of cancellation accompanied by the 1144 reason therefor must be given. As used in this subparagraph, the 1145 term "nonpayment of premium" means failure of the named insured 1146 to discharge when due her or his obligations for in connection 1147 with the payment of premiums on a policy or an any installment of such premium, whether the premium is payable directly to the 1148 1149 insurer or its agent or indirectly under a any premium finance plan or extension of credit, or failure to maintain membership 1150 1151 in an organization if such membership is a condition precedent 1152 to insurance coverage. The term also means the failure of a 1153 financial institution to honor an insurance applicant's check 1154 after delivery to a licensed agent for payment of a premium, 1155 even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check represents the 1156 1157 initial premium payment, the contract and all contractual

1158 obligations are void ab initio unless the nonpayment is cured 1159 within the earlier of 5 days after actual notice by certified 1160 mail is received by the applicant or 15 days after notice is

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597-03465-13 20131046c1 1161 sent to the applicant by certified mail or registered mail., and 1162 If the contract is void, any premium received by the insurer from a third party must be refunded to that party in full. 1163 1164 2.3. If such cancellation or termination occurs during the 1165 first 90 days the insurance is in force and the insurance is 1166 canceled or terminated for reasons other than nonpayment of 1167 premium, at least 20 days' written notice of cancellation or termination accompanied by the reason therefor must be given 1168 unless there has been a material misstatement or 1169 1170 misrepresentation or failure to comply with the underwriting 1171 requirements established by the insurer. 1172 3. After the policy has been in effect for 90 days, the policy may not be canceled by the insurer unless there has been 1173 1174 a material misstatement, a nonpayment of premium, a failure to 1175 comply with underwriting requirements established by the insurer 1176 within 90 days after the date of effectuation of coverage, a 1177 substantial change in the risk covered by the policy, or the 1178 cancellation is for all insureds under such policies for a given 1179 class of insureds. This subparagraph does not apply to 1180 individually rated risks having a policy term of less than 90 1181 days. 1182 4. The requirement for providing written notice by June 1 1183 of any nonrenewal that would be effective between June 1 and November 30 does not apply to the following situations, but the 1184 1185 insurer remains subject to the requirement to provide such

1186 notice at least 100 days before the effective date of

1187 nonrenewal:

1188a. A policy that is nonrenewed due to a revision in the1189coverage for sinkhole losses and catastrophic ground cover

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### 1190 collapse pursuant to s. 627.706.

1191 4.b. A policy that is nonrenewed by Citizens Property Insurance Corporation, pursuant to s. 627.351(6), for a policy 1192 1193 that has been assumed by an authorized insurer offering 1194 replacement coverage to the policyholder is exempt from the 1195 notice requirements of paragraph (a) and this paragraph. In such 1196 cases, the corporation must give the named insured written 1197 notice of nonrenewal at least 45 days before the effective date 1198 of the nonrenewal.

1199

1200 After the policy has been in effect for 90 days, the policy may 1201 not be canceled by the insurer unless there has been a material 1202 misstatement, a nonpayment of premium, a failure to comply with 1203 underwriting requirements established by the insurer within 90 1204 days after the date of effectuation of coverage, or a 1205 substantial change in the risk covered by the policy or if the 1206 cancellation is for all insureds under such policies for a given 1207 class of insureds. This paragraph does not apply to individually 1208 rated risks having a policy term of less than 90 days.

1209 5. Notwithstanding any other provision of law, an insurer 1210 may cancel or nonrenew a property insurance policy after at 1211 least 45 days' notice if the office finds that the early 1212 cancellation of some or all of the insurer's policies is 1213 necessary to protect the best interests of the public or 1214 policyholders and the office approves the insurer's plan for 1215 early cancellation or nonrenewal of some or all of its policies. 1216 The office may base such finding upon the financial condition of 1217 the insurer, lack of adequate reinsurance coverage for hurricane 1218 risk, or other relevant factors. The office may condition its

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1219	finding on the consent of the insurer to be placed under
1220	administrative supervision pursuant to s. 624.81 or to the
1221	appointment of a receiver under chapter 631.
1222	6. A policy covering both a home and motor vehicle may be
1223	nonrenewed for any reason applicable to <del>either</del> the property or
1224	motor vehicle insurance after providing 90 days' notice.
1225	Section 31. Subsection (1) of section 627.4137, Florida
1226	Statutes, is amended to read:
1227	627.4137 Disclosure of certain information required
1228	(1) Each insurer <u>that provides</u> <del>which does</del> or may provide
1229	liability insurance coverage to pay all or a portion of <u>a</u> any
1230	claim <u>that</u> <del>which</del> might be made shall provide, within 30 days
1231	$\underline{after}$ of the written request of the claimant, a statement, under
1232	oath, of a corporate officer or the insurer's claims manager <u>,</u> <del>or</del>
1233	superintendent, or licensed company adjuster setting forth the
1234	following information with regard to each known policy of
1235	insurance, including excess or umbrella insurance:
1236	(a) The name of the insurer.
1237	(b) The name of each insured.
1238	(c) The limits of the liability coverage.
1239	(d) A statement of any policy or coverage defense that the
1240	which such insurer reasonably believes is available to <u>the</u> such
1241	insurer at the time of filing such statement.
1242	(e) A copy of the policy.
1243	
1244	In addition, the insured, or her or his insurance agent, upon
1245	written request of the claimant or the claimant's attorney,
1246	shall disclose the name and coverage of each known insurer to
1247	the claimant and shall forward such request for information as

