	LEGISLATIVE ACTION	
Senate	•	House
Comm: RCS	•	
02/24/2021	•	
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The Committee on Judiciary (Broxson and Brandes) recommended the following:

## Senate Amendment (with title amendment)

3 Delete lines 614 - 3268

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and insert:

Section 12. Subsections (1) and (7) and paragraph (c) of subsection (9) of section 324.021, Florida Statutes, are amended, and subsection (12) is added to that section, to read:

324.021 Definitions; minimum insurance required.—The following words and phrases when used in this chapter shall, for the purpose of this chapter, have the meanings respectively

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ascribed to them in this section, except in those instances where the context clearly indicates a different meaning:

- (1) MOTOR VEHICLE.—Every self-propelled vehicle that is designed and required to be licensed for use upon a highway, including trailers and semitrailers designed for use with such vehicles, except traction engines, road rollers, farm tractors, power shovels, and well drillers, and every vehicle that is propelled by electric power obtained from overhead wires but not operated upon rails, but not including any personal delivery device or mobile carrier as defined in s. 316.003, bicycle, electric bicycle, or moped. However, the term "motor vehicle" does not include a motor vehicle as defined in s. 627.732(3) when the owner of such vehicle has complied with the requirements of ss. 627.730-627.7405, inclusive, unless the provisions of s. 324.051 apply; and, in such case, the applicable proof of insurance provisions of s. 320.02 apply.
- (7) PROOF OF FINANCIAL RESPONSIBILITY.—Beginning January 1, 2022, That proof of ability to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle:
- (a) With respect to a motor vehicle other than a commercial motor vehicle, nonpublic sector bus, or for-hire passenger transportation vehicle, in the amounts specified in s. 324.022(1). amount of \$10,000 because of bodily injury to, or death of, one person in any one crash;
- (b) Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one crash;
  - (c) In the amount of \$10,000 because of injury to, or

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destruction of, property of others in any one crash; and

- (b) (d) With respect to commercial motor vehicles and nonpublic sector buses, in the amounts specified in s. 627.7415 ss. 627.7415 and 627.742, respectively.
- (c) With respect to nonpublic sector buses, in the amounts specified in s. 627.742.
- (d) With respect to for-hire passenger transportation vehicles, in the amounts specified in s. 324.032.
  - (9) OWNER; OWNER/LESSOR.-
  - (c) Application.
- 1. The limits on liability in subparagraphs (b) 2. and 3. do not apply to an owner of motor vehicles that are used for commercial activity in the owner's ordinary course of business, other than a rental company that rents or leases motor vehicles. For purposes of this paragraph, the term "rental company" includes only an entity that is engaged in the business of renting or leasing motor vehicles to the general public and that rents or leases a majority of its motor vehicles to persons with no direct or indirect affiliation with the rental company. The term "rental company" also includes:
- a. A related rental or leasing company that is a subsidiary of the same parent company as that of the renting or leasing company that rented or leased the vehicle.
- b. The holder of a motor vehicle title or an equity interest in a motor vehicle title if the title or equity interest is held pursuant to or to facilitate an asset-backed securitization of a fleet of motor vehicles used solely in the business of renting or leasing motor vehicles to the general public and under the dominion and control of a rental company,

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as described in this subparagraph, in the operation of such rental company's business.

- 2. Furthermore, with respect to commercial motor vehicles as defined in s. 207.002 or s. 320.01  $\frac{1}{8.627.732}$ , the limits on liability in subparagraphs (b) 2. and 3. do not apply if, at the time of the incident, the commercial motor vehicle is being used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is required pursuant to such act to carry placards warning others of the hazardous cargo, unless at the time of lease or rental either:
- a. The lessee indicates in writing that the vehicle will not be used to transport materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq.; or
- b. The lessee or other operator of the commercial motor vehicle has in effect insurance with limits of at least \$5 million \$5,000,000 combined property damage and bodily injury liability.
- 3.a. A motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate, that provides a temporary replacement vehicle at no charge or at a reasonable daily charge to a service customer whose vehicle is being held for repair, service, or adjustment by the motor vehicle dealer is immune from any cause of action and is not liable, vicariously or directly, under general law solely by reason of being the owner of the temporary replacement vehicle for harm to persons or property that arises out of the use, or operation, of the

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temporary replacement vehicle by any person during the period the temporary replacement vehicle has been entrusted to the motor vehicle dealer's service customer if there is no negligence or criminal wrongdoing on the part of the motor vehicle owner, or its leasing or rental affiliate.

b. For purposes of this section, and notwithstanding any other provision of general law, a motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate, that gives possession, control, or use of a temporary replacement vehicle to a motor vehicle dealer's service customer may not be adjudged liable in a civil proceeding absent negligence or criminal wrongdoing on the part of the motor vehicle dealer, or the motor vehicle dealer's leasing or rental affiliate, if the motor vehicle dealer or the motor vehicle dealer's leasing or rental affiliate executes a written rental or use agreement and obtains from the person receiving the temporary replacement vehicle a copy of the person's driver license and insurance information reflecting at least the minimum motor vehicle insurance coverage required in the state. Any subsequent determination that the driver license or insurance information provided to the motor vehicle dealer, or the motor vehicle dealer's leasing or rental affiliate, was in any way false, fraudulent, misleading, nonexistent, canceled, not in effect, or invalid does not alter or diminish the protections provided by this section, unless the motor vehicle dealer, or the motor vehicle dealer's leasing or rental affiliate, had actual knowledge thereof at the time possession of the temporary replacement vehicle was provided.

c. For purposes of this subparagraph, the term "service customer" does not include an agent or a principal of a motor

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vehicle dealer or a motor vehicle dealer's leasing or rental affiliate, and does not include an employee of a motor vehicle dealer or a motor vehicle dealer's leasing or rental affiliate unless the employee was provided a temporary replacement vehicle:

- (I) While the employee's personal vehicle was being held for repair, service, or adjustment by the motor vehicle dealer;
- (II) In the same manner as other customers who are provided a temporary replacement vehicle while the customer's vehicle is being held for repair, service, or adjustment; and
- (III) The employee was not acting within the course and scope of their employment.
- (12) FOR-HIRE PASSENGER TRANSPORTATION VEHICLE. Every forhire vehicle as defined in s. 320.01(15) which is offered or used to provide transportation for persons, including taxicabs, limousines, and jitneys.

Section 13. Section 324.022, Florida Statutes, is amended to read:

- 324.022 Financial responsibility requirements for property damage.-
- (1) (a) Beginning January 1, 2022, every owner or operator of a motor vehicle required to be registered in this state shall establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the use of the motor vehicle in the amount of:
- 1. Twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$50,000 for bodily injury to, or the death of, two or more persons in any one



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- 2. Ten thousand dollars for \$10,000 because of damage to, or destruction of, property of others in any one crash.
- (b) The requirements of paragraph (a) this section may be met by one of the methods established in s. 324.031; by selfinsuring as authorized by s. 768.28(16); or by maintaining a motor vehicle liability insurance policy that an insurance policy providing coverage for property damage liability in the amount of at least \$10,000 because of damage to, or destruction of, property of others in any one accident arising out of the use of the motor vehicle. The requirements of this section may also be met by having a policy which provides combined property damage liability and bodily injury liability coverage for any one crash arising out of the ownership, maintenance, or use of a motor vehicle and that conforms to the requirements of s. 324.151 in the amount of at least \$60,000 for every owner or operator subject to the financial responsibility required in paragraph (a) \$30,000 for combined property damage liability and bodily injury liability for any one crash arising out of the use of the motor vehicle. The policy, with respect to coverage for property damage liability, must meet the applicable requirements of s. 324.151, subject to the usual policy exclusions that have been approved in policy forms by the Office of Insurance Regulation. No insurer shall have any duty to defend uncovered claims irrespective of their joinder with covered claims.
- (c) Notwithstanding paragraph (a), the following owners or operators may instead establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the use of the motor vehicle in the

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amount of \$15,000 for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$30,000 for bodily injury to, or the death of, two or more persons in any one crash; and \$10,000 for damage to, or destruction of, property of others in any one crash:

- 1. An owner or operator who has a household income that is 200 percent or less of the most current federal poverty quidelines established by the United States Department of Health and Human Services; or
- 2. An owner or operator who meets the definition of a fulltime student in a secondary education program under s. 1011.61(1)(a) or meets the definition of a full-time student in a postsecondary education program under s. 1009.40.
  - (2) As used in this section, the term:
- (a) "Motor vehicle" means any self-propelled vehicle that has four or more wheels and that is of a type designed and required to be licensed for use on the highways of this state, and any trailer or semitrailer designed for use with such vehicle. The term does not include the following:
  - 1. A mobile home as defined in s. 320.01.
- 2. A motor vehicle that is used in mass transit and designed to transport more than five passengers, exclusive of the operator of the motor vehicle, and that is owned by a municipality, transit authority, or political subdivision of the state.
- 3. A school bus as defined in s. 1006.25, which must maintain security as required under s. 316.615.
  - 4. A commercial motor vehicle as defined in s. 207.002 or

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- 214 s. 320.01, which must maintain security as required under ss. 215 324.031 and 627.7415.
  - 5. A nonpublic sector bus, which must maintain security as required under ss. 324.031 and 627.742.
  - 6.4. A vehicle providing for-hire passenger transportation vehicle, which must that is subject to the provisions of s. 324.031. A taxicab shall maintain security as required under s. 324.032 s. 324.032(1).
    - 7.5. A personal delivery device as defined in s. 316.003.
  - 8. A motorcycle as defined in s. 320.01(26), unless s. 324.051 applies; in such case, paragraph (1)(a) and the applicable proof of insurance provisions of s. 320.02 apply.
  - (b) "Owner" means the person who holds legal title to a motor vehicle or the debtor or lessee who has the right to possession of a motor vehicle that is the subject of a security agreement or lease with an option to purchase.
  - (3) Each nonresident owner or registrant of a motor vehicle that, whether operated or not, has been physically present within this state for more than 90 days during the preceding 365 days shall maintain security as required by subsection (1). The security must be that is in effect continuously throughout the period the motor vehicle remains within this state.
  - (4) An The owner or registrant of a motor vehicle who is exempt from the requirements of this section if she or he is a member of the United States Armed Forces and is called to or on active duty outside the United States in an emergency situation is exempt from this section while he or she. The exemption provided by this subsection applies only as long as the member of the Armed Forces is on such active duty. This exemption

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outside the United States and applies only while the vehicle covered by the security is not operated by any person. Upon receipt of a written request by the insured to whom the exemption provided in this subsection applies, the insurer shall cancel the coverages and return any unearned premium or suspend the security required by this section. Notwithstanding s. 324.0221(2) s. 324.0221(3), the department may not suspend the registration or operator's license of an any owner or registrant of a motor vehicle during the time she or he qualifies for the an exemption under this subsection. An Any owner or registrant of a motor vehicle who qualifies for the an exemption under this subsection shall immediately notify the department before prior to and at the end of the expiration of the exemption.

Section 14. Subsections (1) and (2) of section 324.0221, Florida Statutes, are amended to read:

324.0221 Reports by insurers to the department; suspension of driver license and vehicle registrations; reinstatement.-

(1)(a) Each insurer that has issued a policy providing personal injury protection coverage or property damage liability coverage shall report the cancellation or nonrenewal thereof to the department within 10 days after the processing date or effective date of each cancellation or nonrenewal. Upon the issuance of a policy providing personal injury protection coverage or property damage liability coverage to a named insured not previously insured by the insurer during that calendar year, the insurer shall report the issuance of the new policy to the department within 10 days. The report must shall be in the form and format and contain any information required by the department and must be provided in a format that is

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compatible with the data processing capabilities of the department. Failure by an insurer to file proper reports with the department as required by this subsection constitutes a violation of the Florida Insurance Code. These records may shall be used by the department only for enforcement and regulatory purposes, including the generation by the department of data regarding compliance by owners of motor vehicles with the requirements for financial responsibility coverage.

- (b) With respect to an insurance policy providing personal injury protection coverage or property damage liability coverage, each insurer shall notify the named insured, or the first-named insured in the case of a commercial fleet policy, in writing that any cancellation or nonrenewal of the policy will be reported by the insurer to the department. The notice must also inform the named insured that failure to maintain bodily injury liability personal injury protection coverage and property damage liability coverage on a motor vehicle when required by law may result in the loss of registration and driving privileges in this state and inform the named insured of the amount of the reinstatement fees required by this section. This notice is for informational purposes only, and an insurer is not civilly liable for failing to provide this notice.
- (2) The department shall suspend, after due notice and an opportunity to be heard, the registration and driver license of any owner or registrant of a motor vehicle for with respect to which security is required under s. 324.022, s. 324.032, s. 627.7415, or s. 627.742 ss. 324.022 and 627.733 upon:
- (a) The department's records showing that the owner or registrant of such motor vehicle did not have the in full force

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and effect when required security in full force and effect that complies with the requirements of ss. 324.022 and 627.733; or

(b) Notification by the insurer to the department, in a form approved by the department, of cancellation or termination of the required security.

Section 15. Section 324.0222, Florida Statutes, is created to read:

324.0222 Application of suspensions for failure to maintain security; reinstatement.—All suspensions for failure to maintain required security as required by law in effect before January 1, 2022, remain in full force and effect after January 1, 2022. A driver may reinstate a suspended driver license or registration as provided under s. 324.0221.

Section 16. Section 324.023, Florida Statutes, is amended to read:

324.023 Financial responsibility for bodily injury or death.-In addition to any other financial responsibility required by law, every owner or operator of a motor vehicle that is required to be registered in this state, or that is located within this state, and who, regardless of adjudication of guilt, has been found guilty of or entered a plea of guilty or nolo contendere to a charge of driving under the influence under s. 316.193 after October 1, 2007, shall, by one of the methods established in s. 324.031(1) (a) or (b) s. 324.031(1) or (2), establish and maintain the ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle in the amount of \$100,000 because of bodily injury to, or death of, one person in any one crash and, subject to such limits for one person, in the amount of \$300,000 because of

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bodily injury to, or death of, two or more persons in any one crash and in the amount of \$50,000 because of property damage in any one crash. If the owner or operator chooses to establish and maintain such ability by furnishing a certificate of deposit pursuant to s. 324.031(1) (b) s. 324.031(2), such certificate of deposit must be at least \$350,000. Such higher limits must be carried for a minimum period of 3 years. If the owner or operator has not been convicted of driving under the influence or a felony traffic offense for a period of 3 years from the date of reinstatement of driving privileges for a violation of s. 316.193, the owner or operator is <del>shall be</del> exempt from this section.

