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CHAMBER ACTION

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ļ	<u>Senate</u> <u>House</u>
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2	04/27/2004 11:45 AM .
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11	Senator Fasano moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 166, line 15, delete that line
15	
16	and insert:
17	Section 146. Paragraph (h) of subsection (2) of
18	section 20.121, Florida Statutes, is amended to read:
19	20.121 Department of Financial ServicesThere is
20	created a Department of Financial Services.
21	(2) DIVISIONSThe Department of Financial Services
22	shall consist of the following divisions:
23	(h) The Division of Consumer Services, which shall
24	include a Bureau of Funeral and Cemetery Services.
25	1. The Division of Consumer Services shall perform the
26	following functions concerning products or services regulated
27	by the Department of Financial Services or by either office of
28	the Financial Services Commission:
29	a. Receive inquiries and complaints from consumers $_{.}\dot{ au}$
30	b. Prepare and disseminate such information as the
31	department deems appropriate to inform or assist consumers <u>.</u> +
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- c. Provide direct assistance and advocacy for consumers who request such assistance or advocacy. +
- d. With respect to apparent or potential violations of law or applicable rules by a person or entity licensed by the department or by either office of the commission, report such apparent or potential violation to the appropriate division of the department or office of the commission, which may take such further action as it deems appropriate.
- e. Designate an employee of the division as primary contact for consumers on issues relating to sinkholes.
- 2. Any person licensed or issued a certificate of authority by the department or by the Office of Insurance Regulation shall respond, in writing, to the Division of Consumer Services within 20 days after receipt of a written request for information from the division concerning a consumer complaint. The response must address the issues and allegations raised in this complaint. The division may, in its discretion, impose an administrative penalty for failure to comply with this subparagraph in an amount up to \$2,500 per violation upon any entity licensed by the department or the Office of Insurance Regulation and \$250 for the first violation, \$500 for the second violation and up to \$1,000 per violation thereafter upon any individual licensed by the department or the Office of Insurance Regulation.
- 3. The department may adopt rules to implement the provisions of this paragraph.
- 4. The powers, duties, and responsibilities expressed or granted in this paragraph shall not limit the powers, duties, and responsibilities of the Department of Financial Services, the Financial Services Commission, the Office of 31 | Insurance Regulation, or the Office of Financial Regulation

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set forth elsewhere in the Florida Statutes.

Section 147. Paragraph (a) of subsection (7) of section 440.107, Florida Statutes, is amended to read:

440.107 Department powers to enforce employer compliance with coverage requirements .--

(7)(a) Whenever the department determines that an employer who is required to secure the payment to his or her employees of the compensation provided for by this chapter has failed to secure the payment of workers' compensation required by this chapter or to produce the required business records under subsection (5) within 5 business days after receipt of the written request of the department, such failure shall be deemed an immediate serious danger to public health, safety, or welfare sufficient to justify service by the department of a stop-work order on the employer, requiring the cessation of all business operations. If the department makes such a determination, the department shall issue a stop-work order within 72 hours. The order shall take effect when served upon the employer or, for a particular employer work site, when served at that work site. In addition to serving a stop-work order at a particular work site which shall be effective immediately, the department shall immediately proceed with service upon the employer which shall be effective upon all employer work sites in the state for which the employer is not in compliance. A stop-work order may be served with regard to an employer's work site by posting a copy of the stop-work order in a conspicuous location at the work site. The order shall remain in effect until the department issues an order releasing the stop-work order upon a finding that the employer has come into compliance with the coverage requirements of 31 | this chapter and has paid any penalty assessed under this

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section. The department may issue an order of conditional release from a stop-work order to an employer upon a finding 3 that the employer has complied with coverage requirements of this chapter and has agreed to remit periodic payments of the 4 5 penalty pursuant to a payment agreement schedule with the department. If an order of conditional release is issued, 6 7 failure by the employer to meet any term or condition of such penalty payment agreement shall result in the immediate 8 reinstatement of the stop-work order and the entire unpaid 9 balance of the penalty shall become immediately due. The 10 11 department may require an employer who is found to have failed 12 to comply with the coverage requirements of s. 440.38 to file 13 with the department, as a condition of release from a 14 stop-work order, periodic reports for a probationary period 15 that shall not exceed 2 years that demonstrate the employer's continued compliance with this chapter. The department shall 16 17 by rule specify the reports required and the time for filing 18 under this subsection. 19 Section 148. Section 501.137, Florida Statutes, is 20 amended to read: 21 501.137 Mortgage lenders; tax and insurance payments from escrow accounts; duties .--22 23 (1) Every lender of money, whether a natural person or 24 an artificial entity, whose loans are secured by a mortgage on 25 real estate located within the state and who receives funds 26 incidental thereto or in connection therewith for the payment 27 of property taxes or hazard insurance premiums when the such funds are held in escrow by or on behalf of the lender, shall 28 promptly pay the such taxes or insurance premiums when the 29