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1248	required by this subsection to all affected insurers. The
1249	insurer shall then supply the information required in this
1250	subsection to the claimant within 30 days <u>after</u> <del>of</del> receipt of
1251	such request.
1252	Section 32. Subsection (1) of section 627.421, Florida
1253	Statutes, is amended to read:
1254	627.421 Delivery of policy
1255	(1) Subject to the insurer's requirement as to payment of
1256	premium, every policy shall be mailed or delivered to the
1257	insured or to the person entitled thereto not later than 60 days
1258	after the effectuation of coverage. Notwithstanding any other
1259	provision of law, an insurer may allow a policyholder of
1260	personal lines insurance to affirmatively elect delivery of the
1261	policy documents, including, but not limited to, policies,
1262	endorsements, notices, or documents, by electronic means in lieu
1263	of delivery by mail.
1264	Section 33. Subsection (2) of section 627.43141, Florida
1265	Statutes, is amended to read:
1266	627.43141 Notice of change in policy terms
1267	(2) A renewal policy may contain a change in policy terms.
1268	If a renewal policy <u>contains</u> <del>does contain</del> such change, the
1269	insurer must give the named insured written notice of the
1270	change, which <u>may either</u> must be enclosed along with the written
1271	notice of renewal premium required by ss. 627.4133 and 627.728
1272	or sent in a separate notice that complies with the nonrenewal
1273	mailing time requirement for that particular line of business.
1274	The insurer must also provide a sample copy of the notice to the
1275	insured's insurance agent before or at the same time that notice
1276	is given to the insured. Such notice shall be entitled "Notice

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1277	of Change in Policy Terms."
1278	Section 34. Section 627.6484, Florida Statutes, is amended
1279	to read:
1280	627.6484 Dissolution of association; termination of
1281	enrollment; availability of other coverage
1282	(1) The association shall accept applications for insurance
1283	only until June 30, 1991, after which date no further
1284	applications may be accepted. <del>Upon receipt of an application for</del>
1285	insurance, the association shall issue coverage for an eligible
1286	applicant. When appropriate, the administrator shall forward a
1287	copy of the application to a market assistance plan created by
1288	the office, which shall conduct a diligent search of the private
1289	marketplace for a carrier willing to accept the application.
1290	(2) Coverage for each policyholder of the association
1291	terminates at midnight, June 30, 2014, or on the date that
1292	health insurance coverage is effective with another insurer,
1293	whichever occurs first, and such coverage may not be renewed.
1294	(3) The association shall provide assistance to each
1295	policyholder concerning how to obtain health insurance coverage.
1296	Such assistance must include:
1297	(a) The identification of insurers and health maintenance
1298	organizations offering coverage in the individual market,
1299	including coverage inside and outside of the Health Insurance
1300	Exchange;
1301	(b) A basic explanation of the levels of coverage
1302	available; and
1303	(c) Specific information relating to local and online
1304	sources from which a policyholder may obtain detailed policy and
1305	premium comparisons and directly obtain coverage.

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597-03465-13 20131046c1 1306 (4) The association shall provide written notice to all 1307 policyholders by September 1, 2013, which informs each policyholder with respect to: 1308 1309 (a) The date that coverage with the association is 1310 terminated and that such coverage may not be renewed. 1311 (b) The opportunity for the policyholder to obtain 1312 individual health insurance coverage on a guaranteed-issue basis, regardless of policyholder's health status, from a health 1313 1314 insurer or health maintenance organization that offers coverage 1315 in the individual market, including the dates of open enrollment 1316 periods for obtaining such coverage. 1317 (c) How to access coverage through the Health Insurance 1318 Exchange established for this state pursuant to the Patient 1319 Protection and Affordable Care Act and the potential for 1320 obtaining reduced premiums and cost-sharing provisions depending 1321 on the policyholder's family income level. 1322 (d) Contact information for a representative of the 1323 association who is able to provide additional information about 1324 obtaining individual health insurance coverage both inside and 1325 outside of the Health Insurance Exchange. 1326 (5) After termination of coverage, the association must 1327 continue to receive and process timely submitted claims in 1328 accordance with the laws of this state. 1329 (6) By March 15, 2015, the association shall determine the 1330 final assessment to be collected from insurers for funding 1331 claims and administrative expenses of the association or, if 1332 surplus funds remain, shall determine the refund amount to be 1333 provided to each insurer based on the same pro rata formula used 1334 for determining each insurer's assessment.

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1335	(7) By September 1, 2015, the board must:
1336	(a) Complete performance of all program responsibilities.
1337	(b) Sell or otherwise dispose of all physical assets of the
1338	association.
1339	(c) Make a final accounting of the finances of the
1340	association.
1341	(d) Transfer all records to the Office of Insurance
1342	Regulation, which shall serve as custodian of such records.
1343	(e) Execute a legal dissolution of the association and
1344	report such action to the Chief Financial Officer, the Insurance
1345	Commissioner, the President of the Senate, and the Speaker of
1346	the House of Representatives.
1347	(2) The office shall, after consultation with the health
1348	insurers licensed in this state, adopt a market assistance plan
1349	to assist in the placement of risks of Florida Comprehensive
1350	Health Association applicants. All health insurers and health
1351	maintenance organizations licensed in this state shall
1352	participate in the plan.
1353	(3) Guidelines for the use of such program shall be a part
1354	of the association's plan of operation. The guidelines shall
1355	describe which types of applications are to be exempt from
1356	submission to the market assistance plan. An exemption shall be
1357	based upon a determination that due to a specific health
1358	condition an applicant is ineligible for coverage in the
1359	standard market. The guidelines shall also describe how the
1360	market assistance plan is to be conducted, and how the periodic
1361	reviews to depopulate the association are to be conducted.
1362	(4) If a carrier is found through the market assistance
1363	plan, the individual shall apply to that company. If the