Section 17. Section 324.031, Florida Statutes, is amended to read:

324.031 Manner of proving financial responsibility.-

- (1) The owner or operator of a taxicab, limousine, jitney, or any other for-hire passenger transportation vehicle may prove financial responsibility by providing satisfactory evidence of holding a motor vehicle liability policy as defined in s. 324.021(8) or s. 324.151, which policy is issued by an insurance carrier which is a member of the Florida Insurance Guaranty Association. The operator or owner of a motor vehicle other than a for-hire passenger transportation vehicle any other vehicle may prove his or her financial responsibility by:
- (a) (1) Furnishing satisfactory evidence of holding a motor vehicle liability policy as defined in ss. 324.021(8) and 324.151 which provides liability coverage for the motor vehicle being operated;
  - (b) (2) Furnishing a certificate of self-insurance showing a

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deposit of cash in accordance with s. 324.161; or

- (c) (3) Furnishing a certificate of self-insurance issued by the department in accordance with s. 324.171.
- (2) Beginning January 1, 2022, any person, including any firm, partnership, association, corporation, or other person, other than a natural person, electing to use the method of proof specified in paragraph (1)(b) subsection (2) shall do both of the following:
- (a) Furnish a certificate of deposit equal to the number of vehicles owned times  $$60,000 \frac{$30,000}{}$ , up to a maximum of \$240,000. <del>\$120,000;</del>
- (b) In addition, any such person, other than a natural person, shall Maintain insurance providing coverage that meets the requirements of s. 324.151 and has limits of:
- 1. At least \$125,000 for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in any one crash, and \$50,000 for damage to, or destruction of, property of others in any one crash; or
- 2. At least \$300,000 for combined bodily injury liability and property damage liability for any one crash in excess of limits of \$10,000/20,000/10,000 or \$30,000 combined single limits, and such excess insurance shall provide minimum limits of \$125,000/250,000/50,000 or \$300,000 combined single limits. These increased limits shall not affect the requirements for proving financial responsibility under s. 324.032(1).
- Section 18. Section 324.032, Florida Statutes, is amended to read:

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324.032 Manner of proving Financial responsibility for; for-hire passenger transportation vehicles. - Notwithstanding the provisions of s. 324.031:

- (1) An owner or a lessee of a for-hire passenger transportation vehicle that is required to be registered in this state shall establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the ownership, maintenance, or use of the for-hire passenger transportation vehicle, in the amount of:
- (a) One hundred twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in any one crash; and A person who is either the owner or a lessee required to maintain insurance under s. 627.733(1)(b) and who operates one or more taxicabs, limousines, jitneys, or any other for-hire passenger transportation vehicles may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy, but with minimum limits of \$125,000/250,000/50,000.
- (b) Fifty thousand dollars for damage to, or destruction of, property of others in any one crash A person who is either the owner or a lessee required to maintain insurance under s. 324.021(9)(b) and who operates limousines, jitneys, or any other for-hire passenger vehicles, other than taxicabs, may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy as defined in s. <del>324.031</del>.
  - (2) Except as provided in subsection (3), the requirements



of this section must be met by the owner or lessee providing satisfactory evidence of holding a motor vehicle liability policy conforming to the requirements of s. 324.151 which is issued by an insurance carrier that is a member of the Florida Insurance Guaranty Association.

(3) (2) An owner or a lessee who is required to maintain insurance under s. 324.021(9)(b) and who operates at least 300 taxicabs, limousines, jitneys, or any other for-hire passenger transportation vehicles may provide financial responsibility by complying with the provisions of s. 324.171, which must such compliance to be demonstrated by maintaining at its principal place of business an audited financial statement, prepared in accordance with generally accepted accounting principles, and providing to the department a certification issued by a certified public accountant that the applicant's net worth is at least equal to the requirements of s. 324.171 as determined by the Office of Insurance Regulation of the Financial Services Commission, including claims liabilities in an amount certified as adequate by a Fellow of the Casualty Actuarial Society.

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Upon request by the department, the applicant shall must provide the department at the applicant's principal place of business in this state access to the applicant's underlying financial information and financial statements that provide the basis of the certified public accountant's certification. The applicant shall reimburse the requesting department for all reasonable costs incurred by it in reviewing the supporting information. The maximum amount of self-insurance permissible under this subsection is \$300,000 and must be stated on a per-

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occurrence basis, and the applicant shall maintain adequate excess insurance issued by an authorized or eligible insurer licensed or approved by the Office of Insurance Regulation. All risks self-insured shall remain with the owner or lessee providing it, and the risks are not transferable to any other person, unless a policy complying with subsections (1) and (2) subsection (1) is obtained.

Section 19. Subsection (2) of section 324.051, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

324.051 Reports of crashes; suspensions of licenses and registrations.-

- (2)(a) Thirty days after receipt of notice of any accident described in paragraph (1)(a) involving a motor vehicle within this state, the department shall suspend, after due notice and opportunity to be heard, the license of each operator and all registrations of the owner of the vehicles operated by such operator whether or not involved in such crash and, in the case of a nonresident owner or operator, shall suspend such nonresident's operating privilege in this state, unless such operator or owner shall, prior to the expiration of such 30 days, be found by the department to be exempt from the operation of this chapter, based upon evidence satisfactory to the department that:
- 1. The motor vehicle was legally parked at the time of such crash.
- 2. The motor vehicle was owned by the United States Government, this state, or any political subdivision of this state or any municipality therein.

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- 3. Such operator or owner has secured a duly acknowledged written agreement providing for release from liability by all parties injured as the result of said crash and has complied with one of the provisions of s. 324.031.
- 4. Such operator or owner has deposited with the department security to conform with s. 324.061 when applicable and has complied with one of the provisions of s. 324.031.
- 5. One year has elapsed since such owner or operator was suspended pursuant to subsection (3), the owner or operator has complied with one of the provisions of s. 324.031, and no bill of complaint of which the department has notice has been filed in a court of competent jurisdiction.
  - (b) This subsection does shall not apply:
- 1. To such operator or owner if such operator or owner had in effect at the time of such crash or traffic conviction a motor vehicle an automobile liability policy with respect to all of the registered motor vehicles owned by such operator or owner.
- 2. To such operator, if not the owner of such motor vehicle, if there was in effect at the time of such crash or traffic conviction a motor vehicle an automobile liability policy or bond with respect to his or her operation of motor vehicles not owned by him or her.
- 3. To such operator or owner if the liability of such operator or owner for damages resulting from such crash is, in the judgment of the department, covered by any other form of liability insurance or bond.
- 4. To any person who has obtained from the department a certificate of self-insurance, in accordance with s. 324.171, or



to any person operating a motor vehicle for such self-insurer.

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No such policy or bond shall be effective under this subsection unless it contains limits of not less than those specified in s. 324.021(7).

(4) As used in this section, the term "motor vehicle" includes a motorcycle as defined in s. 320.01(26).

Section 20. Section 324.071, Florida Statutes, is amended to read:

324.071 Reinstatement; renewal of license; reinstatement fee. -An Any operator or owner whose license or registration has been suspended pursuant to s. 324.051(2), s. 324.072, s. 324.081, or s. 324.121 may effect its reinstatement upon compliance with the provisions of s. 324.051(2)(a)3. or 4., or s. 324.081(2) and (3), as the case may be, and with one of the provisions of s. 324.031 and upon payment to the department of a nonrefundable reinstatement fee of \$15. Only one such fee may shall be paid by any one person regardless irrespective of the number of licenses and registrations to be then reinstated or issued to such person. All Such fees must shall be deposited to a department trust fund. If When the reinstatement of any license or registration is effected by compliance with s. 324.051(2)(a)3. or 4., the department may shall not renew the license or registration within  $\frac{1}{2}$  period of 3 years after  $\frac{1}{2}$  from such reinstatement, nor may shall any other license or registration be issued in the name of such person, unless the operator continues is continuing to comply with one of the provisions of s. 324.031.

Section 21. Subsection (1) of section 324.091, Florida



Statutes, is amended to read:

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324.091 Notice to department; notice to insurer.

(1) Each owner and operator involved in a crash or conviction case within the purview of this chapter shall furnish evidence of automobile liability insurance or motor vehicle liability insurance within 14 days after the date of the mailing of notice of crash by the department in the form and manner as it may designate. Upon receipt of evidence that a an automobile liability policy or motor vehicle liability policy was in effect at the time of the crash or conviction case, the department shall forward to the insurer such information for verification in a method as determined by the department. The insurer shall respond to the department within 20 days after the notice as to whether or not such information is valid. If the department determines that a an automobile liability policy or motor vehicle liability policy was not in effect and did not provide coverage for both the owner and the operator, it must shall take action as it is authorized to do under this chapter.

Section 22. Section 324.151, Florida Statutes, is amended to read:

324.151 Motor vehicle liability policies; required provisions.-

- (1) A motor vehicle liability policy that serves as to be proof of financial responsibility under s. 324.031(1) (a) must s. 324.031(1), shall be issued to owners or operators of motor vehicles under the following provisions:
- (a) A motor vehicle An owner's liability insurance policy issued to an owner of a motor vehicle required to be registered in this state must shall designate by explicit description or by

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appropriate reference all motor vehicles for with respect to which coverage is thereby granted. The policy must and shall insure the person or persons owner named therein and, except for a named driver excluded pursuant to s. 627.747, must insure any resident relative of a named insured other person as operator using such motor vehicle or motor vehicles with the express or implied permission of such owner against loss from the liability imposed by law for damage arising out of the ownership, maintenance, or use of any such motor vehicle or motor vehicles within the United States or the Dominion of Canada, subject to limits, exclusive of interest and costs with respect to each such motor vehicle as is provided for under s. 324.021(7). Except for a named driver excluded pursuant to s. 627.747, the policy must also insure any person operating an insured motor vehicle with the express or implied permission of a named insured against loss from the liability imposed by law for damage arising out of the use of any vehicle. However, the insurer may include provisions in its policy excluding liability coverage for a motor vehicle not designated as an insured vehicle on the policy if such motor vehicle does not qualify as a newly acquired vehicle or as a temporary substitute vehicle and was owned by the insured or was furnished for an insured's regular use for more than 30 consecutive days before the event giving rise to the claim. Insurers may make available, with respect to property damage liability coverage, a deductible amount not to exceed \$500. In the event of a property damage loss covered by a policy containing a property damage deductible provision, the insurer shall pay to the third-party claimant the amount of any property damage liability settlement or judgment,

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subject to policy limits, as if no deductible existed.

- (b) A motor vehicle liability insurance policy issued to a person who does not own a motor vehicle must An operator's motor vehicle liability policy of insurance shall insure the person or persons named therein against loss from the liability imposed upon him or her by law for damages arising out of the use by the person of any motor vehicle not owned by him or her, with the same territorial limits and subject to the same limits of liability as referred to above with respect to an owner's policy of liability insurance.
- (c) All such motor vehicle liability policies must provide liability coverage with limits, exclusive of interest and costs, as specified under s. 324.021(7) for accidents occurring within the United States or Canada. The policies must shall state the name and address of the named insured, the coverage afforded by the policy, the premium charged therefor, the policy period, and the limits of liability, and must shall contain an agreement or be endorsed that insurance is provided in accordance with the coverage defined in this chapter as respects bodily injury and death or property damage or both and is subject to all provisions of this chapter. The Said policies must shall also contain a provision that the satisfaction by an insured of a judgment for such injury or damage may shall not be a condition precedent to the right or duty of the insurance carrier to make payment on account of such injury or damage, and must shall also contain a provision that bankruptcy or insolvency of the insured or of the insured's estate does shall not relieve the insurance carrier of any of its obligations under the said policy.
  - (2) The provisions of This section is shall not be

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applicable to any motor vehicle automobile liability policy unless and until it is furnished as proof of financial responsibility for the future pursuant to s. 324.031, and then applies only from and after the date the said policy is so furnished.

- (3) As used in this section, the term:
- (a) "Newly acquired vehicle" means a vehicle owned by a named insured or resident relative of the named insured which was acquired no more than 30 days before an accident.
- (b) "Resident relative" means a person related to a named insured by any degree by blood, marriage, or adoption, including a ward or foster child, who usually makes his or her home in the same family unit or residence as the named insured, regardless of whether he or she temporarily lives elsewhere.
- (c) "Temporary substitute vehicle" means any motor vehicle as defined in s. 320.01(1) which is not owned by the named insured and which is temporarily used with the permission of the owner as a substitute for the owned motor vehicle designated on the policy when the owned vehicle is withdrawn from normal use because of breakdown, repair, servicing, loss, or destruction.

Section 23. Section 324.161, Florida Statutes, is amended to read:

324.161 Proof of financial responsibility; deposit.—If a person elects to prove his or her financial responsibility under the method of proof specified in s. 324.031(1)(b), he or she annually must obtain and submit to the department proof of a certificate of deposit in the amount required under s. 324.031(2) from a financial institution insured by the Federal

Deposit Insurance Corporation or the National Credit Union

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Administration Annually, before any certificate of insurance be issued to a person, including any firm, partnership, association, corporation, or other person, other than a natural person, proof of a certificate of deposit of \$30,000 issued and held by a financial institution must be submitted to the department. A power of attorney will be issued to and held by the department and may be executed upon a judgment issued against such person making the deposit, for damages for because of bodily injury to or death of any person or for damages for because of injury to or destruction of property resulting from the use or operation of any motor vehicle occurring after such deposit was made. Money so deposited is shall not be subject to attachment or execution unless such attachment or execution arises shall arise out of a lawsuit suit for such damages as aforesaid.

Section 24. Subsections (1) and (2) of section 324.171, Florida Statutes, are amended to read:

324.171 Self-insurer.

- (1) A Any person may qualify as a self-insurer by obtaining a certificate of self-insurance from the department. which may, in its discretion and Upon application of such a person, the department may issue a said certificate of self-insurance to an applicant who satisfies when such person has satisfied the requirements of this section. Effective January 1, 2022 to qualify as a self-insurer under this section:
- (a) A private individual with private passenger vehicles shall possess a net unencumbered worth of at least \$100,000 \$40,000.
  - (b) A person, including any firm, partnership, association,

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corporation, or other person, other than a natural person, shall:

- 1. Possess a net unencumbered worth of at least \$100,000 \$40,000 for the first motor vehicle and \$50,000 \$20,000 for each additional motor vehicle; or
- 2. Maintain sufficient net worth, in an amount determined by the department, to be financially responsible for potential losses. The department annually shall determine the minimum net worth sufficient to satisfy this subparagraph as determined annually by the department, pursuant to rules adopted  $\frac{1}{2}$  promulgated by the department, with the assistance of the Office of Insurance Regulation of the Financial Services Commission, to be financially responsible for potential losses. The rules must consider any shall take into consideration excess insurance carried by the applicant. The department's determination must shall be based upon reasonable actuarial principles considering the frequency, severity, and loss development of claims incurred by casualty insurers writing coverage on the type of motor vehicles for which a certificate of self-insurance is desired.
- (c) The owner of a commercial motor vehicle, as defined in s. 207.002 or s. 320.01, may qualify as a self-insurer subject to the standards provided for in subparagraph (b) 2.
- (2) The self-insurance certificate must shall provide limits of liability insurance in the amounts specified under s. 324.021(7) or s. 627.7415 and shall provide personal injury protection coverage under s. 627.733(3)(b).

Section 25. Section 324.251, Florida Statutes, is amended to read:

324.251 Short title.—This chapter may be cited as the

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"Financial Responsibility Law of 2021 1955" and is shall become effective at 12:01 a.m., January 1, 2022 October 1, 1955.

Section 26. Subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.

(4)(a) "Clinic" means an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. As used in this part, the term does not include and the licensure requirements of this part do not apply to:

1. (a) Entities licensed or registered by the state under chapter 395; entities licensed or registered by the state and providing only health care services within the scope of services authorized under their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid Services

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under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services or other health care services by licensed practitioners solely within a hospital licensed under chapter 395.

2.(b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapter 395; entities that own, directly or indirectly, entities licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital



licensed under chapter 395.

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3.<del>(c)</del> Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapter 395; entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital under chapter 395.

4. (d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapter 395; entities that are under common

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ownership, directly or indirectly, with an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

5.<del>(e)</del> An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan under 26 U.S.C. s. 409 that has a board of trustees at least two-thirds of which are Florida-licensed health care practitioners and provides only physical therapy services under physician orders, any community college or university clinic,

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and any entity owned or operated by the federal or state government, including agencies, subdivisions, or municipalities thereof.