such taxes or premiums become due and adequate escrow funds

31 | are deposited, so that the maximum tax discount available may

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be obtained with regard to the taxable property and so that insurance coverage on the property does not lapse.

(2) If an escrow account for the such taxes or insurance premiums is deficient, the lender shall notify the property owner within 15 days after the lender receives the notification of taxes due from the county tax collector or receives the notification from the insurer that a premium is due.

(3)(a) If the lender, as a result of neglect, fails to pay any tax or insurance premium when the tax or premium is due and there are sufficient escrow funds on deposit to pay the tax or premium, and if the property owner suffers a loss as a result of this such failure, then the lender is will be liable for the such loss; except, however, that with respect to any loss which would otherwise have been insured, the extent of the such liability shall not exceed the coverage limits of any insurance policy which has lapsed.

(b) If the lender violates paragraph (a) and the premium payment is not more than 90 days overdue, the insurer shall reinstate the insurance policy, retroactive to the date of cancellation, and the lender shall reimburse the property owner for any penalty or fees imposed by the insurer and paid by the property owner for purposes of reinstating the policy.

(c) If the lender violates paragraph (a) and the premium payment is more than 90 days overdue or if the insurer refuses to reinstate the insurance policy, the lender shall pay the difference between the cost of the previous insurance policy and a new, comparable insurance policy for a period of 2 years.

(4) At the expiration of the annual accounting period, 31 | the lender shall issue to the property owner an annual

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statement of the escrow account.

Section 149. Paragraph (c) of subsection (3) of section 624.610, Florida Statutes, is amended to read:

624.610 Reinsurance.--

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- (c)1. Credit must be allowed when the reinsurance is ceded to an assuming insurer that maintains a trust fund in a qualified United States financial institution, as defined in paragraph (5)(b), for the payment of the valid claims of its United States ceding insurers and their assigns and successors in interest. To enable the office to determine the sufficiency of the trust fund, the assuming insurer shall report annually to the office information substantially the same as that required to be reported on the NAIC Annual Statement form by authorized insurers. The assuming insurer shall submit to examination of its books and records by the office and bear the expense of examination.
- 2.a. Credit for reinsurance must not be granted under this subsection unless the form of the trust and any amendments to the trust have been approved by:
- (I) The insurance regulator of the state in which the trust is domiciled; or
- 23 (II) The insurance regulator of another state who, 24 pursuant to the terms of the trust instrument, has accepted 25 principal regulatory oversight of the trust.
- b. The form of the trust and any trust amendments must be filed with the insurance regulator of every state in which the ceding insurer beneficiaries of the trust are domiciled. The trust instrument must provide that contested claims are valid and enforceable upon the final order of any court of 31 competent jurisdiction in the United States. The trust must

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vest legal title to its assets in its trustees for the benefit
of the assuming insurer's United States ceding insurers and
their assigns and successors in interest. The trust and the
assuming insurer are subject to examination as determined by
the insurance regulator.

- c. The trust remains in effect for as long as the assuming insurer has outstanding obligations due under the reinsurance agreements subject to the trust. No later than February 28 of each year, the trustee of the trust shall report to the insurance regulator in writing the balance of the trust and list the trust's investments at the preceding year end, and shall certify that the trust will not expire prior to the following December 31.
- 3. The following requirements apply to the following categories of assuming insurer:
- 16 a. The trust fund for a single assuming insurer consists of funds in trust in an amount not less than the 17 18 assuming insurer's liabilities attributable to reinsurance 19 ceded by United States ceding insurers, and, in addition, the assuming insurer shall maintain a trusteed surplus of not less 20 than \$20 million. Not less than 50 percent of the funds in the 21 trust covering the assuming insurer's liabilities attributable 22 23 to reinsurance ceded by United States ceding insurers and 24 trusteed surplus shall consist of assets of a quality 25 substantially similar to that required in part II of chapter 26 625. Clean, irrevocable, unconditional, and evergreen letters 27 of credit, issued or confirmed by a qualified United States financial institution, as defined in paragraph (5)(a), 28 effective no later than December 31 of the year for which the 29 filing is made and in the possession of the trust on or before 30 31 the filing date of its annual statement, may be used to fund

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the remainder of the trust and trusted surplus.