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1364	individual's application is accepted, association coverage shall
1365	terminate upon the effective date of the coverage with the
1366	private carrier. For the purpose of applying a preexisting
1367	condition limitation or exclusion, any carrier accepting a risk
1368	pursuant to this section shall provide coverage as if it began
1369	on the date coverage was effectuated on behalf of the
1370	association, and shall be indemnified by the association for
1371	claims costs incurred as a result of utilizing such effective
1372	<del>date.</del>
1373	(5) The association shall establish a policyholder
1374	assistance program by July 1, 1991, to assist in placing
1375	eligible policyholders in other coverage programs, including
1376	Medicare and Medicaid.
1377	Section 35. Section 627.64872, Florida Statutes, is
1378	repealed.
1379	Section 36. Effective October 1, 2015, sections 627.648,
1380	<u>627.6482, 627.6484, 627.6486, 627.6488, 627.6489, 627.649,</u>
1381	627.6492, 627.6494, 627.6496, 627.6498, and 627.6499, Florida
1382	Statutes, are repealed.
1383	Section 37. Subsection (7) of section 627.701, Florida
1384	Statutes, is amended to read:
1385	627.701 Liability of insureds; coinsurance; deductibles
1386	(7) <u>Before</u> <del>Prior to</del> issuing a personal lines residential
1387	property insurance policy on or after <u>January 1, 2014</u> April 1,
1388	<del>1997</del> , or <u>before</u> <del>prior to</del> the first renewal of a residential
1389	property insurance policy on or after <u>January 1, 2014</u> April 1,
1390	<del>1997</del> , the insurer must <u>, at a minimum,</u> offer a deductible equal
1391	to $\$750$ and a deductible equal to 1 percent of the policy
1392	dwelling limits if such amount is not less than \$750, <del>\$500</del>

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597-03465-13 20131046c1 1393 applicable to losses from perils other than hurricane. Beginning 1394 July 1, 2018, and every 5 years thereafter, the office shall calculate and publish an adjustment to the \$750 deductible based 1395 1396 on the average percentage change in the Consumer Price Index for 1397 All Urban Consumers, U.S. City Average, all items, compiled by 1398 the United States Department of Labor for the immediately 1399 preceding 5 calendar years. The adjustment to the \$750 1400 deductible shall be rounded to the nearest \$50 increment and 1401 take effect on the January 1 following the publication of the 1402 adjustment by the office. The first initial adjusted deductible 1403 shall take effect upon the renewal or issuance of policies on or 1404 after January 1, 2019 The insurer must provide the policyholder 1405 with notice of the availability of the deductible specified in 1406 this subsection in a form approved by the office at least once 1407 every 3 years. The failure to provide such notice constitutes a 1408 violation of this code but does not affect the coverage provided 1409 under the policy. An insurer may require a higher deductible only as part of a deductible program lawfully in effect on June 1410 1, 1996, or as part of a similar deductible program. 1411 1412 Section 38. Paragraph (b) of subsection (4) of section 1413 627.7015, Florida Statutes, is amended to read: 1414 627.7015 Alternative procedure for resolution of disputed 1415 property insurance claims.-

(4) The department shall adopt by rule a property insurance mediation program to be administered by the department or its designee. The department may also adopt special rules which are applicable in cases of an emergency within the state. The rules shall be modeled after practices and procedures set forth in mediation rules of procedure adopted by the Supreme Court. The

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1422	rules shall provide for:
1423	(b) Qualifications, denial of application, suspension,
1424	revocation, and other penalties for <del>of</del> mediators as provided in
1425	s. 627.745 and in the Florida Rules of Certified and Court
1426	Appointed Mediators <del>, and for such other individuals as are</del>
1427	qualified by education, training, or experience as the
1428	department determines to be appropriate.
1429	Section 39. Section 627.70151, Florida Statutes, is created
1430	to read:
1431	627.70151 Appraisal; conflicts of interest.—An insurer that
1432	offers residential coverage, as defined in s. 627.4025, or a
1433	policyholder that uses an appraisal clause in the property
1434	insurance contract to establish a process of estimating or
1435	evaluating the amount of the loss through the use of an
1436	impartial umpire may challenge the umpire's impartiality and
1437	disqualify the proposed umpire only if:
1438	(1) A familial relationship within the third degree exists
1439	between the umpire and any party or a representative of any
1440	party;
1441	(2) The umpire has previously represented any party or a
1442	representative of any party in a professional capacity in the
1443	same or a substantially related matter;
1444	(3) The umpire has represented another person in a
1445	professional capacity on the same or a substantially related
1446	matter, which includes the claim, same property, or an adjacent
1447	property and that other person's interests are materially
1448	adverse to the interests of any party; or
1449	(4) The umpire has worked as an employer or employee of any
1450	party within the preceding 5 years.

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1451	Section 40. Paragraph (c) of subsection (2) of section
1452	627.706, Florida Statutes, is amended to read:
1453	627.706 Sinkhole insurance; catastrophic ground cover
1454	collapse; definitions
1455	(2) As used in ss. 627.706-627.7074, and as used in
1456	connection with any policy providing coverage for a catastrophic
1457	ground cover collapse or for sinkhole losses, the term:
1458	(c) "Neutral evaluator" means a professional engineer or a
1459	professional geologist who has completed a course of study in
1460	alternative dispute resolution designed or approved by the
1461	department for use in the neutral evaluation $ ext{process}_{m{\prime}}$ and who is
1462	determined by the department to be fair and impartial, and who
1463	is not otherwise ineligible for certification as provided in s.
1464	<u>627.7074</u> .
1465	Section 41. Subsection (1) of section 627.7074, Florida
1466	Statutes, is amended to read:
1467	627.7074 Alternative procedure for resolution of disputed
1468	sinkhole insurance claims
1469	(1) The department shall:
1470	(a) Certify and maintain a list of persons who are neutral
1471	evaluators.
1472	(b) Adopt rules for certifying, denying certification,
1473	suspending certification, and revoking certification as a
1474	neutral evaluator, in keeping with qualifications specified in
1475	this section and ss. 627.706 and 627.745(4).
1476	<u>(c)</u> Prepare a consumer information pamphlet for
1477	distribution by insurers to policyholders which clearly
1478	describes the neutral evaluation process and includes
1479	information necessary for the policyholder to request a neutral