6.<del>(f)</del> A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that physician.

7. (a) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, and that is wholly owned by one or more licensed health care practitioners, or the licensed health care practitioners set forth in this subparagraph paragraph and the spouse, parent, child, or sibling of a licensed health care practitioner if one of the owners who is a licensed health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in s. 456.053(3)(b) which provides only services authorized pursuant to s. 456.053(3)(b) may be supervised by a licensee specified in s. 456.053(3)(b).

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8.(h) Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.

9. (i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange.

10. (i) Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education at which training is provided for chiropractic students.

11. (k) Entities that provide licensed practitioners to staff emergency departments or to deliver anesthesia services in facilities licensed under chapter 395 and that derive at least 90 percent of their gross annual revenues from the provision of such services. Entities claiming an exemption from licensure under this subparagraph paragraph must provide documentation demonstrating compliance.

12.<del>(1)</del> Orthotic, prosthetic, pediatric cardiology, or perinatology clinical facilities or anesthesia clinical facilities that are not otherwise exempt under subparagraph 1. or subparagraph 11. paragraph (a) or paragraph (k) and that are a publicly traded corporation or are wholly owned, directly or indirectly, by a publicly traded corporation. As used in this subparagraph paragraph, a publicly traded corporation is a corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange.

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13. (m) Entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners where one or more of the persons responsible for the operations of the entity is a health care practitioner who is licensed in this state and who is responsible for supervising the business activities of the entity and is responsible for the entity's compliance with state law for purposes of this part.

14. (n) Entities that employ 50 or more licensed health care practitioners licensed under chapter 458 or chapter 459 where the billing for medical services is under a single tax identification number. The application for exemption under this subsection must include shall contain information that includes: the name, residence, and business address and telephone phone number of the entity that owns the practice; a complete list of the names and contact information of all the officers and directors of the corporation; the name, residence address, business address, and medical license number of each licensed Florida health care practitioner employed by the entity; the corporate tax identification number of the entity seeking an exemption; a listing of health care services to be provided by the entity at the health care clinics owned or operated by the entity; and a certified statement prepared by an independent certified public accountant which states that the entity and the health care clinics owned or operated by the entity have not received payment for health care services under medical payments personal injury protection insurance coverage for the preceding year. If the agency determines that an entity that which is exempt under this subsection has received payments for medical

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services under medical payments personal injury protection insurance coverage, the agency may deny or revoke the exemption from licensure under this subsection.

15. (o) Entities that are, directly or indirectly, under the common ownership of or that are subject to common control by a mutual insurance holding company, as defined in s. 628.703, with an entity issued a certificate of authority under chapter 624 or chapter 641 which has \$1 billion or more in total annual sales in this state.

16. (p) Entities that are owned by an entity that is a behavioral health care service provider in at least five other states; that, together with its affiliates, have \$90 million or more in total annual revenues associated with the provision of behavioral health care services; and wherein one or more of the persons responsible for the operations of the entity is a health care practitioner who is licensed in this state, who is responsible for supervising the business activities of the entity, and who is responsible for the entity's compliance with state law for purposes of this part.

17.<del>(q)</del> Medicaid providers.

- (b) Notwithstanding paragraph (a) this subsection, an entity is shall be deemed a clinic and must be licensed under this part in order to receive medical payments coverage reimbursement under s. 627.7265 unless the entity is:
- 1. Wholly owned by a physician licensed under chapter 458 or chapter 459, or by the physician and the spouse, parent, child, or sibling of the physician;
- 2. Wholly owned by a dentist licensed under chapter 466, or by the dentist and the spouse, parent, child, or sibling of the



939	dentist;
940	3. Wholly owned by a chiropractic physician licensed under
941	chapter 460, or by the chiropractic physician and the spouse,
942	parent, child, or sibling of the chiropractic physician;
943	4. A hospital or ambulatory surgical center licensed under
944	chapter 395;
945	5. An entity that wholly owns or is wholly owned, directly
946	or indirectly, by a hospital or hospitals licensed under chapter
947	<u>395;</u>
948	6. A clinical facility affiliated with an accredited
949	medical school at which training is provided for medical
950	students, residents, or fellows;
951	7. Certified under 42 C.F.R. part 485, subpart H; or
952	8. Owned by a publicly traded corporation, either directly
953	or indirectly through its subsidiaries, which has \$250 million
954	or more in total annual sales of health care services provided
955	by licensed health care practitioners, if one or more of the
956	persons responsible for the operations of the entity are health
957	care practitioners who are licensed in this state and are
958	responsible for supervising the business activities of the
959	entity and the entity's compliance with state law for purposes
960	of this subsection the Florida Motor Vehicle No-Fault Law, ss.
961	627.730-627.7405, unless exempted under s. 627.736(5)(h).
962	Section 27. Subsection (5) of section 400.991, Florida
963	Statutes, is amended to read:
964	400.991 License requirements; background screenings;
965	prohibitions.—
966	(5) All agency forms for licensure application or exemption

from licensure under this part must contain the following

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statement:

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INSURANCE FRAUD NOTICE.—A person commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes, if the person who knowingly submits a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400, Florida Statutes, with the intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under a motor vehicle liability insurance policy's medical payments coverage the Florida Motor Vehicle No-Fault Law, commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes. A person who presents a claim for benefits under medical payments coverage personal injury protection benefits knowing that the payee knowingly submitted such health care clinic application or document, commits insurance fraud, as defined in s. 817.234, Florida Statutes.

Section 28. Paragraph (g) of subsection (1) of section 400.9935, Florida Statutes, is amended to read:

400.9935 Clinic responsibilities.-

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:
- (q) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director

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shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and provides the professional interpretation of such services, in a fixed facility that is accredited by a national accrediting organization that is approved by the Centers for Medicare and Medicaid Services for magnetic resonance imaging and advanced diagnostic imaging services and if, in the preceding quarter, the percentage of scans performed by that clinic which was billed to motor vehicle all personal injury protection insurance carriers under medical payments coverage was less than 15 percent, the chief financial officer of the clinic may, in a written acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful.

Section 29. Subsection (28) of section 409.901, Florida Statutes, is amended to read:

409.901 Definitions; ss. 409.901-409.920.—As used in ss. 409.901-409.920, except as otherwise specifically provided, the term:

(28) "Third-party benefit" means any benefit that is or may be available at any time through contract, court award, judgment, settlement, agreement, or any arrangement between a third party and any person or entity, including, without limitation, a Medicaid recipient, a provider, another third party, an insurer, or the agency, for any Medicaid-covered injury, illness, goods, or services, including costs of medical services related thereto, for bodily personal injury or for

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death of the recipient, but specifically excluding policies of life insurance policies on the recipient, unless available under terms of the policy to pay medical expenses before prior to death. The term includes, without limitation, collateral, as defined in this section;  $\tau$  health insurance;  $\tau$  any benefit under a health maintenance organization, a preferred provider arrangement, a prepaid health clinic, liability insurance, uninsured motorist insurance, or medical payments coverage; or personal injury protection coverage, medical benefits under workers' compensation, and any obligation under law or equity to provide medical support.

Section 30. Paragraph (f) of subsection (11) of section 409.910, Florida Statutes, is amended to read:

- 409.910 Responsibility for payments on behalf of Medicaideligible persons when other parties are liable.-
- (11) The agency may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.
- (f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a judgment, award, or settlement from a third party, the amount recovered shall be distributed as follows:
- 1. After attorney attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the

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remaining recovery shall be paid to the agency up to the total amount of medical assistance provided by Medicaid.

- 2. The remaining amount of the recovery shall be paid to the recipient.
- 3. For purposes of calculating the agency's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.
- 4. Notwithstanding any other provision of this section to the contrary, the agency shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid. For purposes of this paragraph, the term "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation coverage, motor vehicle insurance coverage, personal injury protection, and casualty coverage.

Section 31. Paragraph (k) of subsection (2) of section 456.057, Florida Statutes, is amended to read:

456.057 Ownership and control of patient records; report or copies of records to be furnished; disclosure of information.-

(2) As used in this section, the terms "records owner," "health care practitioner," and "health care practitioner's employer" do not include any of the following persons or entities; furthermore, the following persons or entities are not authorized to acquire or own medical records, but are authorized under the confidentiality and disclosure requirements of this

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section to maintain those documents required by the part or chapter under which they are licensed or regulated:

(k) Persons or entities practicing under s. 627.7265 s. 627.736(7).

Section 32. Paragraphs (ee) and (ff) of subsection (1) of section 456.072, Florida Statutes, are amended to read:

456.072 Grounds for discipline; penalties; enforcement.

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (ee) With respect to making a medical payments coverage personal injury protection claim under s. 627.7265 as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been upcoded. As used in this paragraph, the term "upcoded" means an action that submits a billing code that would result in a greater payment amount than would be paid using a billing code that accurately describes the services performed. The term does not include an otherwise lawful bill by a magnetic resonance imaging facility which globally combines both technical and professional components, if the amount of the global bill is not more than the components if billed separately; however, payment of such a bill constitutes payment in full for all components of such service "upcoded" as defined in s. 627.732.
- (ff) With respect to making a medical payments coverage personal injury protection claim pursuant to s. 627.7265 as required by s. 627.736, intentionally submitting a claim, statement, or bill for payment of services that were not rendered.

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Section 33. Section 559.920, Florida Statutes, is reordered and amended to read:

559.920 Unlawful acts and practices.—It shall be a violation of this act for any motor vehicle repair shop or employee thereof to do any of the following:

- (1) Engage or attempt to engage in repair work for compensation of any type without first being registered with or having submitted an affidavit of exemption to the department. +
- (2) Make or charge for repairs which have not been expressly or impliedly authorized by the customer. +
- (3) Misrepresent that repairs have been made to a motor vehicle. +
- (4) Misrepresent that certain parts and repairs are necessary to repair a vehicle. +
- (5) Misrepresent that the vehicle being inspected or diagnosed is in a dangerous condition or that the customer's continued use of the vehicle may be harmful or cause great damage to the vehicle. +
- (6) Fraudulently alter any customer contract, estimate, invoice, or other document. +
  - (7) Fraudulently misuse any customer's credit card. +
- (8) Make or authorize in any manner or by any means whatever any written or oral statement which is untrue, deceptive or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue, deceptive or misleading. +
- (9) Make false promises of a character likely to influence, persuade, or induce a customer to authorize the repair, service, or maintenance of a motor vehicle. +

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- (10) Substitute used, rebuilt, salvaged, or straightened parts for new replacement parts without notice to the motor vehicle owner and to her or his insurer if the cost of repair is to be paid pursuant to an insurance policy and the identity of the insurer or its claims adjuster is disclosed to the motor vehicle repair shop. +
- (11) Cause or allow a customer to sign any work order that does not state the repairs requested by the customer or the automobile's odometer reading at the time of repair. +
- (12) Fail or refuse to give to a customer a copy of any document requiring the customer's signature upon completion or cancellation of the repair work. +
- (13) Willfully depart from or disregard accepted practices and professional standards. +
- (14) Have repair work subcontracted without the knowledge or consent of the customer unless the motor vehicle repair shop or employee thereof demonstrates that the customer could not reasonably have been notified. +
- (15) Conduct the business of motor vehicle repair in a location other than that stated on the registration certificate. +
- (16) Rebuild or restore a rebuilt vehicle without the knowledge of the owner in such a manner that it does not conform to the original vehicle manufacturer's established repair procedures or specifications and allowable tolerances for the particular model and year.; or
- (17) With respect to the replacement or repair of a motor vehicle windshield:
  - (a) Threaten, coerce, or intimidate an insured into



1171 selecting a particular motor vehicle glass repair facility or 1172 motor vehicle repair shop; 1173 (b) Waive or offer to waive the insured's deductible or 1174 offer a rebate, gift, gift card, cash, coupon, or anything of 1175 value to a third party in exchange for a referral of an insured 1176 to the motor vehicle glass repair facility or motor vehicle 1177 repair shop in connection with any claim under an insurance 1178 policy; or 1179 (c) Waive or offer to waive the insured's deductible or 1180 offer a rebate, gift, gift card, cash, coupon or anything of 1181 value to an insured in exchange for the insured filing a motor 1182

- vehicle windshield claim under an insurance policy.
- (19) (17) Perform any other act that is a violation of this part or that constitutes fraud or misrepresentation.
  - (18) Violate any provision of s. 713.585.
- Section 34. Paragraph (b) of subsection (1) and subsection (8) of section 624.155, Florida Statutes, are amended to read: 624.155 Civil remedy.

  - (1) Any person may bring a civil action against an insurer when such person is damaged:
  - (b) By the commission of any of the following acts by the insurer:
  - 1. Except for a third-party bad faith failure to settle claim subject to s. 624.156, not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests;
  - 2. Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under

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which payments are being made; or

- 3. Except as to liability coverages, failing to promptly settle claims, when the obligation to settle a claim has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage; or
- 4. When handling a first-party claim under a motor vehicle insurance policy, not attempting in good faith to settle such claim pursuant to subparagraph 1. when such failure is caused by a failure to communicate to an insured:
  - a. Information on who is adjusting the claim;
  - b. Any issues that may impair the insured's coverage;
- c. Information that might resolve the issue in a prompt manner;
- d. Any basis for the insurer's rejection or nonacceptance of any settlement offer; or
- e. Any needed extensions to respond to a time-limited settlement offer.

Notwithstanding the provisions of the above to the contrary, a person pursuing a remedy under this section need not prove that such act was committed or performed with such frequency as to indicate a general business practice.

(8) The civil remedy specified in this section does not preempt any other remedy or cause of action provided for pursuant to any other statute or pursuant to the common law of this state. A Any person is may obtain a judgment under either the common-law remedy of bad faith or this statutory remedy, but shall not be entitled to a judgment under multiple bad faith

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both remedies, whether under statute or common law. This section shall not be construed to create a common-law cause of action. The damages recoverable pursuant to this section shall include those damages which are a reasonably foreseeable result of a specified violation of this section by the authorized insurer and may include an award or judgment in an amount that exceeds the policy limits.

Section 35. Section 624.156, Florida Statutes, is created to read:

624.156 Bad faith failure to settle actions against motor vehicle insurers by third-party claimants.-

- (1) SCOPE.—This section applies in all actions against any insurer by a third party for bad faith failure to settle, whether under statute or common law, for a loss arising out of the ownership, maintenance, or use of a motor vehicle operated or principally garaged in this state at the time of an accident, regardless of whether the insurer is authorized to do business in this state or issued a policy in this state.
- (2) DUTY OF GOOD FAITH.—In handling claims, an insurer has a fiduciary duty to its insured and must handle claims in good faith. The insurer shall comply with the best practice standards of subsection (4) using the same degree of care and diligence as a person of ordinary care and prudence would exercise in the management of his or her own business.
- (3) BAD FAITH FAILURE TO SETTLE.—"Bad faith failure to settle" means an insurer's failure to settle a claim when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for the insured's interests.