- b.(I) In the case of a group including incorporated and individual unincorporated underwriters:
- (A) For reinsurance ceded under reinsurance agreements with an inception, amendment, or renewal date on or after August 1, 1995, the trust consists of a trusteed account in an amount not less than the group's several liabilities attributable to business ceded by United States domiciled ceding insurers to any member of the group;
- (B) For reinsurance ceded under reinsurance agreements with an inception date on or before July 31, 1995, and not amended or renewed after that date, notwithstanding the other provisions of this section, the trust consists of a trusteed account in an amount not less than the group's several insurance and reinsurance liabilities attributable to business written in the United States; and
- (C) In addition to these trusts, the group shall maintain in trust a trusteed surplus of which \$100 million must be held jointly for the benefit of the United States domiciled ceding insurers of any member of the group for all years of account.
- (II) The incorporated members of the group must not be engaged in any business other than underwriting of a member of the group, and are subject to the same level of regulation and solvency control by the group's domiciliary regulator as the unincorporated members.
- (III) Within 90 days after its financial statements are due to be filed with the group's domiciliary regulator, the group shall provide to the insurance regulator an annual certification by the group's domiciliary regulator of the 31 | solvency of each underwriter member or, if a certification is

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unavailable, financial statements, prepared by independent public accountants, of each underwriter member of the group.

Section 150. Section 625.081, Florida Statutes, is amended to read:

625.081 Reserve for health insurance.—For all health insurance policies, the insurer shall maintain an active life reserve which places a sound value on the insurer's liabilities under such policies; is not less than the reserve according to appropriate standards set forth in rules issued by the commission; and, with the exception of credit disability insurance, in no event, is less in the aggregate than the pro rata gross unearned premiums for such policies.

Section 151. Paragraphs (a), (e), and (f) of subsection (5) and subsection (13) of section 625.121, Florida Statutes, are amended, and paragraphs (k) and (l) are added to subsection (5) of that section, to read:

625.121 Standard Valuation Law; life insurance.--

(5) MINIMUM STANDARD FOR VALUATION OF POLICIES AND CONTRACTS ISSUED ON OR AFTER OPERATIVE DATE OF STANDARD NONFORFEITURE LAW.—Except as otherwise provided in paragraph (h) and subsections (6), (11), and (14), the minimum standard for the valuation of all such policies and contracts issued on or after the operative date of s. 627.476 (Standard Nonforfeiture Law for Life Insurance) shall be the commissioners' reserve valuation method defined in subsections (7), (11), and (14); 5 percent interest for group annuity and pure endowment contracts and 3.5 percent interest for all other such policies and contracts, or in the case of life insurance policies and contracts, other than annuity and pure endowment contracts, issued on or after July 1, 1973, 4

31 percent interest for such policies issued prior to October 1,

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- 1 | 1979, and 4.5 percent interest for such policies issued on or 2 | after October 1, 1979; and the following tables:
- 3 (a) For all ordinary policies of life insurance issued 4 on the standard basis, excluding any disability and accidental 5 death benefits in such policies:
- 1. For policies issued prior to the operative date of s. 627.476(9), the commissioners' 1958 Standard Ordinary Mortality Table; except that, for any category of such policies issued on female risks, modified net premiums and present values, referred to in subsection (7), may be calculated according to an age not more than 6 years younger than the actual age of the insured.; and
 - 2. For policies issued on or after the operative date of s. 627.476(9), the commissioners' 1980 Standard Ordinary Mortality Table or, at the election of the insurer for any one or more specified plans of life insurance, the commissioners' 1980 Standard Ordinary Mortality Table with Ten-Year Select Mortality Factors.
 - 3. For policies issued on or after July 1, 2004, ordinary mortality tables, adopted after 1980 by the National Association of Insurance Commissioners, adopted by rule by the commission for use in determining the minimum standard of valuation for such policies.
 - (e) For total and permanent disability benefits in or supplementary to ordinary policies or contracts:
- 1. For policies or contracts issued on or after
 January 1, 1966, the tables of period 2 disablement rates and
 the 1930 to 1950 termination rates of the 1952 disability
 study of the Society of Actuaries, with due regard to the type
 of benefit;
- 31 2. For policies or contracts issued on or after