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1480
      evaluation.
1481
           Section 42. Paragraph (a) of subsection (5) of section
      627.736, Florida Statutes, is amended to read:
1482
1483
           627.736 Required personal injury protection benefits;
1484
      exclusions; priority; claims.-
1485
            (5) CHARGES FOR TREATMENT OF INJURED PERSONS.-
1486
            (a) A physician, hospital, clinic, or other person or
1487
      institution lawfully rendering treatment to an injured person
1488
      for a bodily injury covered by personal injury protection
1489
      insurance may charge the insurer and injured party only a
1490
      reasonable amount pursuant to this section for the services and
1491
      supplies rendered, and the insurer providing such coverage may
1492
      pay for such charges directly to such person or institution
1493
      lawfully rendering such treatment if the insured receiving such
1494
      treatment or his or her guardian has countersigned the properly
1495
      completed invoice, bill, or claim form approved by the office
1496
      upon which such charges are to be paid for as having actually
1497
      been rendered, to the best knowledge of the insured or his or
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      her guardian. However, such a charge may not exceed the amount
1499
      the person or institution customarily charges for like services
1500
      or supplies. In determining whether a charge for a particular
1501
      service, treatment, or otherwise is reasonable, consideration
1502
      may be given to evidence of usual and customary charges and
1503
      payments accepted by the provider involved in the dispute,
1504
      reimbursement levels in the community and various federal and
1505
      state medical fee schedules applicable to motor vehicle and
1506
      other insurance coverages, and other information relevant to the
1507
      reasonableness of the reimbursement for the service, treatment,
1508
      or supply.
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597-03465-13 20131046c1 1509 1. The insurer may limit reimbursement to 80 percent of the 1510 following schedule of maximum charges: 1511 a. For emergency transport and treatment by providers 1512 licensed under chapter 401, 200 percent of Medicare. 1513 b. For emergency services and care provided by a hospital 1514 licensed under chapter 395, 75 percent of the hospital's usual 1515 and customary charges. 1516 c. For emergency services and care as defined by s. 395.002 provided in a facility licensed under chapter 395 rendered by a 1517 1518 physician or dentist, and related hospital inpatient services 1519 rendered by a physician or dentist, the usual and customary 1520 charges in the community. 1521 d. For hospital inpatient services, other than emergency 1522 services and care, 200 percent of the Medicare Part A 1523 prospective payment applicable to the specific hospital 1524 providing the inpatient services. 1525 e. For hospital outpatient services, other than emergency 1526 services and care, 200 percent of the Medicare Part A Ambulatory 1527 Payment Classification for the specific hospital providing the 1528 outpatient services. f. For all other medical services, supplies, and care, 200 1529 1530 percent of the allowable amount under: 1531 (I) The participating physicians fee schedule of Medicare 1532 Part B, except as provided in sub-sub-subparagraphs (II) and 1533 (III). 1534 (II) Medicare Part B, in the case of services, supplies, 1535 and care provided by ambulatory surgical centers and clinical 1536 laboratories. 1537 (III) The Durable Medical Equipment Prosthetics/Orthotics

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

CS for SB 1046

597-03465-13 20131046c1 1538 and Supplies fee schedule of Medicare Part B, in the case of 1539 durable medical equipment. 1540 1541 However, if such services, supplies, or care is not reimbursable 1542 under Medicare Part B, as provided in this sub-subparagraph, the 1543 insurer may limit reimbursement to 80 percent of the maximum 1544 reimbursable allowance under workers' compensation, as determined under s. 440.13 and rules adopted thereunder which 1545 1546 are in effect at the time such services, supplies, or care is 1547 provided. Services, supplies, or care that is not reimbursable 1548 under Medicare or workers' compensation is not required to be 1549 reimbursed by the insurer.

2. For purposes of subparagraph 1., the applicable fee 1550 1551 schedule or payment limitation under Medicare is the fee 1552 schedule or payment limitation in effect on March 1 of the year 1553 in which the services, supplies, or care is rendered and for the 1554 area in which such services, supplies, or care is rendered, and 1555 the applicable fee schedule or payment limitation applies from 1556 March 1 until the last day of the following February throughout 1557 the remainder of that year, notwithstanding any subsequent 1558 change made to the fee schedule or payment limitation, except 1559 that it may not be less than the allowable amount under the 1560 applicable schedule of Medicare Part B for 2007 for medical 1561 services, supplies, and care subject to Medicare Part B.

3. Subparagraph 1. does not allow the insurer to apply any limitation on the number of treatments or other utilization limits that apply under Medicare or workers' compensation. An insurer that applies the allowable payment limitations of subparagraph 1. must reimburse a provider who lawfully provided

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1567 care or treatment under the scope of his or her license, 1568 regardless of whether such provider is entitled to reimbursement 1569 under Medicare due to restrictions or limitations on the types or discipline of health care providers who may be reimbursed for 1570 1571 particular procedures or procedure codes. However, subparagraph 1572 1. does not prohibit an insurer from using the Medicare coding 1573 policies and payment methodologies of the federal Centers for 1574 Medicare and Medicaid Services, including applicable modifiers, 1575 to determine the appropriate amount of reimbursement for medical 1576 services, supplies, or care if the coding policy or payment 1577 methodology does not constitute a utilization limit.

