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A bill to be entitled An act relating to the rulemaking authority of the Department of Insurance (RAB); amending s. 112.215, F.S.; providing for the administrative costs of the deferred compensation plan; amending s. 624.3161, 626.171, F.S.; directing the department to adopt rules relating to market conduct examinations and license applications; amending s. 626.748, F.S.; requiring insurance agents to maintain specified records; amending s. 626.9541, F.S.; revising provisions relating to unfair competition and deceptive practices; amending s. 627.062, F.S.; providing for filing forms for rate standards; amending s. 627.0625, F.S.; authorizing the department to adopt rules relating to third-party claimants; creating s. 627.385, F.S.; providing rules of conduct for residual market board members; creating s. 627.4065, F.S.; providing for notice of right to return health insurance policies; amending s. 627.7276, F.S.; providing for notice of 22 coverage of automobile policies; creating s. 627.795, F.S.; providing guidelines for title insurance policies; creating 626.9552, F.S.; providing standards for single interest insurance; amending s. 627.918, F.S.; directing the department to adopt rules relating to reporting formats; amending s. 627.9408, F.S.; authorizing the department to adopt rules for

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           long-term care insurance; providing an
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           effective date.
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   Be It Enacted by the Legislature of the State of Florida:
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           Section 1. Paragraph (e) is added to subsection (4) of
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    section 112.215, Florida Statutes, to read:
           112.215 Government employees; deferred compensation
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   program. --
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           (4)
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          (e) The administrative costs of the deferred
    compensation plan shall be wholly or partially self-funded.
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    Fees for self-funding of the plan shall be paid by investment
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    providers and may be recouped from their respective plan
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    participants. The fees shall be deposited in the Deferred
    Compensation Trust Fund.
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           Section 2. Subsection (6) is added to section
    624.3161, Florida Statutes, to read:
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           624.3161 Market conduct examinations.--
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          (6) The department shall adopt rules to effectuate the
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    market conduct examination process, including, but not limited
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    to, rules that enable the department to ascertain compliance
    by the person examined with the applicable provisions of
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    chapters 624, 626, 627, 634, 635, 642 and 651.
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           Section 3. Subsection (8) is added to section 626.171,
    Florida Statutes, to read:
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           626.171 Application for license.--
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          (8) The department shall adopt rules to effectuate the
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    license application process, including photo identification,
    character and credit reports, prelicensing courses, the impact
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   of criminal and law enforcement history, and other relevant
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information in an effort to determine an applicant's fitness and trustworthiness to engage in the business of insurance. 2 3 Section 4. Section 626.748, Florida Statutes, is amended to read: 4 5 626.748 Agent's records.--6 (1) Every agent transacting any insurance policy must 7 maintain in his or her office, or have readily accessible by 8 electronic or photographic means, such records of policies 9 transacted by him or her as to enable the policyholders and 10 department to obtain all necessary information, including 11 daily reports, applications, change endorsements, or documents signed or initialed by the insured concerning such policies. 12 (2) Complete records of all policies issued, including 13 the names and addresses of all insureds and beneficiaries and 14 15 the type or scope of coverage provided must be maintained at all times by the transacting agent. The transacting agent 16 17 shall report and promptly send to the insurer and issuing or countersigning agent all applications for insurance. If the 18 19 policies are issued in the home or regional office of the 20 company, a copy of the policy must be sent to the countersigning agent for his file. If a policy covering 21 22 personal property is issued by a mutual insurer or a participating stock insurer, the policyholder is entitled to 23 24 the benefit of any dividend paid under an individual policy or 25 certificate. Section 5. Paragraph (o) of subsection (1) of section 26 27 626.9541, Florida Statutes, is amended to read: 28 626.9541 Unfair methods of competition and unfair or 29 deceptive acts or practices defined .--

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- (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:
- (o) Illegal dealings in premiums; excess or reduced charges for insurance. --
- 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 department, 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 in excess of or less than those specified in the policy and as fixed by the insurer. 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 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. 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 a policy of motor vehicle liability, personal injury protection, medical payment, or collision 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 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 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.

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- 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 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, type of vehicle, location of the risk, accidents more than 3 years old, or 31 scholastic achievement.