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- 1 | January 1, 1961, and prior to January 1, 1966, either those
- 2 tables or, at the option of the insurer, the class three
- 3 disability table (1926); and
- 4 3. For policies issued prior to January 1, 1961, the
- 5 class three disability table (1926); and.
- 6 4. For policies or contracts issued on or after July
- 7 1, 2004, tables of disablement rates and termination rates
- 8 adopted after 1980 by the National Association of Insurance
- 9 Commissioners, adopted by rule by the commission for use in
- 10 determining the minimum standard of valuation for those
- 11 policies or contracts.

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- 13 Any such table for active lives shall be combined with a
- 14 mortality table permitted for calculating the reserves for
- 15 | life insurance policies.
- 16 (f) For accidental death benefits in or supplementary
- 17 to policies:
- 18 1. For policies issued on or after January 1, 1966,
- 19 the 1959 Accidental Death Benefits Table;
- 20 2. For policies issued on or after January 1, 1961,
- 21 and prior to January 1, 1966, either that table or, at the
- 22 option of the insurer, the Intercompany Double Indemnity
- 23 Mortality Table; and
- 24 3. For policies issued prior to January 1, 1961, the
- 25 | Intercompany Double Indemnity Mortality Table; and.
- 26 4. For policies issued on or after July 1, 2004,
- 27 tables of accidental death benefits adopted after 1980 by the
- 28 National Association of Insurance Commissioners, adopted by
- 29 rule by the commission for use in determining the minimum
- 30 standard of valuation for those policies.

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- 1 | Either table shall be combined with a mortality table permitted for calculating the reserves for life insurance 3 policies.
- (k) For individual annuity and pure endowment 4 contracts issued on or after July 1, 2004, excluding any disability and accidental death benefits purchased under those 6 contracts, individual annuity mortality tables adopted after 1980 by the National Association of Insurance Commissioners, 8 adopted by rule by the commission for use in determining the 9 minimum standard of valuation for those contracts. 10
 - (1) For all annuities and pure endowments purchased on or after July 1, 2004, under group annuity and pure endowment contracts, excluding any disability and accidental death benefits purchased under those contracts, group annuity mortality tables adopted after 1980 by the National Association of Insurance Commissioners, adopted by rule by the commission for use in determining the minimum standard of valuation for those contracts.
 - (13) APPLICABILITY TO CREDIT LIFE AND DISABILITY **INSURANCE** POLICIES.--
 - (a) For policies issued prior to January 1, 2004:
 - 1. The minimum reserve for single-premium credit disability insurance, monthly premium credit life insurance and monthly premium credit disability insurance shall be the unearned gross premium.
- 2. As to single-premium credit life insurance policies, the insurer shall establish and maintain reserves that are not less than the value, at the valuation date, of the risk for the unexpired portion of the period for which the premium has been paid as computed on the basis of the 31 commissioners' 1980 Standard Ordinary Mortality Table and 3.5

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- 1 | percent interest. At the discretion of the office, the insurer
- 2 may make a reasonable assumption as to the ages at which net
- 3 premiums are to be determined. In lieu of the foregoing basis,
- 4 reserves based upon unearned gross premiums may be used at the
- 5 option of the insurer.
- 6 (b) For policies issued on or after January 1, 2004:
- 7 <u>1. The minimum reserve for single-premium credit</u>
- 8 disability insurance shall be either:
- 9 <u>a. The unearned gross premium, or</u>
- b. Based upon a morbidity table that is adopted by the
- 11 National Association of Insurance Commissioners and is
- 12 specified in a rule the commission adopts pursuant to
- 13 subsection (14).
- 14 <u>2. The minimum reserve for monthly premium credit</u>
- 15 disability insurance shall be the unearned gross premium.
- 3. The minimum reserve for monthly premium credit life
- 17 insurance shall be the unearned gross premium.
- 18 4. As to single-premium credit life insurance
- 19 policies, the insurer shall establish and maintain reserves
- 20 that are not less than the value, at the valuation date, of
- 21 the risk for the unexpired portion of the period for which the
- 22 premium has been paid as computed on the basis of the
- 23 commissioners' 1980 Standard Ordinary Mortality Table or any
- 24 ordinary mortality table, adopted after 1980 by the National
- 25 Association of Insurance Commissioners, that is approved by
- 26 rule adopted by the commission for use in determining the
- 27 | minimum standard of valuation for such policies; and an
- 28 interest rate determined in accordance with subsection (6). At
- 29 the discretion of the office, the insurer may make a
- 30 reasonable assumption as to the ages at which net premiums are
- 31 to be determined. In lieu of the foregoing basis, reserves

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based upon unearned gross premiums may be used at the option of the insurer. This section does not apply as to those credit 3 life insurance policies for which reserves are computed and 4 maintained as required under s. 625.131.