1578 4. If an insurer limits payment as authorized by 1579 subparagraph 1., the person providing such services, supplies, 1580 or care may not bill or attempt to collect from the insured any 1581 amount in excess of such limits, except for amounts that are not 1582 covered by the insured's personal injury protection coverage due 1583 to the coinsurance amount or maximum policy limits.

1584 5. Effective July 1, 2012, an insurer may limit payment as 1585 authorized by this paragraph only if the insurance policy 1586 includes a notice at the time of issuance or renewal that the 1587 insurer may limit payment pursuant to the schedule of charges 1588 specified in this paragraph. A policy form approved by the 1589 office satisfies this requirement. If a provider submits a 1590 charge for an amount less than the amount allowed under 1591 subparagraph 1., the insurer may pay the amount of the charge 1592 submitted.

1593 Section 43. Subsection (3) of section 627.745, Florida 1594 Statutes, is amended, present subsections (4) and (5) of that 1595 section are renumbered as subsections (5) and (6), respectively,

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1596	and a new subsection (4) is added to that section, to read:
1597	627.745 Mediation of claims
1598	(3)(a) The department shall approve mediators to conduct
1599	mediations pursuant to this section. All mediators must file an
1600	application under oath for approval as a mediator.
1601	(b) To qualify for approval as a mediator, <u>an individual</u> <del>a</del>
1602	person must meet one of the following qualifications:
1603	1. Possess an active certification as a Florida Circuit
1604	Court Mediator. A Florida Circuit Court Mediator in a lapsed,
1605	suspended, or decertified status is not eligible to participate
1606	in the mediation program a masters or doctorate degree in
1607	psychology, counseling, business, accounting, or economics, be a
1608	member of The Florida Bar, be licensed as a certified public
1609	accountant, or demonstrate that the applicant for approval has
1610	been actively engaged as a qualified mediator for at least 4
1611	<del>years prior to July 1, 1990</del> .
1612	2. Be an approved department mediator as of July 1, 2013,
1613	and have conducted at least one mediation on behalf of the
1614	<u>department</u> within 4 years immediately preceding <u>that</u> <del>the</del> date
1615	the application for approval is filed with the department, have
1616	completed a minimum of a 40-hour training program approved by
1617	the department and successfully passed a final examination
1618	included in the training program and approved by the department.
1619	The training program shall include and address all of the
1620	following:
1621	a. Mediation theory.
1622	b. Mediation process and techniques.
1623	c. Standards of conduct for mediators.
1624	d. Conflict management and intervention skills.

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1625	e. Insurance nomenclature.
1626	(4) The department shall deny an application, or suspend or
1627	revoke its approval of a mediator or its certification of a
1628	neutral evaluator to serve in such capacity, if it finds that
1629	any of the following grounds exist:
1630	(a) Lack of one or more of the qualifications specified in
1631	this section for approval or certification.
1632	(b) Material misstatement, misrepresentation, or fraud in
1633	obtaining or attempting to obtain the approval or certification.
1634	(c) Demonstrated lack of fitness or trustworthiness to act
1635	as a mediator or neutral evaluator.
1636	(d) Fraudulent or dishonest practices in the conduct of
1637	mediation or neutral evaluation or in the conduct of business in
1638	the financial services industry.
1639	(e) Violation of any provision of this code, a lawful order
1640	or rule of the department, the Florida Rules for Certified and
1641	Court-Appointed Mediators, or aiding, instructing, or
1642	encouraging another party in committing such a violation.
1643	
1644	The department may adopt rules to administer this subsection.
1645	Section 44. Subsection (4) of section 627.841, Florida
1646	Statutes, is amended to read:
1647	627.841 Delinquency, collection, cancellation, and payment
1648	<del>check</del> return <u>charge</u> <del>charges</del> ; <u>attorney</u> <del>attorney's</del> fees
1649	(4) In the event that a payment is made to a premium
1650	finance company by debit, credit, electronic funds transfer,
1651	check, or draft and such payment the instrument is returned,
1652	declined, or cannot be processed due to because of insufficient
1653	funds <del>to pay it</del> , the premium finance company may, if the premium

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597-03465-13 20131046c1 1654 finance agreement so provides, impose a return payment charge of 1655 \$15. 1656 Section 45. Paragraph (b) of subsection (1) of section 1657 627.952, Florida Statutes, is amended to read: 1658 627.952 Risk retention and purchasing group agents.-1659 (1) Any person offering, soliciting, selling, purchasing, 1660 administering, or otherwise servicing insurance contracts, 1661 certificates, or agreements for any purchasing group or risk retention group to a any resident of this state, either directly 1662 1663 or indirectly, by the use of mail, advertising, or other means 1664 of communication, shall obtain a license and appointment to act 1665 as a resident general lines agent, if a resident of this state, 1666 or a nonresident general lines agent if not a resident. Any such 1667 person shall be subject to all requirements of the Florida 1668 Insurance Code. 1669 (b) A Any person required to be licensed and appointed 1670 under this subsection, in order to place business through Florida eligible surplus lines carriers, must, if a resident of 1671 1672 this state, be licensed and appointed as a surplus lines agent. 1673 If not a resident of this state, such person must be licensed 1674 and appointed as a nonresident surplus lines agent in this her 1675 or his state of residence and file and maintain a fidelity bond 1676 in favor of the people of the State of Florida executed by a 1677 surety company admitted in this state and payable to the State 1678 of Florida; however, such nonresident is limited to the 1679 provision of insurance for purchasing groups. The bond must be 1680 continuous in form and in the amount of not less than \$50,000, 1681 aggregate liability. The bond must remain in force and effect 1682 until the surety is released from liability by the department or