1258 (4) BEST PRACTICE STANDARDS.—Upon the earlier of receiving notice of a claim or, under subsection (6), a demand for 1259 1260 settlement, an insurer must do all of the following: 1261 (a) Assign a duly licensed and appointed insurance adjuster 1262 to investigate the claim and resolve any questions concerning 1263 the existence or extent of the insured's coverage. 1264 (b) Evaluate every claim fairly, honestly, and with due 1265 regard for the interests of its insured, consider the full extent of the claimant's recoverable damages, and consider the 1266 1267 information in a reasonable and prudent manner. 1268 (c) Request from the insured or claimant additional 1269 relevant information deemed necessary. 1270 (d) Conduct all verbal and written communications with the 1271 utmost honesty and complete candor. 1272 (e) Make reasonable efforts to explain to nonattorneys 1273 matters requiring expertise beyond the level normally expected 1274 of a layperson with no training in insurance or claims-handling 1275 issues. 1276 (f) Save all written communications and note and save all 1277 verbal communications in a reasonable manner. 1278 (g) Provide the insured, upon request, with all 1279 nonprivileged communications related to the insurer's handling 1280 of the claim. 1281 (h) Provide, at the insurer's expense, reasonable 1282 accommodations necessary to communicate effectively with an 1283 insured covered under the Americans with Disabilities Act. 1284 (i) In handling third-party claims, communicate to an 1285 insured:

1. The identity of any other person or entity the insurer



1287	knows may be liable;
1288	2. The insurer's activity on and evaluation of the claim;
1289	3. The likelihood and possible extent of an excess
1290	<pre>judgment;</pre>
1291	4. Steps the insured can take to avoid exposure to an
1292	excess judgment;
1293	5. Requests for examinations under oath and an explanation
1294	of the consequences of an insured's failure to submit to an
1295	examination under oath; and
1296	6. Any demands for settlement under subsection (6) or
1297	settlement offers.
1298	(j) When a loss involves multiple claimants and the
1299	claimants are unwilling to settle cumulatively within the policy
1300	limits and release the insured from further liability, in
1301	addition to fulfilling the requirements of paragraphs (a)-(i),
1302	attempt to minimize the risk of excess judgments against the
1303	insured and settle as many claims as possible within the policy
1304	limits in exchange for a release of the insured from further
1305	<u>liability.</u>
1306	(5) CONDITIONS PRECEDENTIt is a condition precedent to
1307	filing a third-party action for bad faith failure to settle
1308	against an insurer that the claimant must:
1309	(a) Serve a demand for settlement, as provided in
1310	subsection (6), within the insurer's limits of liability in
1311	exchange for a release of further liability against the insured;
1312	<u>and</u>
1313	(b) Obtain a final judgment in excess of the policy limits
1314	against the insured.
1315	(6) DEMAND FOR SETTLEMENT.—A demand for settlement must do
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1316	all of the following:
1317	(a) Identify the:
1318	1. Date and location of loss;
1319	2. Name, address, and date of birth of the claimant;
1320	3. Name of each insured to whom the demand for settlement
1321	is directed; and
1322	4. Legal and factual basis of the claim.
1323	(b) Provide a reasonably detailed description of the
1324	claimant's:
1325	1. Known injuries caused or aggravated by the incident on
1326	which the claim is based;
1327	2. Medical treatment causally related to the incident on
1328	which the claim is based; and
1329	3. Type and amount of known damages incurred and, if any,
1330	the damages the claimant reasonably anticipates incurring in the
1331	future.
1332	(c) State the amount of the demand for settlement.
1333	(d) State whether the demand for settlement is conditioned
1334	on the completion of an examination under oath, as authorized by
1335	subsection (8).
1336	(e) Provide a physical address, an e-mail address, and a
1337	facsimile number for further communications, including, but not
1338	limited to, responses to the demand for settlement.
1339	(f) Release the insured from any further liability upon the
1340	insurer's acceptance of a demand for settlement which is not
1341	withdrawn pursuant to paragraph (8)(e) or paragraph (8)(g), or
1342	accepted pursuant to paragraph (8)(f).
1343	(g) Be served upon the insurer by certified mail at the
1344	address designated by the insurer with the Department of

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Financial Services under s. 624.422(2).

- (7) LIMITATIONS ON CONDITIONS OF ACCEPTANCE OF A DEMAND. -A claimant may not place any conditions on acceptance of a demand for settlement other than electing the right to examine the insured under oath regarding any of the following:
- (a) Whether the insured has the ability to satisfy a claim for damages in excess of the insurer's limits of liability.
- (b) Whether any other person or entity may have actual or potential direct or vicarious liability for the insured's negligence.
- (c) Whether any other insurance exists which may cover some or all of the damages sustained by the claimant.
- (8) EXAMINATION UNDER OATH.—After serving a demand for settlement, a claimant may examine the insured under oath, on one occasion for a period of time not to exceed 2 hours, regarding only the issues in subsection (7).
- (a) The claimant may request that the insured bring to the examination relevant documents in the insured's possession, custody, or control, including, but not limited to, credit reports, insurance policies, bank statements, tax returns, deeds, titles, and other proof of assets or liabilities.
- (b) Except as provided in paragraph (7)(b), the claimant may not examine the insured regarding liability.
- (c) The claimant, the insurer, and the insured shall cooperate in scheduling the examination under oath. The insurer shall notify the insured of the date, time, and location of the examination under oath.
- (d) The examination under oath must occur within 30 days after the insurer's acceptance of the settlement demand.



1374 (e) The claimant may withdraw the demand for settlement if the insured refuses to submit to an examination under oath. 1375 1376 (f) If the insured refuses to submit to an examination 1377 under oath, the insurer may accept the demand for settlement 1378 without requiring a release of the insured. An insurer that 1379 accepts the demand for settlement pursuant to this paragraph does not have any further duty to defend the insured and may not 1380 1381 be held liable for damages to the insured if the claimant 1382 thereafter obtains an excess judgment against the insured. 1383 (q) Within 7 days after the examination under oath, the 1384 claimant may withdraw the demand for settlement. 1385 (9) SAFE HARBOR.—When one claim arises out of a single 1386 occurrence, an insurer is not liable in a bad faith failure to 1387 settle action if the insurer tenders its policy limits within 60 1388 days after receiving a demand for settlement under subsection 1389 (6). 1390 (a) When competing claims arise out of a single occurrence 1391 and the sum of the competing claims exceeds the policy limits, 1392 an insurer is not liable in a bad faith failure to settle action 1393 if the insurer initiates an interpleader action at policy limits 1394 within 60 days after receiving notice of the competing claims. 1395 If the court finds for one or more of the claimants, the court 1396 must award the claimants their respective pro rata share of the 1397 interpleaded funds. 1398 (b) This subsection does not affect an insurer's duties to 1399 its insured other than duties related to bad faith failure to 1400 settle.

(10) RELEASE.—An insurer that accepts a demand for

settlement under subsection (6) shall be entitled to a release

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of its insured, except as provided in paragraph (8)(f).

(11) BURDEN OF PROOF.—In any third-party action for bad faith failure to settle, the claimant must prove by the preponderance of the evidence that the insurer violated its duty of good faith under subsection (2) and that the insurer in bad faith failed to settle, as defined in subsection (3).

- (a) In determining whether an insurer violated its duty of good faith under subsection (2) and in bad faith failed to settle, as defined in subsection (3), the trier of fact shall consider all of the following:
- 1. Whether the insurer complied with the best practice standards of subsection (4) using the same degree of care and diligence as a person of ordinary care and prudence would exercise in the management of his or her own business.
- 2. Whether the insurer failed to settle a claim when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for the insured's interests.
- 3. Whether the claimant or insured failed to provide relevant information to the insurer on a timely basis.
- 4. Whether the claimant or insured misrepresented material facts to the insurer or made material omissions of fact to the insurer.
- 5. Whether the insured denied liability or requested that the case be defended after the insurer fully advised the insured as to the facts and risks.
- 6. Whether the insurer timely informed the insured of a demand to settle within the limits of coverage, the right to retain personal counsel, and the risk of litigation.

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- 1432 7. The insurer's willingness to negotiate with the claimant 1433 in anticipation of settlement.
  - 8. The amount of damages the claimant incurred or was likely to incur in the future under the facts known or reasonably available at the time of the insurer's response.
  - 9. If applicable, whether there were multiple third-party claimants seeking, in the aggregate, compensation in excess of the policy limits from the insured; and, if so, whether the insurer breached its duty to attempt to minimize the magnitude of possible excess judgments against the insured and to attempt to settle as many claims as possible within the policy limits in exchange for a release of the insured from further liability.
  - 10. Additional factors that the court determines to be relevant.
  - (b) The trier of fact, in determining whether an insurer in bad faith failed to settle, must be informed that an excess judgment occurred but may not be informed of the amount of the excess judgment.
  - (12) DAMAGES.—An insurer that is found to have violated its duty of good faith under subsection (2) and in bad faith failed to settle, as defined in subsection (3), is liable for the amount of any excess judgment. No other damages, including but not limited to punitive damages, may be awarded in a third-party bad faith failure to settle action.
  - (13) ENFORCEMENT.—If a judgment creditor has served a demand for settlement under subsection (6), and the judgment exceeds the insured's limits of liability, the judgment creditor must be subrogated to the rights of the insured against the insurer for common law bad faith.

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(14) LIMITATION ON MULTIPLE REMEDIES.—A person is not entitled to a judgment under multiple bad faith remedies, whether under statute or common law.

Section 36. Paragraphs (i) and (o) of subsection (1) of section 626.9541, Florida Statutes, are amended to read:

626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.-

- (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:
  - (i) Unfair claim settlement practices.-
- 1. Attempting to settle claims on the basis of an application, when serving as a binder or intended to become a part of the policy, or any other material document which was altered without notice to, or knowledge or consent of, the insured;
- 2. Making a material misrepresentation made to an insured or any other person having an interest in the proceeds payable under such contract or policy, for the purpose and with the intent of effecting settlement of such claims, loss, or damage under such contract or policy on less favorable terms than those provided in, and contemplated by, such contract or policy; or
- 3. Committing or performing with such frequency as to indicate a general business practice any of the following:
- a. Failing to adopt and implement standards for the proper investigation of claims;
- b. Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;
  - c. Failing to acknowledge and act promptly upon

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communications with respect to claims;

- d. Denying claims without conducting reasonable investigations based upon available information;
- e. Failing to affirm or deny full or partial coverage of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement that the claim is being investigated, upon the written request of the insured within 30 days after proof-of-loss statements have been completed;
- f. Failing to promptly provide a reasonable explanation in writing to the insured of the basis in the insurance policy, in relation to the facts or applicable law, for denial of a claim or for the offer of a compromise settlement;
- g. Failing to promptly notify the insured of any additional information necessary for the processing of a claim; or
- h. Failing to clearly explain the nature of the requested information and the reasons why such information is necessary.
- i. Failing to pay personal injury protection insurance claims within the time periods required by s. 627.736(4)(b). The office may order the insurer to pay restitution to a policyholder, medical provider, or other claimant, including interest at a rate consistent with the amount set forth in s. 55.03(1), for the time period within which an insurer fails to pay claims as required by law. Restitution is in addition to any other penalties allowed by law, including, but not limited to, the suspension of the insurer's certificate of authority.
- 4. Failing to pay undisputed amounts of partial or full benefits owed under first-party property insurance policies within 90 days after an insurer receives notice of a residential

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property insurance claim, determines the amounts of partial or full benefits, and agrees to coverage, unless payment of the undisputed benefits is prevented by an act of God, prevented by the impossibility of performance, or due to actions by the insured or claimant that constitute fraud, lack of cooperation, or intentional misrepresentation regarding the claim for which benefits are owed.

- (o) Illegal dealings in premiums; excess or reduced charges for insurance.-
- 1. Knowingly collecting any sum as a premium or charge for insurance, which is not then provided, or is not in due course to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as permitted by this code.
- 2. Knowingly collecting as a premium or charge for insurance any sum in excess of or less than the premium or charge applicable to such insurance, in accordance with the applicable classifications and rates as filed with and approved by the office, and as specified in the policy; or, in cases when classifications, premiums, or rates are not required by this code to be so filed and approved, premiums and charges collected from a Florida resident in excess of or less than those specified in the policy and as fixed by the insurer. Notwithstanding any other provision of law, this provision shall not be deemed to prohibit the charging and collection, by surplus lines agents licensed under part VIII of this chapter, of the amount of applicable state and federal taxes, or fees as authorized by s. 626.916(4), in addition to the premium required by the insurer or the charging and collection, by licensed

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agents, of the exact amount of any discount or other such fee charged by a credit card facility in connection with the use of a credit card, as authorized by subparagraph (q) 3., in addition to the premium required by the insurer. This subparagraph shall not be construed to prohibit collection of a premium for a universal life or a variable or indeterminate value insurance policy made in accordance with the terms of the contract.

- 3.a. Imposing or requesting an additional premium for bodily injury liability coverage, property damage liability coverage a policy of motor vehicle liability, personal injury protection, medical payments coverage payment, or collision coverage in a motor vehicle liability insurance policy insurance or any combination thereof or refusing to renew the policy solely because the insured was involved in a motor vehicle accident unless the insurer's file contains information from which the insurer in good faith determines that the insured was substantially at fault in the accident.
- b. An insurer which imposes and collects such a surcharge or which refuses to renew such policy shall, in conjunction with the notice of premium due or notice of nonrenewal, notify the named insured that he or she is entitled to reimbursement of such amount or renewal of the policy under the conditions listed below and will subsequently reimburse him or her or renew the policy, if the named insured demonstrates that the operator involved in the accident was:
  - (I) Lawfully parked;
- (II) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
  - (III) Struck in the rear by another vehicle headed in the

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same direction and was not convicted of a moving traffic violation in connection with the accident;

- (IV) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (V) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- (VI) Finally adjudicated not to be liable by a court of competent jurisdiction;
- (VII) In receipt of a traffic citation which was dismissed or nolle prossed; or
- (VIII) Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.
- c. In addition to the other provisions of this subparagraph, an insurer may not fail to renew a policy if the insured has had only one accident in which he or she was at fault within the current 3-year period. However, an insurer may nonrenew a policy for reasons other than accidents in accordance with s. 627.728. This subparagraph does not prohibit nonrenewal of a policy under which the insured has had three or more accidents, regardless of fault, during the most recent 3-year period.
- 4. Imposing or requesting an additional premium for, or refusing to renew, a policy for motor vehicle insurance solely

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because the insured committed a noncriminal traffic infraction as described in s. 318.14 unless the infraction is:

- a. A second infraction committed within an 18-month period, or a third or subsequent infraction committed within a 36-month period.
- b. A violation of s. 316.183, when such violation is a result of exceeding the lawful speed limit by more than 15 miles per hour.
- 5. Upon the request of the insured, the insurer and licensed agent shall supply to the insured the complete proof of fault or other criteria which justifies the additional charge or cancellation.
- 6. No insurer shall impose or request an additional premium for motor vehicle insurance, cancel or refuse to issue a policy, or refuse to renew a policy because the insured or the applicant is a handicapped or physically disabled person, so long as such handicap or physical disability does not substantially impair such person's mechanically assisted driving ability.
- 7. No insurer may cancel or otherwise terminate any insurance contract or coverage, or require execution of a consent to rate endorsement, during the stated policy term for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured with the same exposure at a higher premium rate or continuing an existing contract or coverage with the same exposure at an increased premium.
- 8. No insurer may issue a nonrenewal notice on any insurance contract or coverage, or require execution of a consent to rate endorsement, for the purpose of offering to

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issue, or issuing, a similar or identical contract or coverage to the same insured at a higher premium rate or continuing an existing contract or coverage at an increased premium without meeting any applicable notice requirements.