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- 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 6. Paragraph (a) of subsection (2) of section 627.062, Florida Statutes, is amended to read:
 - 627.062 Rate standards.--
 - (2) As to all such classes of insurance:
- Insurers or rating organizations shall establish and use rates, rating schedules, or rating manuals to allow the insurer a reasonable rate of return on such classes of insurance written in this state. A copy of Rates, rating schedules, rating manuals, premium credits or discount schedules, and surcharge schedules, and changes thereto, shall be filed with the department in a manner and on forms prescribed by the department under one of the following procedures:
- 1. If the filing is made at least 90 days before the 31 proposed effective date and the filing is not implemented

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during the department's review of the filing and any proceeding and judicial review, then such filing shall be considered a "file and use" filing. In such case, the department shall finalize its review by issuance of a notice of intent to approve or a notice of intent to disapprove within 90 days after receipt of the filing. The notice of intent to approve and the notice of intent to disapprove constitute agency action for purposes of the Administrative Procedure Act. Requests for supporting information, requests for mathematical or mechanical corrections, or notification to the insurer by the department of its preliminary findings shall not toll the 90-day period during any such proceedings and subsequent judicial review. The rate shall be deemed approved if the department does not issue a notice of intent to approve or a notice of intent to disapprove within 90 days after receipt of the filing.

2. If the filing is not made in accordance with the provisions of subparagraph 1., such filing shall be made as soon as practicable, but no later than 30 days after the effective date, and shall be considered a "use and file" filing. An insurer making a "use and file" filing is potentially subject to an order by the department to return to policyholders portions of rates found to be excessive, as provided in paragraph (h).

Section 7. Subsection (4) is added to Section 627.0625, Florida Statutes, to read:

627.0625 Commercial property and casualty risk management plans.--

(4) Commercial motor vehicle policies that are issued to satisfy mandatory financial responsibility requirements of a state or local government must provide first dollar coverage

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to third-party claimants without a deductible. The department may adopt rules necessary to assure the proper administration 2 3 of claims and protection of third-party claimants from unfair 4 policy defenses not attributable to the third-party claimant. 5 Section 8. Section 627.385, Florida Statutes, is 6 created to read: 7 627.385 Conduct of residual market board members.--8 (1)(a) For various insurance coverages, a residual market has been created by legislation to provide a market of 9 10 last resort for individuals unable to secure coverage in the 11 voluntary market. As such, the coverage provided is not subject to competitive market forces and must be provided and 12 administered in a manner which fairly balances the needs of 13 the consumer and the member insurers obligated to provide 14 15 coverage for the residual market. Each residual market's enabling legislation calls 16 17 for the establishment of a board of governors or directors that operates subject to a plan of operation. The board, in 18 19 carrying out its obligations, must engage in business transactions in order to provide and administer the required 20 coverage and maintain adequate funds to support the plan. In 21 order for the board to fully execute its responsibilities 22 required by law, conflict of interest or inappropriate 23 24 activity by board members, or the appearance thereof, with 25 regard to member insurers or policyholders of the residual market mechanism must be avoided. The Legislature has 26 27 determined that the provisions set forth in subsection (2) are 28 necessary to protect the public interest by ensuring fair, 29 reasonable, and beneficial board practice and activity.

(c) This section applies to the Florida Medical

Underwriting Association, the Florida Comprehensive Health
Association, the Florida Windstorm Underwriting Association,
the Florida Property and Casualty Joint Underwriting
Association, the Florida Residential Property and Casualty
Joint Underwriting Association, and the board members thereof.

- (2) To ensure that the board is free from potential conflict or inappropriate behavior the following are adopted in the plan of operation of the subject residual market in this state.
- (a) A board member may not act as a servicing carrier or administering entity for the subject plan, other than a claim adjustment contract open to all members of the plan.
- (b) A board member or board member representative may not use his or her position to foster or facilitate any pecuniary gain for himself or herself, his or her member company, or any other entity in which the board member or board member representative or the member company has a substantial financial interest, except as otherwise provided in paragraph (a).
- (c) A board member or board member representative may not use his or her position on the board to secure or promote any business relationship from which he or she may derive a financial gain.
- (d) A board member or designee may not receive any gift or gratuity, other than meals, in his or her capacity as a board member.
- (3) Board members and board member representatives shall maintain reasonable board expenses based on state travel policy as set forth in s. 112.061. The board shall develop a detailed policy regarding board member travel, which policy

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must be based on s. 112.061 and is subject to the approval of the department.

Section 9. Section 627.4065, Florida Statutes, is created to read:

627.4065 Insured's right to return policy; notice.--A health insurance policy issued or issued for delivery in this state must have printed or stamped thereon or attached thereto a notice in a prominent place stating in substance that the policyholder may return the policy within 10 days after its delivery to the insurer and may have the premium paid refunded if, after examination of the policy or contract, the policyholder is not satisfied with it for any reason. The notice must provide that if the policyholder pursuant to such notice returns the policy or contract to the insurer at its home office or branch office or to the agent through whom it was purchased, it is considered void from the beginning and the parties are in the same position as if no policy or contract had been issued. This section does not apply to either single premium nonrenewable policies or travel accident policies.