Section 152. Paragraphs (c) and (d) of subsection (1) of section 626.321, Florida Statutes, are amended to read:

626.321 Limited licenses.--

- (1) The department shall issue to a qualified individual, or a qualified individual or entity under paragraphs (c), (d), (e), and (i), a license as agent authorized to transact a limited class of business in any of the following categories:
- (c) Personal accident insurance. -- License covering only policies of personal accident insurance covering the risks of travel, except as provided in subparagraph 2. The license may be issued only:
- 1. To a full-time salaried employee of a common carrier or a full-time salaried employee or owner of a transportation ticket agency and may authorize the sale of such ticket policies only in connection with the sale of transportation tickets, or to the full-time salaried employee of such an agent. No such policy shall be for a duration of more than 48 hours or for the duration of a specified one-way trip or round trip.
- 2. To a full-time salaried employee of a business which offers motor vehicles for rent or lease, or to a business entity office of a business which offers motor vehicles for rent or lease if insurance sales activities authorized by the license are limited to full-time salaried employees. A business office licensed or a person licensed 31 | pursuant to this subparagraph may, as an agent of an insurer,

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- 1 | transact insurance that provides coverage for accidental personal injury or death of the lessee and any passenger who 3 is riding or driving with the covered lessee in the rental motor vehicle if the lease or rental agreement is for not more 5 than 30 days, or if the lessee is not provided coverage for more than 30 consecutive days per lease period; however, if 6 the lease is extended beyond 30 days, the coverage may be extended one time only for a period not to exceed an 8 9 additional 30 days.
 - (d) Baggage and motor vehicle excess liability insurance.--
 - 1. License covering only insurance of personal effects except as provided in subparagraph 2. The license may be issued only:
 - a. To a full-time salaried employee of a common carrier or a full-time salaried employee or owner of a transportation ticket agency, which person is engaged in the sale or handling of transportation of baggage and personal effects of travelers, and may authorize the sale of such insurance only in connection with such transportation; or
 - b. To the full-time salaried employee of a licensed general lines agent, a full-time salaried employee of a business which offers motor vehicles for rent or lease, or to a business office of a business entity that which offers motor vehicles for rent or lease if insurance sales activities authorized by the license are in connection with and incidental to the rental of a motor vehicle limited to full-time salaried employees. An entity applying for a license under this sub-subparagraph:
- (I) Is required to submit only one application for a 31 <u>license under s. 626.171. The requirements of s. 626.171(5)</u>

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shall apply only to the officers and directors of the entity submitting the application.

(II) Is required to obtain a license for each office, branch office, or place of business making use of the entity's business name by applying to the department for the license on a simplified application form developed by rule of the department for this purpose.

(III) Is required to pay the applicable fees for a license as prescribed in s. 624.501, be appointed under s. 626.112, and pay the prescribed appointment fee under s. 624.501. A licensed and appointed entity shall be directly responsible and accountable for all acts of the licensee's employees.

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> The purchaser of baggage insurance shall be provided written information disclosing that the insured's homeowner's policy may provide coverage for loss of personal effects and that the purchase of such insurance is not required in connection with the purchase of tickets or in connection with the lease or rental of a motor vehicle.

2. A business entity that office licensed pursuant to subparagraph 1., or a person licensed pursuant to subparagraph 1. who is a full-time salaried employee of a business which offers motor vehicles for rent or lease, may include lessees under a master contract providing coverage to the lessor or may transact excess motor vehicle liability insurance providing coverage in excess of the standard liability limits provided by the lessor in its lease to a person renting or leasing a motor vehicle from the licensee's employer for liability arising in connection with the negligent operation 31 of the leased or rented motor vehicle, provided that the lease