- 9. No insurer shall, with respect to premiums charged for motor vehicle insurance, unfairly discriminate solely on the basis of age, sex, marital status, or scholastic achievement.
- 10. Imposing or requesting an additional premium for motor vehicle comprehensive or uninsured motorist coverage solely because the insured was involved in a motor vehicle accident or was convicted of a moving traffic violation.
- 11. No insurer shall cancel or issue a nonrenewal notice on any insurance policy or contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.
- 12. No insurer shall impose or request an additional premium, cancel a policy, or issue a nonrenewal notice on any insurance policy or contract because of any traffic infraction when adjudication has been withheld and no points have been assessed pursuant to s. 318.14(9) and (10). However, this subparagraph does not apply to traffic infractions involving accidents in which the insurer has incurred a loss due to the fault of the insured.

Section 37. Paragraph (a) of subsection (1) of section 626.989, Florida Statutes, is amended to read:

626.989 Investigation by department or Division of Investigative and Forensic Services; compliance; immunity; confidential information; reports to division; division investigator's power of arrest.-

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- 1664 (1) For the purposes of this section:
  - (a) A person commits a "fraudulent insurance act" if the person:
  - 1. Knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, self-insurer, self-insurance fund, servicing corporation, purported insurer, broker, or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a claim for payment or other benefit pursuant to any insurance policy, which the person knows to contain materially false information concerning any fact material thereto or if the person conceals, for the purpose of misleading another, information concerning any fact material thereto.
    - 2. Knowingly submits:
  - a. A false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400 with an intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under a motor vehicle liability insurance policy's medical payments coverage the Florida Motor Vehicle No-Fault <del>Law</del>.
  - b. A claim for payment or other benefit under medical payments coverage, pursuant to a personal injury protection insurance policy under the Florida Motor Vehicle No-Fault Law if the person knows that the payee knowingly submitted a false,

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misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400.

Section 38. Subsection (1) of section 627.06501, Florida Statutes, is amended to read:

627.06501 Insurance discounts for certain persons completing driver improvement course.-

(1) Any rate, rating schedule, or rating manual for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office may provide for an appropriate reduction in premium charges as to such coverages if when the principal operator on the covered vehicle has successfully completed a driver improvement course approved and certified by the Department of Highway Safety and Motor Vehicles which is effective in reducing crash or violation rates, or both, as determined pursuant to s. 318.1451(5). Any discount, not to exceed 10 percent, used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

Section 39. Subsection (15) is added to section 627.0651, Florida Statutes, to read:

627.0651 Making and use of rates for motor vehicle insurance.-

(15) Initial rate filings for motor vehicle liability policies which are submitted to the office on or after January 1, 2022, must reflect the financial responsibility requirements in s. 324.022 then in effect and may be approved only through the file and use process under s. 627.0651(1)(a).

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Section 40. Subsection (1) of section 627.0652, Florida Statutes, is amended to read:

627.0652 Insurance discounts for certain persons completing safety course.-

(1) Any rates, rating schedules, or rating manuals for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office must shall provide for an appropriate reduction in premium charges as to such coverages if when the principal operator on the covered vehicle is an insured 55 years of age or older who has successfully completed a motor vehicle accident prevention course approved by the Department of Highway Safety and Motor Vehicles. Any discount used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

Section 41. Subsections (1), (3), and (6) of section 627.0653, Florida Statutes, are amended to read:

627.0653 Insurance discounts for specified motor vehicle equipment.-

- (1) Any rates, rating schedules, or rating manuals for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office must shall provide a premium discount if the insured vehicle is equipped with factory-installed, four-wheel antilock brakes.
- (3) Any rates, rating schedules, or rating manuals for personal injury protection coverage and medical payments coverage, if offered, of a motor vehicle insurance policy filed with the office must shall provide a premium discount if the insured vehicle is equipped with one or more air bags that which



are factory installed.

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(6) The Office of Insurance Regulation may approve a premium discount to any rates, rating schedules, or rating manuals for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office if the insured vehicle is equipped with an automated driving system or electronic vehicle collision avoidance technology that is factory installed or a retrofitted system and that complies with National Highway Traffic Safety Administration standards.

Section 42. Section 627.4132, Florida Statutes, is amended to read:

627.4132 Stacking of coverages prohibited.—If an insured or named insured is protected by any type of motor vehicle insurance policy for bodily injury and property damage liability, personal injury protection, or other coverage, the policy must shall provide that the insured or named insured is protected only to the extent of the coverage she or he has on the vehicle involved in the accident. However, if none of the insured's or named insured's vehicles are is involved in the accident, coverage is available only to the extent of coverage on any one of the vehicles with applicable coverage. Coverage on any other vehicles may shall not be added to or stacked upon that coverage. This section does not apply:

- (1) Apply to uninsured motorist coverage that which is separately governed by s. 627.727.
- (2) To Reduce the coverage available by reason of insurance policies insuring different named insureds.
  - Section 43. Subsection (1) of section 627.4137, Florida



1780 Statutes, is amended to read:

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627.4137 Disclosure of certain information required.-

- (1) Each insurer which does or may provide liability insurance coverage to pay all or a portion of any claim which might be made shall provide, within 30 days of the written request of the claimant or the claimant's attorney, a statement, under oath, of a corporate officer or the insurer's claims manager or superintendent setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance:
  - (a) The name of the insurer.
  - (b) The name of each insured.
  - (c) The limits of the liability coverage.
- (d) A statement of any policy or coverage defense which such insurer reasonably believes is available to such insurer at the time of filing such statement.
  - (e) A copy of the policy.

In addition, the insured, or her or his insurance agent, upon written request of the claimant or the claimant's attorney, shall disclose the name and coverage of each known insurer to the claimant and shall forward such request for information as required by this subsection to all affected insurers. The insurer shall then supply the information required in this subsection to the claimant within 30 days of receipt of such request. If an insurer fails to timely comply with this section, the claimant may file an action in a court of competent jurisdiction to enforce this section. If the court determines that the insurer violated this section, the claimant is entitled



1809 to an award of reasonable attorney fees and costs to be paid by 1810 the insurer. 1811 Section 44. Section 627.7263, Florida Statutes, is amended 1812 to read: 1813 627.7263 Rental and leasing driver's insurance to be 1814 primary; exception.-(1) The valid and collectible liability insurance and 1815 1816 medical payments coverage or personal injury protection 1817 insurance providing coverage for the lessor of a motor vehicle 1818 for rent or lease is primary unless otherwise stated in at least 1819 10-point type on the face of the rental or lease agreement. Such 1820 insurance is primary for the limits of liability and personal 1821 injury protection coverage as required by s. 324.021(7) and the 1822 medical payments coverage limit specified under s. 627.7265 ss. 1823 324.021(7) and 627.736. 1824 (2) If the lessee's coverage is to be primary, the rental 1825 or lease agreement must contain the following language, in at 1826 least 10-point type: 1827 1828 "The valid and collectible liability insurance and medical 1829 payments coverage personal injury protection insurance of an any 1830 authorized rental or leasing driver is primary for the limits of 1831 liability and personal injury protection coverage required under section 324.021(7), Florida Statutes, and the medical payments 1832 1833 coverage limit specified under section 627.7265 by ss. 1834 324.021(7) and 627.736, Florida Statutes." 1835 Section 45. Section 627.7265, Florida Statutes, is created 1836 to read:

627.7265 Motor vehicle insurance; medical payments



coverage.-

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- (1) Medical payments coverage must protect the named insured, resident relatives, persons operating the insured motor vehicle, passengers in the insured motor vehicle, and persons who are struck by the insured motor vehicle and suffer bodily injury while not an occupant of a self-propelled motor vehicle at a limit of at least \$5,000 for medical expense incurred due to bodily injury, sickness, or disease arising out of the ownership, maintenance, or use of a motor vehicle. Medical payments coverage must pay for reasonable expenses for necessary medical, diagnostic, and rehabilitative services that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, by a dentist licensed under chapter 466, or by a chiropractic physician licensed under chapter 460 or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. The coverage must provide an additional death benefit of at least \$5,000.
- (a) Before issuing a motor vehicle liability insurance policy that is furnished as proof of financial responsibility under s. 324.031, the insurer must offer medical payments coverage at limits of \$5,000 and \$10,000. The insurer may also offer medical payments coverage at any limit greater than \$5,000.
- (b) The medical payments coverage must be offered with an option with no deductible. The insurer may also offer medical payments coverage with a deductible not to exceed \$500.
- (c) This section may not be construed to limit any other coverage made available by an insurer.

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- (2) Upon receiving notice of an accident that is potentially covered by medical payments coverage benefits, the insurer must reserve \$5,000 of medical payments coverage benefits for payment to physicians licensed under chapter 458 or chapter 459 or dentists licensed under chapter 466 who provide emergency services and care, as defined in s. 395.002, or who provide hospital inpatient care. The amount required to be held in reserve may be used only to pay claims from such physicians or dentists until 30 days after the date the insurer receives notice of the accident. After the 30-day period, any amount of the reserve for which the insurer has not received notice of such claims may be used by the insurer to pay other claims. This subsection does not require an insurer to establish a claim reserve for insurance accounting purposes.
- (3) An insurer providing medical payments coverage benefits may not:
- (a) Seek a lien on any recovery in tort by judgment, settlement, or otherwise for medical payments coverage benefits, regardless of whether suit has been filed or settlement has been reached without suit; or
- (b) Bring a cause of action against a person to whom or for whom medical payments coverage benefits were paid, except when medical payments coverage benefits were paid by reason of fraud committed by that person.
- (4) An insurer providing medical payments coverage may include provisions in its policy allowing for subrogation for medical payments coverage benefits paid if the expenses giving rise to the payments were caused by the wrongful act or omission of another who is not also an insured under the policy paying

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the medical payments coverage benefits. However, this subrogation right is inferior to the rights of the injured insured and is available only after all the insured's damages are recovered and the insured is made whole. An insured who obtains a recovery from a third party of the full amount of the damages sustained and delivers a release or satisfaction that impairs a medical payments insurer's subrogation right is liable to the insurer for repayment of medical payments coverage benefits less any expenses of acquiring the recovery, including a prorated share of attorney fees and costs, and shall hold that net recovery in trust to be delivered to the medical payments insurer. The insurer may not include any provision in its policy allowing for subrogation for any death benefit paid.

Section 46. Subsections (1) and (7) of section 627.727, Florida Statutes, are amended to read:

627.727 Motor vehicle insurance; uninsured and underinsured vehicle coverage; insolvent insurer protection.-

(1) A No motor vehicle liability insurance policy that which provides bodily injury liability coverage may not shall be delivered or issued for delivery in this state with respect to any specifically insured or identified motor vehicle registered or principally garaged in this state, unless uninsured motor vehicle coverage is provided therein or supplemental thereto for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, or disease, including death, resulting therefrom. However, the coverage required under this section is not applicable if when, or to the extent that, an insured named in the policy makes a

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written rejection of the coverage on behalf of all insureds under the policy. If When a motor vehicle is leased for a period of 1 year or longer and the lessor of such vehicle, by the terms of the lease contract, provides liability coverage on the leased 1929 vehicle, the lessee of such vehicle has shall have the sole privilege to reject uninsured motorist coverage or to select 1931 lower limits than the bodily injury liability limits, regardless 1932 of whether the lessor is qualified as a self-insurer pursuant to 1933 s. 324.171. Unless an insured, or a lessee having the privilege 1934 of rejecting uninsured motorist coverage, requests such coverage 1935 or requests higher uninsured motorist limits in writing, the 1936 coverage or such higher uninsured motorist limits need not be provided in or supplemental to any other policy that which renews, extends, changes, supersedes, or replaces an existing policy with the same bodily injury liability limits when an 1940 insured or lessee had rejected the coverage. When an insured or lessee has initially selected limits of uninsured motorist 1941 1942 coverage lower than her or his bodily injury liability limits, 1943 higher limits of uninsured motorist coverage need not be provided in or supplemental to any other policy that which renews, extends, changes, supersedes, or replaces an existing policy with the same bodily injury liability limits unless an insured requests higher uninsured motorist coverage in writing. The rejection or selection of lower limits must shall be made on a form approved by the office. The form must shall fully advise the applicant of the nature of the coverage and must shall state 1951 that the coverage is equal to bodily injury liability limits unless lower limits are requested or the coverage is rejected. 1952 The heading of the form must shall be in 12-point bold type and 1953

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must shall state: "You are electing not to purchase certain valuable coverage that which protects you and your family or you are purchasing uninsured motorist limits less than your bodily injury liability limits when you sign this form. Please read carefully." If this form is signed by a named insured, it will be conclusively presumed that there was an informed, knowing rejection of coverage or election of lower limits on behalf of all insureds. The insurer shall notify the named insured at least annually of her or his options as to the coverage required by this section. Such notice must shall be part of, and attached to, the notice of premium, must shall provide for a means to allow the insured to request such coverage, and must shall be given in a manner approved by the office. Receipt of this notice does not constitute an affirmative waiver of the insured's right to uninsured motorist coverage if where the insured has not signed a selection or rejection form. The coverage described under this section must shall be over and above, but may shall not duplicate, the benefits available to an insured under any workers' compensation law, personal injury protection benefits, disability benefits law, or similar law; under any automobile medical payments expense coverage; under any motor vehicle liability insurance coverage; or from the owner or operator of the uninsured motor vehicle or any other person or organization jointly or severally liable together with such owner or operator for the accident, + and such coverage must shall cover the difference, if any, between the sum of such benefits and the damages sustained, up to the maximum amount of such coverage provided under this section. The amount of coverage available under this section may shall not be reduced by a setoff against

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any coverage, including liability insurance. Such coverage does shall not inure directly or indirectly to the benefit of any workers' compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workers' compensation or disability benefits law or similar law.

(7) The legal liability of an uninsured motorist coverage insurer includes does not include damages in tort for pain, suffering, disability or physical impairment, disfigurement, mental anguish, and inconvenience, and the loss of capacity for the enjoyment of life experienced in the past and to be experienced in the future unless the injury or disease is described in one or more of paragraphs (a) - (d) of s. 627.737(2).

Section 47. Section 627.7275, Florida Statutes, is amended to read:

627.7275 Motor vehicle liability.-

- (1) A motor vehicle insurance policy providing personal injury protection as set forth in s. 627.736 may not be delivered or issued for delivery in this state for a with respect to any specifically insured or identified motor vehicle registered or principally garaged in this state must provide bodily injury liability coverage and unless the policy also provides coverage for property damage liability coverage as required under by s. 324.022.
- (2)(a) Insurers writing motor vehicle insurance in this state shall make available, subject to the insurers' usual underwriting restrictions:
- 1. Coverage under policies as described in subsection (1) to an applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the

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applicant's driving privileges in this state if the driving privileges were revoked or suspended pursuant to s. 316.646 or s. 324.0221 due to the failure of the applicant to maintain required security.

- 2. Coverage under policies as described in subsection (1), which includes bodily injury also provides liability coverage and property damage liability coverage, for bodily injury, death, and property damage arising out of the ownership, maintenance, or use of the motor vehicle in an amount not less than the minimum limits required under described in s. 324.021(7) or s. 324.023 and which conforms to the requirements of s. 324.151, to an applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state after such privileges were revoked or suspended under s. 316.193 or s. 322.26(2) for driving under the influence.
- 3. Coverage that provides bodily injury liability coverage and property damage liability coverage in the amounts specified in s. 324.022(1)(c). An insurer may only deliver or issue for delivery a policy providing such coverage to an applicant or insured who, before the issuance or renewal of the policy, represents to the insurer in writing or electronically that such person:
- a. Has a household income that is 200 percent or less of the most current federal poverty guidelines established by the United States Department of Health and Human Services. An insurer must, before accepting such representation, provide written or electronic notice to the applicant or insured regarding the dollar amounts that constitute a household income

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that is 200 percent of the most current federal poverty guidelines. An insurer is not required to verify the veracity of the applicant's or insured's representation. However, an insurer may not deny or exclude liability coverage under the policy solely because such representation of the applicant or insured was false.