Section 10. Section 627.7276, Florida Statutes, is amended to read:

627.7276 Notice of limited coverage. --

(1) The following notice of limited coverage An automobile policy that does not contain coverage for bodily injury and property damage must be clearly stamped or printed on any automobile insurance policy that provides coverage only for first-party damage to the insured vehicle, but does not provide coverage for physical bodily injury liability, property damage liability, or personal injury protection to

the effect that such coverage is not included in the policy in the following manner:

 "THIS POLICY DOES NOT PROVIDE BODILY INJURY LIABILITY, AND PROPERTY DAMAGE LIABILITY, OR PERSONAL INJURY PROTECTION INSURANCE OR ANY OTHER COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT MADE, AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW OR WITH THE FLORIDA MOTOR VEHICLE NO-FAULT LAW."

(2) This legend must appear on the policy declaration page and on the filing back of the policy and be printed in a contrasting color from that used on the policy and in type larger than the largest type used in the text thereof, as an overprint or by a rubber stamp impression.

Section 11. Section 627.795, Florida Statutes, is created to read:

627.795 Policy exceptions.--

- (1) A title insurance commitment must be issued on all real estate closing transactions when a title insurance policy is to be issued, except for multiple conveyances on the same property such as timesharing.
- (2) A gap exception may not be deleted on a commitment until the time of closing.

Section 12. Section 626.9552, Florida Statutes, is created to read:

626.9552 Single interest insurance. --

(1) When single interest insurance is written at the expense of the purchaser or borrower in connection with a finance or loan transaction, a clear and concise statement

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must be furnished the purchaser or borrower advising the
    purchaser or borrower that the insurance effected is solely
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    for the interest of the finance factor (finance company, bank,
    or other lending institution), and that no protection
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    thereunder exists for the benefit of the purchaser or
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    borrower. When single interest insurance is written, no effort
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    may be made by the insurer to recover the amount of any
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    payment from the borrower. Single interest insurance policies
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    must be clearly stamped or printed on the declarations page,
   Single Interest Only----No Subrogation. " Single interest
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    insurance is to be placed only after it has been determined
    that no other kind of insurance can be placed on the risk,
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    except with the consent of the purchaser or borrower. Single
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    interest may be written in cases of inland marine installment
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    sales floater policies. If insurance cannot be obtained for
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    the dual protection of the purchaser or borrower, and the
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    seller or lender or finance factor (finance company, bank, or
    other lending institution) for all the coverages contemplated,
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    or if obtained, is canceled by the insurer before expiration,
    the seller or lender or finance factor (finance company, bank,
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    or other lending institution) may obtain insurance to protect
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    his or her interest in the motor vehicle or other personal
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    property, and the purchaser or borrower may be required to pay
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    the cost thereof. In such event the seller or lender or
    finance factor (finance company, bank, and other lending
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    institution) shall promptly notify the purchaser or borrower
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    that such insurance cannot be obtained, or has been canceled,
    and credit to the purchaser or borrower the difference between
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    the amount charged for dual protection insurance and the
    actual cost of such single interest insurance, less, in the
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   event of cancellation, the earned premium on the dual interest
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insurance for the period it was in force. If the purchaser or borrower procures acceptable dual interest insurance within 30 days after the date of such notice and provides the seller or lender, or finance factor (finance company, bank, and other lending institution) with evidence that the premium therefore has been paid, there is no charge to him or her for the single interest coverage. However, those lenders licensed under the Small Loan Business Law, chapter 516, must provide coverage issued in the name of the borrower containing the customary mortgagee or loss payee clause.

(2) If a certificate is issued under a master policy, the same coverage as provided in an individual policy will apply.

Section 13. Subsection (1) of section 627.918, Florida Statutes, is amended to read:

627.918 Reporting formats.--

(1) The department shall require that the reporting provided for in this part be made on forms <u>approved</u> established by the department or in a format compatible with its electronic data processing equipment. <u>The department shall</u> adopt by rule standards for such approval.

Section 14. Section 627.9408, Florida Statutes, is amended to read:

627.9408 Rules.--

- $\underline{(1)}$ The department has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part.
- (2) The department may adopt by rule the model regulation for the long-term care insurance regulation as approved by the National Association of Insurance

 Commissioners in June 2000, including provisions to protect

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    applicants for long-term care and comparison of long-term care
    insurance coverage, and to facilitate flexibility and
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    innovation in the development of long-term care insurance that
    is not in conflict with the insurance code.
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            Section 15. This act shall take effect upon becoming a
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    law.
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                              SENATE SUMMARY
      Revises various provisions relating to the regulatory authority of the Department of Insurance. (See bill for details.)
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