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or rental agreement is for not more than 30 days; that the lessee is not provided coverage for more than 30 consecutive 3 days per lease period, and, if the lease is extended beyond 30 days, the coverage may be extended one time only for a period not to exceed an additional 30 days; that the lessee is given written notice that his or her personal insurance policy 6 providing coverage on an owned motor vehicle may provide additional excess coverage; and that the purchase of the 8 insurance is not required in connection with the lease or 9 rental of a motor vehicle. The excess liability insurance may 10 11 be provided to the lessee as an additional insured on a policy issued to the licensee's employer. 12

- 3. A business entity that office licensed pursuant to subparagraph 1., or a person licensed pursuant to subparagraph 1. who is a full-time salaried employee of a business which offers motor vehicles for rent or lease, may, as an agent of an insurer, transact insurance that provides coverage for the liability of the lessee to the lessor for damage to the leased or rented motor vehicle if:
- a. The lease or rental agreement is for not more than 30 days; or the lessee is not provided coverage for more than 30 consecutive days per lease period, but, if the lease is extended beyond 30 days, the coverage may be extended one time only for a period not to exceed an additional 30 days;
- b. The lessee is given written notice that his or her personal insurance policy that provides coverage on an owned motor vehicle may provide such coverage with or without a deductible; and
- c. The purchase of the insurance is not required in connection with the lease or rental of a motor vehicle.
- 31 Section 153. Section 626.9743, Florida Statutes, is

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626.9743 Claim settlement practices relating to motor vehicle insurance.--

- (1) This section shall apply to the adjustment and settlement of personal and commercial motor vehicle insurance claims.
- (2) An insurer may not, when liability and damages owed under the policy are reasonably clear, recommend that a third-party claimant make a claim under his or her own policy solely to avoid paying the claim under the policy issued by that insurer. However, the insurer may identify options to a third-party claimant relative to the repair of his or her vehicle.
- and specifically requires a particular repair shop for vehicle repairs shall cause the damaged vehicle to be restored to its physical condition as to performance and appearance immediately prior to the loss at no additional cost to the insured or third-party claimant other than as stated in the policy.
- (4) An insurer may not require the use of replacement parts in the repair of a motor vehicle which are not at least equivalent in kind and quality to the damaged parts prior to the loss in terms of fit, appearance, and performance.
- (5) When the insurance policy provides for the adjustment and settlement of first-party motor vehicle total losses on the basis of actual cash value or replacement with another of like kind and quality, the insurer shall use one of the following methods:
- 30 (a) The insurer may elect a cash settlement based upon
 31 the actual cost to purchase a comparable motor vehicle,

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- including sales tax, if applicable pursuant to subsection (9).

 Such cost may be derived from:
 - 1. When comparable motor vehicles are available in the local market area, the cost of two or more such comparable motor vehicles available within the preceding 90 days;
 - 2. The retail cost as determined from a generally recognized used motor vehicle industry source such as:
 - a. An electronic database if the pertinent portions of the valuation documents generated by the database are provided by the insurer to the first-party insured upon request; or
 - b. A quidebook that is generally available to the general public if the insurer identifies the quidebook used as the basis for the retail cost to the first-party insured upon request; or
 - 3. The retail cost using two or more quotations obtained by the insurer from two or more licensed dealers in the local market area.
- (b) The insurer may elect to offer a replacement motor
 vehicle that is a specified comparable motor vehicle available
 to the insured, including sales tax if applicable pursuant to
 subsection (9), paid for by the insurer at no cost other than
 any deductible provided in the policy and betterment as
 provided in subsection (6). The offer must be documented in
- 24 the insurer's claim file. For purposes of this subsection, a
- 25 comparable motor vehicle is one that is made by the same
- 26 <u>manufacturer</u>, of the same or newer model year, and of similar
- 27 body type and that has similar options and mileage as the
- 28 <u>insured vehicle</u>. Additionally, a comparable motor vehicle must
- 29 be in as good or better overall condition than the insured
- 30 <u>vehicle and available for inspection within a reasonable</u>
- 31 <u>distance of the insured's residence.</u>