- b. Meets the definition of a full-time student in a secondary education program under s. 1011.61(1)(a), or meets the definition of a full-time student in a postsecondary education program under s. 1009.40. An insurer must, before accepting such representation, provide written or electronic notice to the applicant or insured regarding the number of educational hours that meet the definition of a full-time student. An insurer is not required to verify the veracity of the applicant's or insured's representation. However, an insurer may not deny or exclude liability coverage under the policy solely because such representation of the applicant or insured was false.
- (b) The policies described in subparagraphs (a) 1. and (a) 2. must <del>paragraph (a) shall</del> be issued for at least 6 months and, as to the minimum coverages required under this section, may not be canceled by the insured for any reason or by the insurer after 60 days, during which period the insurer is completing the underwriting of the policy. After the insurer has completed underwriting the policy, the insurer shall notify the Department of Highway Safety and Motor Vehicles that the policy is in full force and effect and is not cancelable for the remainder of the policy period. A premium must shall be collected and the coverage is in effect for the 60-day period during which the insurer is completing the underwriting of the policy, whether or

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not the person's driver license, motor vehicle tag, and motor vehicle registration are in effect. Once the noncancelable provisions of the policy become effective, the bodily injury liability and property damage liability coverages for bodily injury, property damage, and personal injury protection may not be reduced below the minimum limits required under s. 324.021 or s. 324.023 during the policy period.

- (c) This subsection controls to the extent of any conflict with any other section.
- (d) An insurer issuing a policy subject to this section may cancel the policy if, during the policy term, the named insured, or any other operator who resides in the same household or customarily operates an automobile insured under the policy, has his or her driver license suspended or revoked.
- (e) This subsection does not require an insurer to offer a policy of insurance to an applicant if such offer would be inconsistent with the insurer's underwriting guidelines and procedures.

Section 48. Effective upon this act becoming a law, section 627.7278, Florida Statutes, is created to read:

627.7278 Applicability and construction; notice to policyholders.-

- (1) As used in this section, the term "minimum security requirements" means security that enables a person to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle, in the amounts required by s. 324.022(1), as amended by this act.
  - (2) Effective January 1, 2022:
  - (a) Motor vehicle insurance policies issued or renewed on



2099 or after that date may not include personal injury protection. 2100 (b) All persons subject to s. 324.022, s. 324.032, s. 2101 627.7415, or s. 627.742 must maintain at least minimum security 2102 requirements. 2103 (c) Any new or renewal motor vehicle insurance policy 2104 delivered or issued for delivery in this state must provide 2105 coverage that complies with minimum security requirements. 2106 (d) An existing motor vehicle insurance policy issued 2107 before that date which provides personal injury protection and 2108 property damage liability coverage that meets the requirements of s. 324.022 on December 31, 2021, but which does not meet 2109 2110 minimum security requirements on or after January 1, 2022, is 2111 deemed to meet minimum security requirements until such policy 2112 is renewed, nonrenewed, or canceled on or after January 1, 2022. 2113 <u>Sections 627.730-627.7405</u>, 400.9905, 400.991, 456.057, 456.072, 2114 627.7263, 627.727, 627.748, 627.9541(1)(i), and 817.234, Florida Statutes 2020, remain in full force and effect for motor vehicle 2115 2116 accidents covered under a policy issued under the Florida Motor 2117 Vehicle No-Fault Law before January 1, 2022, until the policy is 2118 renewed, nonrenewed, or canceled. 2119 (3) Each insurer shall allow each insured who has a new or 2120 renewal policy providing personal injury protection which 2121 becomes effective before January 1, 2022, and whose policy does 2122 not meet minimum security requirements on or after January 1, 2123 2022, to change coverages so as to eliminate personal injury protection and obtain coverage providing minimum security 2124 2125 requirements, which shall be effective on or after January 1, 2126 2022. The insurer is not required to provide coverage complying with minimum security requirements in such policies if the 2127

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insured does not pay the required premium, if any, by January 1, 2022, or such later date as the insurer may allow. The insurer also shall offer each insured medical payments coverage pursuant to s. 627.7265. Any reduction in the premium must be refunded by the insurer. The insurer may not impose on the insured an additional fee or charge that applies solely to a change in coverage; however, the insurer may charge an additional required premium that is actuarially indicated.

- (4) By September 1, 2021, each motor vehicle insurer shall provide notice of this section to each motor vehicle policyholder who is subject to this section. The notice is subject to approval by the office and must clearly inform the policyholder that:
- (a) The Florida Motor Vehicle No-Fault Law is repealed effective January 1, 2022, and that on or after that date, the insured is no longer required to maintain personal injury protection insurance coverage, that personal injury protection coverage is no longer available for purchase in this state, and that all new or renewal policies issued on or after that date will not contain that coverage.
- (b) Effective January 1, 2022, a person subject to the financial responsibility requirements of s. 324.022 must maintain minimum security requirements that enable the person to respond to damages for liability on account of accidents arising out of the use of a motor vehicle in the following amounts:
- 1. Twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$50,000 for bodily injury to, or the death of, two or more persons in any one



2157 crash; and

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- 2. Ten thousand dollars for damage to, or destruction of, the property of others in any one crash.
- (c) Persons subject to the financial responsibility requirements of s. 324.022 who have a household income of 200 percent or less of the federal poverty guidelines or who are full-time secondary or postsecondary students may instead maintain minimum security requirements that enable the person to respond to damages for liability on account of accidents arising out of the use of a motor vehicle in the following amounts:
- 1. Fifteen thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$30,000 for bodily injury to, or the death of, two or more persons in any one crash; and
- 2. Ten thousand dollars for damage to, or destruction of, the property of others in any one crash.
- (d) Bodily injury liability coverage protects the insured, up to the coverage limits, against loss if the insured is legally responsible for the death of or bodily injury to others in a motor vehicle accident.
- (e) Effective January 1, 2022, each policyholder of motor vehicle liability insurance purchased as proof of financial responsibility must be offered medical payments coverage benefits that comply with s. 627.7265. The insurer must offer medical payments coverage at limits of \$5,000 and \$10,000 without a deductible. The insurer may also offer medical payments coverage at other limits greater than \$5,000, and may offer coverage with a deductible of up to \$500. Medical payments

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coverage pays covered medical expenses, up to the limits of such coverage, for injuries sustained in a motor vehicle crash by the named insured, resident relatives, persons operating the insured motor vehicle, passengers in the insured motor vehicle, and persons who are struck by the insured motor vehicle and suffer bodily injury while not an occupant of a self-propelled motor vehicle as provided in s. 627.7265. Medical payments coverage pays for reasonable expenses for necessary medical, diagnostic, and rehabilitative services that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, by a dentist licensed under chapter 466, or by a chiropractic physician licensed under chapter 460 or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Medical payments coverage also provides a death benefit of at least \$5,000.

- (f) The policyholder may obtain uninsured and underinsured motorist coverage, which provides benefits, up to the limits of such coverage, to a policyholder or other insured entitled to recover damages for bodily injury, sickness, disease, or death resulting from a motor vehicle accident with an uninsured or underinsured owner or operator of a motor vehicle.
- (g) If the policyholder's new or renewal motor vehicle insurance policy is effective before January 1, 2022, and contains personal injury protection and property damage liability coverage as required by state law before January 1, 2022, but does not meet minimum security requirements on or after January 1, 2022, the policy is deemed to meet minimum security requirements until it is renewed, nonrenewed, or canceled on or after January 1, 2022.

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- (h) A policyholder whose new or renewal policy becomes effective before January 1, 2022, but does not meet minimum security requirements on or after January 1, 2022, may change coverages under the policy so as to eliminate personal injury protection and to obtain coverage providing minimum security requirements, including bodily injury liability coverage, which are effective on or after January 1, 2022.
- (i) If the policyholder has any questions, he or she should contact the person named at the telephone number provided in the notice.
- Section 49. Paragraph (a) of subsection (1) of section 627.728, Florida Statutes, is amended to read:
  - 627.728 Cancellations; nonrenewals.-
  - (1) As used in this section, the term:
- (a) "Policy" means the bodily injury and property damage liability, personal injury protection, medical payments, comprehensive, collision, and uninsured motorist coverage portions of a policy of motor vehicle insurance delivered or issued for delivery in this state:
- 1. Insuring a natural person as named insured or one or more related individuals who are residents <del>resident</del> of the same household; and
- 2. Insuring only a motor vehicle of the private passenger type or station wagon type which is not used as a public or livery conveyance for passengers or rented to others; or insuring any other four-wheel motor vehicle having a load capacity of 1,500 pounds or less which is not used in the occupation, profession, or business of the insured other than farming; other than any policy issued under an automobile



2244 insurance assigned risk plan or covering garage, automobile 2245 sales agency, repair shop, service station, or public parking place operation hazards. 2246

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The term "policy" does not include a binder as defined in s. 627.420 unless the duration of the binder period exceeds 60 days.

Section 50. Section 627.7288, Florida Statutes, is amended to read:

- 627.7288 Comprehensive coverage; deductibles for deductible not to apply to motor vehicle glass.-
- (1) Authorized insurers must offer motor vehicle insurance that does not apply any The deductible provisions of the any policy of motor vehicle insurance, delivered or issued in this state by an authorized insurer, providing to comprehensive coverage or combined additional coverage that is shall not be applicable to damage to the windshield of any motor vehicle covered under such policy.
- (2) An insurer may also offer, for an actuarially reasonable premium credit or discount, a separate deductible no greater than \$200 for damage to the windshield of any motor vehicle covered under a motor vehicle insurance policy delivered or issued by the insurer in this state.
- Section 51. Subsection (1), paragraph (a) of subsection (5), and subsections (6) and (7) of section 627.7295, Florida Statutes, are amended to read:
  - 627.7295 Motor vehicle insurance contracts.
  - (1) As used in this section, the term:
  - (a) "Policy" means a motor vehicle insurance policy that

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provides bodily injury liability personal injury protection coverage and  $\tau$  property damage liability coverage, or both.

- (b) "Binder" means a binder that provides motor vehicle bodily injury liability coverage personal injury protection and property damage liability coverage.
- (5)(a) A licensed general lines agent may charge a perpolicy fee of up to not to exceed \$10 to cover the administrative costs of the agent associated with selling the motor vehicle insurance policy if the policy covers only bodily injury liability coverage personal injury protection coverage as provided by s. 627.736 and property damage liability coverage as provided by s. 627.7275 and if no other insurance is sold or issued in conjunction with or collateral to the policy. The fee is not considered part of the premium.
- (6) If a motor vehicle owner's driver license, license plate, and registration have previously been suspended pursuant to s. 316.646 or s. 627.733, an insurer may cancel a new policy only as provided in s. 627.7275.
- (7) A policy of private passenger motor vehicle insurance or a binder for such a policy may be initially issued in this state only if, before the effective date of such binder or policy, the insurer or agent has collected from the insured an amount equal to at least 1 month's premium. An insurer, agent, or premium finance company may not, directly or indirectly, take any action that results resulting in the insured paying having paid from the insured's own funds an amount less than the 1 month's premium required by this subsection. This subsection applies without regard to whether the premium is financed by a premium finance company or is paid pursuant to a periodic

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payment plan of an insurer or an insurance agent.

- (a) This subsection does not apply:
- 1. If an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group. This subsection does not apply
- 2. To an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents. This subsection does not apply
- 3. If all policy payments are paid pursuant to a payroll deduction plan, an automatic electronic funds transfer payment plan from the policyholder, or a recurring credit card or debit card agreement with the insurer.
  - (b) This subsection and subsection (4) do not apply if:
- 1. All policy payments to an insurer are paid pursuant to an automatic electronic funds transfer payment plan from an agent, a managing general agent, or a premium finance company and if the policy includes, at a minimum, bodily injury liability coverage and personal injury protection pursuant to ss. 627.730-627.7405; motor vehicle property damage liability coverage pursuant to s. 627.7275; or and bodily injury liability in at least the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident and in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident. This subsection and subsection (4) do not apply if
- 2. An insured has had a policy in effect for at least 6 months, the insured's agent is terminated by the insurer that issued the policy, and the insured obtains coverage on the

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policy's renewal date with a new company through the terminated agent.

Section 52. Section 627.7415, Florida Statutes, is amended to read:

- 627.7415 Commercial motor vehicles; additional liability insurance coverage.—Beginning January 1, 2022, commercial motor vehicles, as defined in s. 207.002 or s. 320.01, operated upon the roads and highways of this state must shall be insured with the following minimum levels of combined bodily liability insurance and property damage liability insurance in addition to any other insurance requirements:
- (1) Sixty Fifty thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 26,000 pounds or more, but less than 35,000 pounds.
- (2) One hundred twenty thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 35,000 pounds or more, but less than 44,000 pounds.
- (3) Three hundred thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 44,000 pounds or more.
- (4) All commercial motor vehicles subject to regulations of the United States Department of Transportation, 49 C.F.R. part 387, subpart A, and as may be hereinafter amended, shall be insured in an amount equivalent to the minimum levels of financial responsibility as set forth in such regulations.

A violation of this section is a noncriminal traffic infraction, punishable as a nonmoving violation as provided in chapter 318.



2360 Section 53. Section 627.747, Florida Statutes, is created 2361 to read: 627.747 Named driver exclusion.-2362 2363 (1) A private passenger motor vehicle policy may exclude an 2364 identified individual from the following coverages while the 2365 identified individual is operating a motor vehicle, provided 2366 that the identified individual is specifically excluded by name 2367 on the declarations page or by endorsement, and the policyholder 2368 consents in writing to the exclusion: 2369 (a) Property damage liability coverage. 2370 (b) Bodily injury liability coverage. 2371 (c) Uninsured motorist coverage for any damages sustained by the identified excluded individual, if the policyholder has 2372 2373 purchased such coverage. 2374 (d) Any coverage the policyholder is not required by law to 2375 purchase. 2376 (2) A private passenger motor vehicle policy may not 2377 exclude coverage when: 2378 (a) The identified excluded individual is injured while not 2379 operating a motor vehicle; 2380 (b) The exclusion is unfairly discriminatory under the 2381 Florida Insurance Code, as determined by the office; or 2382 (c) The exclusion is inconsistent with the underwriting 2383 rules filed by the insurer pursuant to s. 627.0651(13)(a). 2384 Section 54. Paragraphs (b), (c), and (g) of subsection (7), 2385 paragraphs (a) and (b) of subsection (8), and paragraph (b) of subsection (16) of section 627.748, Florida Statutes, are 2386 2387 amended to read:

627.748 Transportation network companies.



2389 (7) TRANSPORTATION NETWORK COMPANY AND THE DRIVER INSURANCE 2390 REQUIREMENTS.-2391 (b) The following automobile insurance requirements apply 2392 while a participating TNC driver is logged on to the digital 2393 network but is not engaged in a prearranged ride: 2394 1. Automobile insurance that provides: 2395 a. A primary automobile liability coverage of at least 2396 \$50,000 for death and bodily injury per person, \$100,000 for death and bodily injury per incident, and \$25,000 for property 2397 2398 damage; and 2399 b. Personal injury protection benefits that meet the minimum coverage amounts required under ss. 627.730-627.7405; 2400 2401 and 2402 c. Uninsured and underinsured vehicle coverage as required 2403 by s. 627.727. 2. The coverage requirements of this paragraph may be 2404 2405 satisfied by any of the following: 2406 a. Automobile insurance maintained by the TNC driver or the 2407 TNC vehicle owner; 2408 b. Automobile insurance maintained by the TNC; or 2409 c. A combination of sub-subparagraphs a. and b. 2410 (c) The following automobile insurance requirements apply 2411 while a TNC driver is engaged in a prearranged ride: 2412 1. Automobile insurance that provides: 2413 a. A primary automobile liability coverage of at least \$1 2414 million for death, bodily injury, and property damage; and 2415 b. Personal injury protection benefits that meet the

minimum coverage amounts required of a limousine under ss.