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1683	until the bond is canceled by the surety. The surety may cancel
1684	the bond and be released from further liability upon 30 days'
1685	prior written notice to the department. The cancellation does
1686	not affect any liability incurred or accrued before the
1687	termination of the 30-day period. Upon receipt of a notice of
1688	cancellation, the department shall immediately notify the agent.
1689	Section 46. Subsection (6) of section 627.971, Florida
1690	Statutes, is amended to read:
1691	627.971 Definitions.—As used in this part:
1692	(6) "Financial guaranty insurance corporation" means a
1693	stock or mutual insurer licensed to transact financial guaranty
1694	insurance business in this state.
1695	Section 47. Subsection (1) of section 627.972, Florida
1696	Statutes, is amended to read:
1697	627.972 Organization; financial requirements
1698	(1) A financial guaranty insurance corporation must be
1699	organized and licensed in the manner prescribed in this code for
1700	stock or mutual property and casualty insurers except that:
1701	(a) A corporation organized to transact financial guaranty
1702	insurance may, subject to the provisions of this code, be
1703	licensed to transact:
1704	1. Residual value insurance, as defined by s. 624.6081;
1705	2. Surety insurance, as defined by s. 624.606;
1706	3. Credit insurance, as defined by s. 624.605(1)(i); and
1707	4. Mortgage guaranty insurance as defined in s. 635.011,
1708	provided that the provisions of chapter 635 are met.
1709	(b)1. <u>Before</u> <del>Prior to</del> the issuance of a license, a
1710	corporation must submit to the office for approval $_{m{ au}}$ a plan of
1711	operation detailing:

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1712	a. The types and projected diversification of guaranties to
1713	be issued;
1714	b. The underwriting procedures to be followed;
1715	c. The managerial oversight methods;
1716	d. The investment policies; and
1717	e. Any Other matters prescribed by the office;
1718	2. An insurer which is writing only the types of insurance
1719	allowed under this part on July 1, 1988, and otherwise meets the
1720	requirements of this part, is exempt from the requirements of
1721	this paragraph.
1722	(c) An insurer transacting financial guaranty insurance is
1723	subject to all provisions of this code that are applicable to
1724	property and casualty insurers to the extent that those
1725	provisions are not inconsistent with this part.
1726	(d) The investments of an insurer transacting financial
1727	guaranty insurance in <u>an</u> any entity insured by the corporation
1728	may not exceed 2 percent of its admitted assets as of the end of
1729	the prior calendar year.
1730	(e) An insurer transacting financial guaranty insurance may
1731	only assume those lines of insurance for which it is licensed to
1732	write direct business.
1733	Section 48. Subsections (8), (9), and (13) of section
1734	628.901, Florida Statutes, are amended to read:
1735	628.901 Definitions.—As used in this part, the term:
1736	(8) "Industrial insured" means an insured that:
1737	(a) Has gross assets in excess of \$50 million;
1738	(b) Procures insurance through the use of a full-time
1739	employee of the insured who acts as an insurance manager or
1740	buyer or through the services of a person licensed as a property

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597-03465-13 20131046c1 1741 and casualty insurance agent, broker, or consultant in such 1742 person's state of domicile; 1743 (c) Has at least 100 full-time employees; and 1744 (d) Pays annual premiums of at least \$200,000 for each line 1745 of insurance purchased from the industrial insured captive 1746 insurance company insurer or at least \$75,000 for any line of 1747 coverage in excess of at least \$25 million in the annual 1748 aggregate. The purchase of umbrella or general liability 1749 coverage in excess of \$25 million in the annual aggregate shall 1750 be deemed to be the purchase of a single line of insurance. 1751 (9) "Industrial insured captive insurance company" means a 1752 captive insurance company that provides insurance only to the industrial insureds that are its stockholders or members, and 1753 1754 affiliates thereof, or to the stockholders, and affiliates 1755 thereof, of its parent corporation. An industrial insured 1756 captive insurance company can also provide reinsurance to 1757 insurers only on risks written by such insurers for the 1758 industrial insureds that are the stockholders or members, and 1759 affiliates thereof, of the industrial insured captive insurance 1760 company insurer, or the stockholders, and affiliates thereof, of 1761 the parent corporation of the industrial insured captive

1762 insurance company insurer.

(13) "Qualifying reinsurer parent company" means a reinsurer that which currently holds a certificate of authority <del>letter of eligibility</del> or is an accredited or trusteed under s. <u>624.610(3)(c)</u> a satisfactory non-approved reinsurer in this state possessing a consolidated GAAP net worth of at least \$500 million and a consolidated debt to total capital ratio of not greater than 0.50.

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1770	Section 49. Subsections (1), (2), (4), and (5) of section
1771	628.905, Florida Statutes, are amended to read:
1772	628.905 Licensing; authority
1773	(1) A captive <u>insurance company</u> insurer, if permitted by
1774	its charter or articles of incorporation, may apply to the
1775	office for a license to do any and all insurance authorized
1776	under the insurance code, other than workers' compensation and
1777	employer's liability, life, health, personal motor vehicle, and
1778	personal residential property insurance, except that:
1779	(a) A pure captive insurance company may not insure <del>any</del>
1780	risks other than those of its parent, affiliated companies,
1781	controlled unaffiliated businesses, or a combination thereof.
1782	(b) An industrial insured captive insurance company may not
1783	insure any risks other than those of the industrial insureds
1784	that comprise the industrial insured group and their affiliated
1785	companies, or its stockholders or members, and affiliates
1786	thereof, of the industrial insured captive, or the stockholders
1787	or affiliates of the parent corporation of the industrial
1788	insured captive insurance company.
1789	(c) A special purpose captive insurance company may insure
1790	only the risks of its parent.
1791	(d) A captive insurance company may not accept or cede
1792	reinsurance except as provided in this part.
1793	(e) An industrial insured captive insurance company with
1794	unencumbered capital and surplus of at least \$20 million may be
1795	licensed to provide workers' compensation and employer's
1796	liability insurance in excess of \$25 million in the annual
1797	aggregate. An industrial insured captive insurance company must
1798	maintain unencumbered capital and surplus of at least \$20