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- (c) When a motor vehicle total loss is adjusted or settled on a basis that varies from the methods described in paragraph (a) or paragraph (b), the determination of value must be supported by documentation, and any deductions from value must be itemized and specified in appropriate dollar amounts. The basis for such settlement shall be explained to the claimant in writing, if requested, and a copy of the explanation shall be retained in the insurer's claim file. (d) Any other method agreed to by the claimant. (6) When the amount offered in settlement reflects a reduction by the insurer because of betterment or
- depreciation, information pertaining to the reduction shall be maintained with the insurer's claim file. Deductions shall be itemized and specific as to dollar amount and shall accurately reflect the value assigned to the betterment or depreciation. The basis for any deduction shall be explained to the claimant in writing, if requested, and a copy of the explanation shall be maintained with the insurer's claim file.
- (7) Every insurer shall, if partial losses are settled on the basis of a written estimate prepared by or for the insurer, supply the insured a copy of the estimate upon which the settlement is based.
- (8) Every insurer shall provide notice to an insured before termination of payment for previously authorized storage charges, and the notice shall provide 72 hours for the insured to remove the vehicle from storage before terminating payment of the storage charges.
- (9) If sales tax will necessarily be incurred by a claimant upon replacement of a total loss or upon repair of a partial loss, the insurer may defer payment of the sales tax 31 unless and until the obligation has actually been incurred.

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(10) Nothing in this section shall be construed to 1 authorize or preclude enforcement of policy provisions 3 relating to settlement disputes. Section 154. Section 626.9744, Florida Statutes, is 4 5 created to read: 626.9744 Claim settlement practices relating to 6 property insurance. -- Unless otherwise provided by the policy, 8 when a homeowner's insurance policy provides for the adjustment and settlement of first-party losses based on 9 repair or replacement cost, the following requirements apply: 10 11 (1) When a loss requires repair or replacement of an 12 item or part, any physical damage incurred in making such 13 repair or replacement which is covered and not otherwise excluded by the policy shall be included in the loss to the 14 15 extent of any applicable limits. The insured may not be required to pay for betterment required by ordinance or code 16 except for the applicable deductible, unless specifically 17 excluded or limited by the policy. 18 19 (2) When a loss requires replacement of items and the replaced items do not match in quality, color, or size, the insurer shall make reasonable repairs or replacement of items 21 in adjoining areas. In determining the extent of the repairs 2.2 23 or replacement of items in adjoining areas, the insurer may consider the cost of repairing or replacing the undamaged 24 25 portions of the property, the degree of uniformity that can be achieved without such cost, the remaining useful life of the 26 27 undamaged portion, and other relevant factors. (3) This section shall not be construed to make the 2.8 insurer a warrantor of the repairs made pursuant to this 29 30 section.

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authorize or preclude enforcement of policy provisions relating to settlement disputes.

Section 155. Effective July 1, 2004, and applicable to cancellation requests and notices received on or after that date, subsection (3) of section 627.311, Florida Statutes, is amended to read:

627.311 Joint underwriters and joint reinsurers; public records and public meetings exemptions .--

- (3) The office may, after consultation with insurers licensed to write automobile insurance in this state, approve a joint underwriting plan for purposes of equitable apportionment or sharing among insurers of automobile liability insurance and other motor vehicle insurance, as an alternate to the plan required in s. 627.351(1). All insurers authorized to write automobile insurance in this state shall subscribe to the plan and participate therein. The plan shall be subject to continuous review by the office which may at any time disapprove the entire plan or any part thereof if it determines that conditions have changed since prior approval and that in view of the purposes of the plan changes are warranted. Any disapproval by the office shall be subject to the provisions of chapter 120. The Florida Automobile Joint Underwriting Association is created under the plan. The plan and the association:
- (a) Must be subject to all provisions of s. 627.351(1), except apportionment of applicants.
- (b) May provide for one or more designated insurers, able and willing to provide policy and claims service, to act on behalf of all other insurers to provide insurance for applicants who are in good faith entitled to, but unable to, 31 procure insurance through the voluntary insurance market at

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standard rates.

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- (c) Must provide that designated insurers will issue policies of insurance and provide policyholder and claims service on behalf of all insurers for the joint underwriting association.
- (d) Must provide for the equitable apportionment among insurers of losses and expenses incurred.
- (e) Must provide that the joint underwriting association will operate subject to the supervision and approval of a board of governors consisting of 11 individuals, including 1 who will be elected as chair. Five members of the board must be appointed by the Chief Financial Officer. Two of the Chief Financial Officer's appointees must be chosen from the insurance industry. Any board member appointed by the Chief Financial Officer may be removed and replaced by her or him at any time without cause. Six members of the board must be appointed by the participating insurers, two of whom must be from the insurance agents' associations. All board members, including the chair, must be appointed to serve for 2-year terms beginning annually on a date designated by the plan.
- (f) Must provide that an agent appointed to a servicing carrier must be a licensed general lines agent of an insurer which is authorized to write automobile liability and physical damage insurance in the state and which is actively writing such coverage in the county in which the agent is located, or the immediately adjoining counties, or an agent who places a volume of other property and casualty insurance in an amount equal to the premium volume placed with the Florida Joint Underwriting Association. The office may, however, determine that an agent may be appointed to a 31 | servicing carrier if, after public hearing, the office finds

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that consumers in the agent's operating area would not have adequate and reasonable access to the purchase of automobile insurance if the agent were not appointed to a servicing carrier.