627.730-627.7405; and

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- 2418 c. Uninsured and underinsured vehicle coverage as required by s. 627.727. 2419
  - 2. The coverage requirements of this paragraph may be satisfied by any of the following:
  - a. Automobile insurance maintained by the TNC driver or the TNC vehicle owner;
    - b. Automobile insurance maintained by the TNC; or
    - c. A combination of sub-subparagraphs a. and b.
  - (g) Insurance satisfying the requirements under this subsection is deemed to satisfy the financial responsibility requirement for a motor vehicle under chapter 324 and the security required under s. 627.733 for any period when the TNC driver is logged onto the digital network or engaged in a prearranged ride.
  - (8) TRANSPORTATION NETWORK COMPANY AND INSURER; DISCLOSURE; EXCLUSIONS.-
  - (a) Before a TNC driver is allowed to accept a request for a prearranged ride on the digital network, the TNC must disclose in writing to the TNC driver:
  - 1. The insurance coverage, including the types of coverage and the limits for each coverage, which the TNC provides while the TNC driver uses a TNC vehicle in connection with the TNC's digital network.
  - 2. That the TNC driver's own automobile insurance policy might not provide any coverage while the TNC driver is logged on to the digital network or is engaged in a prearranged ride, depending on the terms of the TNC driver's own automobile insurance policy.
    - 3. That the provision of rides for compensation which are

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not prearranged rides subjects the driver to the coverage requirements imposed under s. 324.032(1) and (2) and that failure to meet such coverage requirements subjects the TNC driver to penalties provided in s. 324.221, up to and including a misdemeanor of the second degree.

- (b) 1. An insurer that provides an automobile liability insurance policy under this part may exclude any and all coverage afforded under the policy issued to an owner or operator of a TNC vehicle while driving that vehicle for any loss or injury that occurs while a TNC driver is logged on to a digital network or while a TNC driver provides a prearranged ride. Exclusions imposed under this subsection are limited to coverage while a TNC driver is logged on to a digital network or while a TNC driver provides a prearranged ride. This right to exclude all coverage may apply to any coverage included in an automobile insurance policy, including, but not limited to:
- a. Liability coverage for bodily injury and property damage;
  - b. Uninsured and underinsured motorist coverage;
  - c. Medical payments coverage;
  - d. Comprehensive physical damage coverage; and
  - e. Collision physical damage coverage; and
  - f. Personal injury protection.
- 2. The exclusions described in subparagraph 1. apply notwithstanding any requirement under chapter 324. These exclusions do not affect or diminish coverage otherwise available for permissive drivers or resident relatives under the personal automobile insurance policy of the TNC driver or owner of the TNC vehicle who are not occupying the TNC vehicle at the

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time of loss. This section does not require that a personal automobile insurance policy provide coverage while the TNC driver is logged on to a digital network, while the TNC driver is engaged in a prearranged ride, or while the TNC driver otherwise uses a vehicle to transport riders for compensation.

- 3. This section must not be construed to require an insurer to use any particular policy language or reference to this section in order to exclude any and all coverage for any loss or injury that occurs while a TNC driver is logged on to a digital network or while a TNC driver provides a prearranged ride.
- 4. This section does not preclude an insurer from providing primary or excess coverage for the TNC driver's vehicle by contract or endorsement.
  - (16) LUXURY GROUND TRANSPORTATION NETWORK COMPANIES.-
- (b) An entity may elect, upon written notification to the department, to be regulated as a luxury ground TNC. A luxury ground TNC must:
- 1. Comply with all of the requirements of this section applicable to a TNC, including subsection (17), which do not conflict with subparagraph 2. or which do not prohibit the company from connecting riders to drivers who operate for-hire vehicles as defined in s. 320.01(15), including limousines and luxury sedans and excluding taxicabs.
- 2. Maintain insurance coverage as required by subsection (7). However, if a prospective luxury ground TNC satisfies minimum financial responsibility through compliance with s. 324.032(3) s. 324.032(2) by using self-insurance when it gives the department written notification of its election to be regulated as a luxury ground TNC, the luxury ground TNC may use

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self-insurance to meet the insurance requirements of subsection (7), so long as such self-insurance complies with s. 324.032(3) s. 324.032(2) and provides the limits of liability required by subsection (7).

Section 55. Paragraph (a) of subsection (2) of section 627.749, Florida Statutes, is amended to read:

- 627.749 Autonomous vehicles; insurance requirements.-
- (2) INSURANCE REQUIREMENTS.—
- (a) A fully autonomous vehicle with the automated driving system engaged while logged on to an on-demand autonomous vehicle network or engaged in a prearranged ride must be covered by a policy of automobile insurance which provides:
- 1. Primary liability coverage of at least \$1 million for death, bodily injury, and property damage.
- 2. Personal injury protection benefits that meet the minimum coverage amounts required under ss. 627.730-627.7405.
- 3. Uninsured and underinsured vehicle coverage as required by s. 627.727.

Section 56. Section 627.8405, Florida Statutes, is amended to read:

- 627.8405 Prohibited acts; financing companies.—A No premium finance company shall, in a premium finance agreement or other agreement, may not finance the cost of or otherwise provide for the collection or remittance of dues, assessments, fees, or other periodic payments of money for the cost of:
- (1) A membership in an automobile club. The term "automobile club" means a legal entity that which, in consideration of dues, assessments, or periodic payments of money, promises its members or subscribers to assist them in

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matters relating to the ownership, operation, use, or maintenance of a motor vehicle; however, the term this definition of "automobile club" does not include persons, associations, or corporations which are organized and operated solely for the purpose of conducting, sponsoring, or sanctioning motor vehicle races, exhibitions, or contests upon racetracks, or upon racecourses established and marked as such for the duration of such particular events. As used in this subsection, the term words "motor vehicle" has used herein have the same meaning as defined in chapter 320.

- (2) An accidental death and dismemberment policy sold in combination with a policy providing only bodily injury liability coverage personal injury protection and property damage liability coverage only policy.
- (3) Any product not regulated under the provisions of this insurance code.

This section also applies to premium financing by any insurance agent or insurance company under part XVI. The commission shall adopt rules to assure disclosure, at the time of sale, of coverages financed with personal injury protection and shall prescribe the form of such disclosure.

Section 57. Subsection (1) of section 627.915, Florida Statutes, is amended to read:

627.915 Insurer experience reporting.-

(1) Each insurer transacting private passenger automobile insurance in this state shall report certain information annually to the office. The information will be due on or before July 1 of each year. The information must shall be divided into

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the following categories: bodily injury liability; property damage liability; uninsured motorist; personal injury protection benefits; medical payments; and comprehensive and collision. The information given must shall be on direct insurance writings in the state alone and shall represent total limits data. The information set forth in paragraphs (a)-(f) is applicable to voluntary private passenger and Joint Underwriting Association private passenger writings and must shall be reported for each of the latest 3 calendar-accident years, with an evaluation date of March 31 of the current year. The information set forth in paragraphs (g)-(j) is applicable to voluntary private passenger writings and must shall be reported on a calendar-accident year basis ultimately seven times at seven different stages of development.

- (a) Premiums earned for the latest 3 calendar-accident years.
- (b) Loss development factors and the historic development of those factors.
  - (c) Policyholder dividends incurred.
  - (d) Expenses for other acquisition and general expense.
- (e) Expenses for agents' commissions and taxes, licenses, and fees.
- (f) Profit and contingency factors as utilized in the insurer's automobile rate filings for the applicable years.
  - (g) Losses paid.
  - (h) Losses unpaid.
  - (i) Loss adjustment expenses paid.
  - (j) Loss adjustment expenses unpaid.
- 2591 Section 58. Subsections (2) and (3) of section 628.909,



2592	Florida Statutes, are amended to read:
2593	628.909 Applicability of other laws.—
2594	(2) The following provisions of the Florida Insurance Code
2595	apply to captive insurance companies that who are not industrial
2596	insured captive insurance companies to the extent that such
2597	provisions are not inconsistent with this part:
2598	(a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
2599	624.40851, 624.4095, 624.411, 624.425, and 624.426.
2600	(b) Chapter 625, part II.
2601	(c) Chapter 626, part IX.
2602	(d) <del>Sections 627.730-627.7405, when no-fault coverage is</del>
2603	provided.
2604	<del>(e)</del> Chapter 628.
2605	(3) The following provisions of the Florida Insurance Code
2606	shall apply to industrial insured captive insurance companies to
2607	the extent that such provisions are not inconsistent with this
2608	part:
2609	(a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
2610	624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).
2611	(b) Chapter 625, part II, if the industrial insured captive
2612	insurance company is incorporated in this state.
2613	(c) Chapter 626, part IX.
2614	(d) <del>Sections 627.730-627.7405 when no-fault coverage is</del>
2615	provided.
2616	<del>(e)</del> Chapter 628, except for ss. 628.341, 628.351, and
2617	628.6018.
2618	Section 59. Subsections (2), (6), and (7) of section
2619	705.184, Florida Statutes, are amended to read:

705.184 Derelict or abandoned motor vehicles on the

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premises of public-use airports.-

(2) The airport director or the director's designee shall contact the Department of Highway Safety and Motor Vehicles to notify that department that the airport has possession of the abandoned or derelict motor vehicle and to determine the name and address of the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and any person who has filed a lien on the motor vehicle. Within 7 business days after receipt of the information, the director or the director's designee shall send notice by certified mail, return receipt requested, to the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. The notice must shall state the fact of possession of the motor vehicle, that charges for reasonable towing, storage, and parking fees, if any, have accrued and the amount thereof, that a lien as provided in subsection (6) will be claimed, that the lien is subject to enforcement pursuant to law, that the owner or lienholder, if any, has the right to a hearing as set forth in subsection (4), and that any motor vehicle which, at the end of 30 calendar days after receipt of the notice, has not been removed from the airport upon payment in full of all accrued charges for reasonable towing, storage, and parking fees, if any, may be disposed of as provided in s. 705.182(2)(a), (b), (d), or (e), including, but not limited to, the motor vehicle being sold free of all prior liens after 35 calendar days after the time the motor vehicle is stored if any prior liens on the motor vehicle are more than 5 years of age or after 50 calendar

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days after the time the motor vehicle is stored if any prior liens on the motor vehicle are 5 years of age or less.

- (6) The airport pursuant to this section or, if used, a licensed independent wrecker company pursuant to s. 713.78 shall have a lien on an abandoned or derelict motor vehicle for all reasonable towing, storage, and accrued parking fees, if any, except that no storage fee may shall be charged if the motor vehicle is stored less than 6 hours. As a prerequisite to perfecting a lien under this section, the airport director or the director's designee must serve a notice in accordance with subsection (2) on the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. If attempts to notify the owner, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, or lienholders are not successful, the requirement of notice by mail shall be considered met. Serving of the notice does not dispense with recording the claim of lien.
- (7) (a) For the purpose of perfecting its lien under this section, the airport shall record a claim of lien which states shall state:
  - 1. The name and address of the airport.
- 2. The name of the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle.
- 3. The costs incurred from reasonable towing, storage, and parking fees, if any.



2679	4. A description of the motor vehicle sufficient for
2680	identification.
2681	(b) The claim of lien <u>must</u> <del>shall</del> be signed and sworn to or
2682	affirmed by the airport director or the director's designee.
2683	(c) The claim of lien <u>is</u> <del>shall be</del> sufficient if it is in
2684	substantially the following form:
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2686	CLAIM OF LIEN
2687	State of
2688	County of
2689	Before me, the undersigned notary public, personally appeared
2690	, who was duly sworn and says that he/she is the
2691	of, whose address is; and that the
2692	following described motor vehicle:
2693	(Description of motor vehicle)
2694	owned by, whose address is, has accrued
2695	\$ in fees for a reasonable tow, for storage, and for
2696	parking, if applicable; that the lienor served its notice to the
2697	owner, the insurance company insuring the motor vehicle
2698	notwithstanding the provisions of s. 627.736, Florida Statutes,
2699	and all persons of record claiming a lien against the motor
2700	vehicle on,(year), by
2701	(Signature)
2702	Sworn to (or affirmed) and subscribed before me this day of
2703	,(year), by(name of person making statement)
2704	(Signature of Notary Public)(Print, Type, or Stamp
2705	Commissioned name of Notary Public)
2706	Personally KnownOR Producedas identification.
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However, the negligent inclusion or omission of any information in this claim of lien which does not prejudice the owner does not constitute a default that operates to defeat an otherwise valid lien.

- (d) The claim of lien must shall be served on the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. If attempts to notify the owner, the insurance company insuring the motor vehicle notwithstanding the provisions of s. 627.736, or lienholders are not successful, the requirement of notice by mail shall be considered met. The claim of lien must shall be so served before recordation.
- (e) The claim of lien must shall be recorded with the clerk of court in the county where the airport is located. The recording of the claim of lien shall be constructive notice to all persons of the contents and effect of such claim. The lien attaches shall attach at the time of recordation and takes shall take priority as of that time.

Section 60. Subsection (4) of section 713.78, Florida Statutes, is amended to read:

- 713.78 Liens for recovering, towing, or storing vehicles and vessels.-
- (4) (a) A person regularly engaged in the business of recovering, towing, or storing vehicles or vessels who comes into possession of a vehicle or vessel pursuant to subsection (2), and who claims a lien for recovery, towing, or storage services, shall give notice, by certified mail, to the registered owner, the insurance company insuring the vehicle

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notwithstanding s. 627.736, and all persons claiming a lien thereon, as disclosed by the records in the Department of Highway Safety and Motor Vehicles or as disclosed by the records of any corresponding agency in any other state in which the vehicle is identified through a records check of the National Motor Vehicle Title Information System or an equivalent commercially available system as being titled or registered.

(b) Whenever a law enforcement agency authorizes the removal of a vehicle or vessel or whenever a towing service, garage, repair shop, or automotive service, storage, or parking place notifies the law enforcement agency of possession of a vehicle or vessel pursuant to s. 715.07(2)(a)2., the law enforcement agency of the jurisdiction where the vehicle or vessel is stored shall contact the Department of Highway Safety and Motor Vehicles, or the appropriate agency of the state of registration, if known, within 24 hours through the medium of electronic communications, giving the full description of the vehicle or vessel. Upon receipt of the full description of the vehicle or vessel, the department shall search its files to determine the owner's name, the insurance company insuring the vehicle or vessel, and whether any person has filed a lien upon the vehicle or vessel as provided in s. 319.27(2) and (3) and notify the applicable law enforcement agency within 72 hours. The person in charge of the towing service, garage, repair shop, or automotive service, storage, or parking place shall obtain such information from the applicable law enforcement agency within 5 days after the date of storage and shall give notice pursuant to paragraph (a). The department may release the insurance company information to the requestor notwithstanding



2766 s. 627.736.