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1799	million to continue to write excess workers' compensation
1800	insurance.
1801	(2) To conduct insurance business in this state, a captive
1802	insurance company <del>insurer</del> must:
1803	(a) Obtain from the office a license authorizing it to
1804	conduct insurance business in this state;
1805	(b) Hold at least one board of directors' meeting each year
1806	in this state;
1807	(c) Maintain its principal place of business in this state;
1808	and
1809	(d) Appoint a resident registered agent to accept service
1810	of process and to otherwise act on its behalf in this state. In
1811	the case of a captive insurance company formed as a corporation
1812	or a nonprofit corporation, if the registered agent cannot with
1813	reasonable diligence be found at the registered office of the
1814	captive insurance company, the Chief Financial Officer of this
1815	state must be an agent of the captive insurance company upon
1816	whom any process, notice, or demand may be served.
1817	(4) A captive insurance company or captive reinsurance
1818	company must pay to the office a nonrefundable fee of \$1,500 for
1819	processing its application for license.
1820	(a) A captive insurance company or captive reinsurance
1821	company must also pay an annual renewal fee of \$1,000.
1822	(b) The office may charge a fee of \$5 for <u>a</u> any document
1823	requiring certification of authenticity or the signature of the
1824	office commissioner or his or her designee.
1825	(5) If the <u>office</u> <del>commissioner</del> is satisfied that the
1826	documents and statements filed by the captive insurance company
1827	comply with this chapter, the <u>office</u> <del>commissioner</del> may grant a

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597-03465-13 20131046c1 1828 license authorizing the company to conduct insurance business in 1829 this state until the next succeeding March 1, at which time the 1830 license may be renewed. 1831 Section 50. Subsection (1) of section 628.907, Florida 1832 Statutes, is amended to read: 1833 628.907 Minimum capital and net assets requirements; 1834 restriction on payment of dividends.-1835 (1) A captive insurance company <del>insurer</del> may not be issued a 1836 license unless it possesses and thereafter maintains unimpaired 1837 paid-in capital of: 1838 (a) In the case of a pure captive insurance company, at 1839 least \$100,000. 1840 (b) In the case of an industrial insured captive insurance 1841 company incorporated as a stock insurer, at least \$200,000. 1842 (c) In the case of a special purpose captive insurance 1843 company, an amount determined by the office after giving due 1844 consideration to the company's business plan, feasibility study, 1845 and pro forma financial statements and projections, including the nature of the risks to be insured. 1846 1847 Section 51. Section 628.909, Florida Statutes, is amended 1848 to read: 628.909 Applicability of other laws.-1849 1850 (1) The Florida Insurance Code does not apply to captive 1851 insurance companies insurers or industrial insured captive 1852 insurance companies insurers except as provided in this part and 1853 subsections (2) and (3). 1854 (2) The following provisions of the Florida Insurance Code 1855 apply to captive insurance companies insurers who are not 1856 industrial insured captive insurance companies insurers to the

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1857	extent that such provisions are not inconsistent with this part:
1858	(a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
1859	624.40851, 624.4095, <u>624.411,</u> 624.425, and 624.426.
1860	(b) Chapter 625, part II.
1861	(c) Chapter 626, part IX.
1862	(d) Sections 627.730-627.7405, when no-fault coverage is
1863	provided.
1864	(e) Chapter 628.
1865	(3) The following provisions of the Florida Insurance Code
1866	apply to industrial insured captive <u>insurance companies</u> <del>insurers</del>
1867	to the extent that such provisions are not inconsistent with
1868	this part:
1869	(a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
1870	624.40851, 624.4095, <u>624.411,</u> 624.425, 624.426, and 624.609(1).
1871	(b) Chapter 625, part II, if the industrial insured captive
1872	insurance companies insurer is incorporated in this state.
1873	(c) Chapter 626, part IX.
1874	(d) Sections 627.730-627.7405 when no-fault coverage is
1875	provided.
1876	(e) Chapter 628, except for ss. 628.341, 628.351, and
1877	628.6018.
1878	Section 52. Subsection (2) of section 628.9142, Florida
1879	Statutes, is amended to read:
1880	628.9142 Reinsurance; effect on reserves
1881	(2) A captive insurance company may take credit for
1882	reserves on risks or portions of risks ceded to authorized
1883	insurers or reinsurers and unauthorized insurers or reinsurers
1884	complying with s. 624.610. A captive <u>insurance company</u> <del>insurer</del>
1885	may not take credit for reserves on risks or portions of risks

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597-03465-13 20131046c1 1886 ceded to an unauthorized insurer or reinsurer if the insurer or 1887 reinsurer is not in compliance with s. 624.610. Section 53. Section 628.915, Florida Statutes, is amended 1888 1889 to read: 1890 628.915 Exemption from compulsory association.-1891 (1) A No captive insurance company may not insurer shall be 1892 permitted to join or contribute financially to a any joint underwriting association or guaranty fund in this state, and a  $\div$ 1893 nor shall any captive insurance company insurer, its insured, or 1894 1895 its parent or any affiliated company may not receive any benefit 1896 from any such joint underwriting association or guaranty fund 1897 for claims arising out of the operations of such captive 1898 insurer. 1899 (2) An No industrial insured captive insurance company may 1900 not insurer shall be permitted to join or contribute financially 1901 to any joint underwriting association or guaranty fund in this 1902 state; nor shall any industrial insured captive insurance

1902 state; nor shall any industrial insured captive <u>insurance</u> 1903 <u>company insurer</u>, its industrial insured, or its parent or any 1904 affiliated company receive any benefit from any such joint 1905 underwriting association or guaranty fund for claims arising out 1906 of the operations of such industrial insured captive <u>insurance</u> 1907 company <del>insurer</del>.