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- (c) The notice of lien must be sent by certified mail to the registered owner, the insurance company insuring the vehicle notwithstanding s. 627.736, and all other persons claiming a lien thereon within 7 business days, excluding Saturday and Sunday, after the date of storage of the vehicle or vessel. However, in no event shall the notice of lien be sent less than 30 days before the sale of the vehicle or vessel. The notice must state:
- 1. If the claim of lien is for a vehicle, the last 8 digits of the vehicle identification number of the vehicle subject to the lien, or, if the claim of lien is for a vessel, the hull identification number of the vessel subject to the lien, clearly printed in the delivery address box and on the outside of the envelope sent to the registered owner and all other persons claiming an interest therein or lien thereon.
- 2. The name, physical address, and telephone number of the lienor, and the entity name, as registered with the Division of Corporations, of the business where the towing and storage occurred, which must also appear on the outside of the envelope sent to the registered owner and all other persons claiming an interest in or lien on the vehicle or vessel.
  - 3. The fact of possession of the vehicle or vessel.
- 4. The name of the person or entity that authorized the lienor to take possession of the vehicle or vessel.
  - 5. That a lien as provided in subsection (2) is claimed.
- 6. That charges have accrued and include an itemized statement of the amount thereof.
  - 7. That the lien is subject to enforcement under law and

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that the owner or lienholder, if any, has the right to a hearing as set forth in subsection (5).

- 8. That any vehicle or vessel that remains unclaimed, or for which the charges for recovery, towing, or storage services remain unpaid, may be sold free of all prior liens 35 days after the vehicle or vessel is stored by the lienor if the vehicle or vessel is more than 3 years of age or 50 days after the vehicle or vessel is stored by the lienor if the vehicle or vessel is 3 years of age or less.
- 9. The address at which the vehicle or vessel is physically located.
- (d) The notice of lien may not be sent to the registered owner, the insurance company insuring the vehicle or vessel, and all other persons claiming a lien thereon less than 30 days before the sale of the vehicle or vessel.
- (e) If attempts to locate the name and address of the owner or lienholder prove unsuccessful, the towing-storage operator shall, after 7 business days, excluding Saturday and Sunday, after the initial tow or storage, notify the public agency of jurisdiction where the vehicle or vessel is stored in writing by certified mail or acknowledged hand delivery that the towingstorage company has been unable to locate the name and address of the owner or lienholder and a physical search of the vehicle or vessel has disclosed no ownership information and a good faith effort has been made, including records checks of the Department of Highway Safety and Motor Vehicles database and the National Motor Vehicle Title Information System or an equivalent commercially available system. For purposes of this paragraph and subsection (9), the term "good faith effort" means that the

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following checks have been performed by the company to establish the prior state of registration and for title:

- 1. A check of the department's database for the owner and any lienholder.
- 2. A check of the electronic National Motor Vehicle Title Information System or an equivalent commercially available system to determine the state of registration when there is not a current registration record for the vehicle or vessel on file with the department.
- 3. A check of the vehicle or vessel for any type of tag, tag record, temporary tag, or regular tag.
- 4. A check of the law enforcement report for a tag number or other information identifying the vehicle or vessel, if the vehicle or vessel was towed at the request of a law enforcement officer.
- 5. A check of the trip sheet or tow ticket of the tow truck operator to determine whether a tag was on the vehicle or vessel at the beginning of the tow, if a private tow.
- 6. If there is no address of the owner on the impound report, a check of the law enforcement report to determine whether an out-of-state address is indicated from driver license information.
- 7. A check of the vehicle or vessel for an inspection sticker or other stickers and decals that may indicate a state of possible registration.
- 8. A check of the interior of the vehicle or vessel for any papers that may be in the glove box, trunk, or other areas for a state of registration.
  - 9. A check of the vehicle for a vehicle identification



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- 10. A check of the vessel for a vessel registration number.
- 11. A check of the vessel hull for a hull identification number which should be carved, burned, stamped, embossed, or otherwise permanently affixed to the outboard side of the transom or, if there is no transom, to the outmost seaboard side at the end of the hull that bears the rudder or other steering mechanism.

Section 61. Section 768.852, Florida Statutes, is created to read:

768.852 Limitation on damages due to operating a motor vehicle while uninsured.-

- (1) Except as provided in subsection (2), if a person suffers an injury or death while operating a motor vehicle and the person knew or should have known that he or she was not in compliance with applicable laws requiring the maintenance of insurance coverage or other forms of financial responsibility, the person or the person's personal representative may recover damages only for personal injury or wrongful death, and the amount of damages recovered may not exceed the minimum financial responsibility required under s. 324.022(1)(a)1.
- (2) The limitation on damages in subsection (1) does not apply if the person who is liable for the personal injury or wrongful death:
- (a) Was driving while under the influence of an alcoholic beverage, inhalant, or controlled substance;
- (b) Acted intentionally, recklessly, or with gross negligence;
  - (c) Fled from the scene of the accident; or



(d) Was acting in furtherance of an offense or in immediate flight from an offense that constitutes a felony at the time of the accident.

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======= T I T L E A M E N D M E N T =========

Delete lines 30 - 252

And the title is amended as follows:

and insert:

legislative intent; amending s. 324.021, F.S.; revising definitions of the terms "motor vehicle" and "proof of financial responsibility"; revising minimum coverage requirements for proof of financial responsibility for specified motor vehicles; defining the term "for-hire passenger transportation vehicle"; conforming provisions to changes made by the act; amending s. 324.022, F.S.; revising minimum liability coverage requirements for motor vehicle owners or operators; revising authorized methods for meeting such requirements; providing alternative minimum liability insurance coverage requirements for certain motor vehicle owners or operators; deleting a provision relating to an insurer's duty to defend certain claims; revising the vehicles that are excluded from the definition of the term "motor vehicle"; providing security requirements for certain excluded vehicles; specifying circumstances when motorcycles are subject to financial responsibility requirements; conforming provisions to changes made by the act; conforming cross-references; amending s.

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324.0221, F.S.; revising coverages that subject a policy to certain insurer reporting and notice requirements; conforming provisions to changes made by the act; creating s. 324.0222, F.S.; providing that driver license or registration suspensions for failure to maintain required security which were in effect before a specified date remain in full force and effect; providing that such suspended licenses or registrations may be reinstated as provided in a specified section; amending s. 324.023, F.S.; conforming cross-references; making technical changes; amending s. 324.031, F.S.; specifying a method of proving financial responsibility; revising the amount of a certificate of deposit required to elect a certain method of proof of financial responsibility; revising excess liability coverage requirements for a person electing to use such method; amending s. 324.032, F.S.; revising financial responsibility requirements for owners or lessees of for-hire passenger transportation vehicles; amending s. 324.051, F.S.; specifying that motor vehicles include motorcycles for purposes of the section; making technical changes; amending ss. 324.071, and 324.091, F.S.; making technical changes; amending s. 324.151, F.S.; revising requirements for motor vehicle liability insurance policies relating to coverage, and exclusion from coverage, for certain drivers and vehicles; defining terms; conforming provisions to changes made by the act; making technical changes;

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amending s. 324.161, F.S.; revising requirements for a certificate of deposit that is required if a person elects a certain method of proving financial responsibility; amending s. 324.171, F.S.; revising the minimum net worth requirements to qualify certain persons as self-insurers; conforming provisions to changes made by the act; amending s. 324.251, F.S.; revising the short title and an effective date; amending s. 400.9905, F.S.; revising the definition of the term "clinic"; amending ss. 400.991 and 400.9935, F.S.; conforming provisions to changes made by the act; amending s. 409.901, F.S.; revising the definition of the term "third-party benefit"; amending s. 409.910, F.S.; revising the definition of the term "medical coverage"; amending s. 456.057, F.S.; conforming a provision to changes made by the act; amending s. 456.072, F.S.; revising specified grounds for discipline for certain health professions; defining the term "upcoded"; amending s. 559.920, F.S.; prohibiting certain practices by motor vehicle repair shops or motor vehicle glass repair facilities with respect to the replacement or repair of motor vehicle windshields; amending s. 624.155, F.S.; providing an exception to the circumstances under which a person who is damaged may bring a civil action against an insurer; adding a cause of action against insurers in certain circumstances; providing that a person is not entitled to judgments under multiple bad faith remedies; creating s. 624.156, F.S.; providing

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that the section applies to bad faith failure to settle actions against any insurer brought by a third party for a loss arising out of the ownership, maintenance, or use of a motor vehicle under specified circumstances; providing that insurers have a duty of good faith; defining the term "bad faith failure to settle"; specifying best practice standards for insurers upon receiving notice of a claim or a demand for settlement; specifying certain requirements for insurer communications to an insured in handling third-party claims; specifying requirements for the insurer when a loss involves multiple claimants under certain conditions; specifying conditions precedent for claimants filing third-party bad faith failure to settle actions; specifying requirements for information that must be included in a demand for settlement; requiring a demand for settlement to release the insured from liability under certain conditions; requiring the demand for settlement be served upon the insurer at the address designated with the Department of Financial Services; prohibiting claimants from placing conditions on acceptance of a demand for settlement other than electing the right to examine the insured under oath regarding certain information; authorizing claimants to examine insureds under oath under certain conditions; authorizing the claimant to request the insured bring relevant documents to the examination under oath; prohibiting the claimant from examining the insured under oath

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regarding liability; providing an exception; requiring the claimant, insurer, and insured to cooperate in scheduling the examination under oath; specifying the timeframe within which the examination must take place; authorizing the claimant to withdraw the demand for settlement if the insured refuses to submit to an examination under oath; authorizing an insurer to accept a demand for settlement if the insured refuses to submit to an examination under oath; absolving an insurer of a duty to defend and of liability under certain circumstances; specifying the timeframe within which a claimant may withdraw a demand for settlement; providing that insurers may not be held liable in certain third-party bad faith failure to settle actions if they tender policy limits within a certain timeframe; providing that insurers may not be held liable in third-party bad faith failure to settle actions involving multiple claimants if such insurers file an interpleader action within a certain time frame; specifying that certain provisions providing that insurers may not be held liable for a bad faith failure to settle do not affect certain other duties of such insurers; specifying that insurers that accept demands for settlement are entitled to releases of their insureds; providing an exception; requiring claimants to prove in any third-party bad faith failure to settle action by a preponderance of the evidence that the insurer violated its duty of good faith and in bad faith failed to settle; specifying

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factors for the trier of fact to consider in determining whether an insurer violated its duty of good faith and in bad faith failed to settle; requiring the trier of fact to be informed of an excess judgment; prohibiting disclosure of certain judgment information to the trier of fact; limiting damages in third-party bad faith failure to settle actions; providing that judgment creditors must be subrogated to the rights of the insured under certain circumstances; prohibiting multiple bad faith remedies; amending s. 626.9541, F.S.; conforming a provision to changes made by the act; revising the type of insurance coverage applicable to a certain prohibited act; amending s. 626.989, F.S.; revising the definition of the term "fraudulent insurance act"; amending s. 627.06501, F.S.; revising coverages that may provide for a reduction in motor vehicle insurance policy premium charges under certain circumstances; amending s. 627.0651, F.S.; specifying requirements for initial rate filings for motor vehicle liability policies submitted to the Office of Insurance Regulation beginning on a specified date; amending s. 627.0652, F.S.; revising coverages that must provide a premium charge reduction under certain circumstances; amending s. 627.0653, F.S.; revising coverages subject to premium discounts for specified motor vehicle equipment; amending s. 627.4132, F.S.; revising coverages that are subject to a stacking prohibition; amending s. 627.4137, F.S.; requiring that insurers

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disclose certain information at the request of a claimant's attorney; authorizing a claimant to file an action under certain circumstances; providing for the award of reasonable attorney fees and costs under certain circumstances; amending s. 627.7263, F.S.; revising coverages that are deemed primary, except under certain circumstances, for the lessor of a motor vehicle for lease or rent; revising a notice that is required if the lessee's coverage is to be primary; creating s. 627.7265, F.S.; specifying persons whom medical payments coverage must protect; requiring medical payments coverage to cover reasonable expenses for certain medical services provided by specified providers and facilities and to provide a death benefit; specifying the minimum medical expense and death benefit limits; specifying coverage options an insurer is required or authorized to offer; providing construction relating to limits on certain other coverages; requiring insurers, upon receiving certain notice of an accident, to hold a specified reserve for certain purposes for a certain timeframe; providing that the reserve requirement does not require insurers to establish a claim reserve for accounting purposes; specifying that an insurer providing medical payments coverage benefits may not seek a lien on a certain recovery and may not bring a certain cause of action; authorizing insurers to include policy provisions allowing for subrogation, under certain circumstances, for medical payments benefits paid; providing

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construction; specifying a requirement for an insured for repayment of medical payments benefits under certain circumstances; prohibiting insurers from including policy provisions allowing for subrogation for death benefits paid; amending s. 627.727, F.S.; revising the legal liability of an uninsured motorist coverage insurer; conforming provisions to changes made by the act; amending s. 627.7275, F.S.; revising required coverages for a motor vehicle insurance policy; specifying that insurers must make certain coverages available under certain circumstances; requiring insurers to make certain notices to certain persons; specifying that insurers need not verify the veracity of certain representations made by an applicant or insured; prohibiting insurers from denying or excluding certain coverages in certain circumstances; conforming provisions to changes made by the act; creating s. 627.7278, F.S.; defining the term "minimum security requirements"; providing requirements, applicability, and construction relating to motor vehicle insurance policies as of a certain date; requiring insurers to allow certain insureds to make certain coverage changes, subject to certain conditions; requiring an insurer to provide, by a specified date, a specified notice to policyholders relating to requirements under the act; amending s. 627.728, F.S.; conforming a provision to changes made by the act; making technical changes; amending s. 627.7288, F.S.; providing that insurers must offer

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policies providing certain coverages for windshield loss without a deductible; providing that insurers may offer certain deductibles for windshield loss for an appropriate premium discount or credit; amending s. 627.7295, F.S.; revising the definitions of the terms "policy" and "binder"; revising the coverages of a motor vehicle insurance policy for which a licensed general lines agent may charge a specified fee; conforming provisions to changes made by the act; amending s. 627.7415, F.S.; revising additional liability insurance requirements for commercial motor vehicles; creating s. 627.747, F.S.; providing that private passenger motor vehicle policies may exclude certain identified individuals from specified coverages under certain circumstances; providing that such policies may not exclude coverage under certain circumstances; amending s. 627.748, F.S.; revising insurance requirements for transportation network company drivers; conforming provisions to changes made by the act; amending s. 627.749, F.S.; conforming a provision to changes made by the act; amending s. 627.8405, F.S.; revising coverages in a policy sold in combination with an accidental death and dismemberment policy which a premium finance company may not finance; revising rulemaking authority of the Financial Services Commission; amending ss. 627.915, 628.909, 705.184, and 713.78, F.S.; conforming provisions to changes made by the act; making technical changes; creating s. 768.852, F.S.;



providing that when certain persons do not comply with
certain insurance or financial responsibility
requirements, such persons or their personal
representatives may not obtain recovery in excess of
certain amounts for the person's bodily injuries or
death; providing exceptions; amending s. 817.234,
F.S.; revising