1908 Section 54. Section 628.917, Florida Statutes, is amended 1909 to read:

1910 628.917 Insolvency and liquidation.—In the event that a 1911 captive <u>insurance company</u> insurer is insolvent as defined in 1912 chapter 631, the office shall liquidate the captive <u>insurance</u> 1913 <u>company</u> insurer pursuant to the provisions of part I of chapter 1914 631<u>; except that</u> The office may not shall make no attempt to

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1915	rehabilitate such insurer.
1916	Section 55. Section 628.919, Florida Statutes, is amended
1917	to read:
1918	628.919 Standards to ensure risk management control by
1919	parent companyA pure captive insurance company shall submit to
1920	the office for approval The Financial Services Commission shall
1921	adopt rules establishing standards to ensure that a parent or
1922	affiliated company is able to exercise control of the risk
1923	management function of any controlled unaffiliated business to
1924	be insured by the pure captive insurance company.
1925	Section 56. Subsection (8) of section 634.406, Florida
1926	Statutes, is renumbered as subsection (7), and present
1927	subsections (6) and (7) of that section are amended, to read:
1928	634.406 Financial requirements
1929	(6) An association <u>that</u> <del>which</del> holds a license under this
1930	part and which does not hold any other license under this
1931	chapter may allow its premiums for service warranties written
1932	under this part to exceed the ratio to net assets limitations of
1933	this section if the association meets all of the following:
1934	(a) Maintains net assets of at least \$750,000.
1935	(b) Utilizes a contractual liability insurance policy
1936	approved by the office which:
1937	1. Reimburses the service warranty association for 100
1938	percent of its claims liability and is issued by an insurer that
1939	maintains a policyholder surplus of at least \$100 million; or
1940	2. Complies with the requirements of subsection (3) and is
1941	issued by an insurer that maintains a policyholder surplus of at
1942	least \$200 million.
1943	(c) The insurer issuing the contractual liability insurance

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597-03465-13 20131046c1 1944 policy: 1945 1. Maintains a policyholder surplus of at least \$100 1946 million. 1947 1.2. Is rated "A" or higher by A.M. Best Company or an 1948 equivalent rating by another national rating service acceptable 1949 to the office. 1950 3. Is in no way affiliated with the warranty association. 1951 2.4. In conjunction with the warranty association's filing 1952 of the quarterly and annual reports, provides, on a form 1953 prescribed by the commission, a statement certifying the gross 1954 written premiums in force reported by the warranty association 1955 and a statement that all of the warranty association's gross written premium in force is covered under the contractual 1956 1957 liability policy, whether or not it has been reported. 1958 (7) A contractual liability policy must insure 100 percent 1959 of an association's claims exposure under all of the 1960 association's service warranty contracts, wherever written, 1961 unless all of the following are satisfied: 1962 (a) The contractual liability policy contains a clause that 1963 specifically names the service warranty contract holders as sole 1964 beneficiaries of the contractual liability policy and claims are 1965 paid directly to the person making a claim under the contract; 1966 (b) The contractual liability policy meets all other 1967 requirements of this part, including subsection (3) of this 1968 section, which are not inconsistent with this subsection; 1969 (c) The association has been in existence for at least 5 1970 years or the association is a wholly owned subsidiary of a corporation that has been in existence and has been licensed as 1971 1972 a service warranty association in the state for at least 5

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1973	years, and:
1974	1. Is listed and traded on a recognized stock exchange; is
1975	listed in NASDAQ (National Association of Security Dealers
1976	Automated Quotation system) and publicly traded in the over-the-
1977	counter securities market; is required to file either of Form
1978	10-K, Form 100, or Form 20-G with the United States Securities
1979	and Exchange Commission; or has American Depository Receipts
1980	listed on a recognized stock exchange and publicly traded or is
1981	the wholly owned subsidiary of a corporation that is listed and
1982	traded on a recognized stock exchange; is listed in NASDAQ
1983	(National Association of Security Dealers Automated Quotation
1984	system) and publicly traded in the over-the-counter securities
1985	market; is required to file Form 10-K, Form 100, or Form 20-G
1986	with the United States Securities and Exchange Commission; or
1987	has American Depository Receipts listed on a recognized stock
1988	exchange and is publicly traded;
1989	2. Maintains outstanding debt obligations, if any, rated in
1990	the top four rating categories by a recognized rating service;
1991	3. Has and maintains at all times a minimum net worth of
1992	not less than \$10 million as evidenced by audited financial
1993	statements prepared by an independent certified public
1994	accountant in accordance with generally accepted accounting
1995	principles and submitted to the office annually; and
1996	4. Is authorized to do business in this state; and
1997	(d) The insurer issuing the contractual liability policy:
1998	1. Maintains and has maintained for the preceding 5 years,
1999	policyholder surplus of at least \$100 million and is rated ``A"
2000	or higher by A.M. Best Company or has an equivalent rating by
2001	another rating company acceptable to the office;

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2002	2. Holds a certificate of authority to do business in this
2003	state and is approved to write this type of coverage; and
2004	3. Acknowledges to the office quarterly that it insures all
2005	of the association's claims exposure under contracts delivered
2006	in this state.
2007	
2008	If all the preceding conditions are satisfied, then the scope of
2009	coverage under a contractual liability policy shall not be
2010	required to exceed an association's claims exposure under
2011	service warranty contracts delivered in this state.
2012	Section 57. Except as otherwise expressly provided in this
2013	act, this act shall take effect upon becoming a law.

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