- (g) Must make available noncancelable coverage as provided in s. 627.7275(2).
- (h) Must provide for the furnishing of a list of insureds and their mailing addresses upon the request of a member of the association or an insurance agent licensed to place business with an association member. The list must indicate whether the insured is currently receiving a good driver discount from the association. The plan may charge a reasonable fee to cover the cost incurred in providing the list.
- (i) Must not provide a renewal credit or discount or any other inducement designed to retain a risk.
- (j) Must not provide any other good driver credit or discount that is not actuarially sound. In addition to other criteria that the plan may specify, to be eligible for a good driver credit, an insured must not have any criminal traffic violations within the most recent 36-month period preceding the date the discount is received.
- (k)1. Shall have no liability, and no cause of action of any nature shall arise against any member insurer or its agents or employees, agents or employees of the association, members of the board of governors of the association, the Chief Financial Officer, or the office or its representatives for any action taken by them in the performance of their duties or responsibilities under this subsection. Such immunity does not apply to actions for or arising out of 31 | breach of any contract or agreement pertaining to insurance,

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- 1 | or any willful tort.
- 2. Notwithstanding the requirements of s.
- 3 624.155(3)(a), as a condition precedent to bringing an action
- 4 against the plan under s. 624.155, the department and the plan
- 5 | must have been given 90 days' written notice of the violation.
- 6 If the department returns a notice for lack of specificity,
- 7 the 90-day time period shall not begin until a proper notice
- 8 is filed. This notice must comply with the information
- 9 requirements of s. 624.155(3)(b). Effective October 1, 2007,
- this subparagraph shall expire unless reenacted by the
- 11 Legislature prior to that date.
- 12 (1) May require from the insured proof that he or she
- 13 has obtained the mandatory types and amounts of insurance from
- 14 another admitted carrier prior to the cancellation of a policy
- 15 the insured obtained from the plan and prior to the return of
- 16 any unearned premium the insured paid for such coverage from
- 17 the plan. This paragraph does not apply to any person who
- 18 provides proof of sale or inoperability of the vehicle covered
- 19 under the policy purchased from the plan or relocation outside
- 20 the state.
- 21 Section 156. Subsection (5) is added to section
- 22 627.4091, Florida Statutes, to read:
- 23 627.4091 Specific reasons for denial, cancellation, or
- 24 | nonrenewal.--
- 25 (5) When an insurer refuses to provide private
- 26 passenger automobile insurance or personal lines residential
- 27 property insurance, including, but not limited to,
- 28 | homeowner's, mobile home owner's, condominium unit owner's, or
- 29 other insurance covering a personal residential structure, to
- 30 an applicant due to adverse underwriting information, the
- 31 insurer shall:

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(a) Provide to the applicant specific information 1 regarding the reasons for the refusal to insure. 3 (b) If the reason for the refusal to insure is based on a loss underwriting history or report from a consumer 4 reporting agency, to the extent applicable identify the loss 5 underwriting history and notify the applicant of his or her 6 7 right under the federal Fair and Accurate Credit Transactions Act to obtain a copy of the report from the consumer reporting 8 9 agency. Section 157. Effective upon this act becoming a law, 10 11 subsections (5) and (6) are added to section 627.4133, Florida 12 Statutes, to read: 627.4133 Notice of cancellation, nonrenewal, or 13 14 renewal premium. --15 (5) An insurer that cancels a property insurance 16 policy on property secured by a mortgage due to the failure of the lender to timely pay the premium when due shall reinstate 17 the policy as required by s. 501.137. 18 (6) A single claim on a property insurance policy 19 which is the result of water damage may not be used as the 20 sole cause for cancellation or nonrenewal unless the insurer 2.1 can demonstrate that the insured has failed to take action 2.2. 23 reasonably requested by the insurer to prevent a future similar occurrence of damage to the insured property. 24 25 Section 158. Paragraph (h) of subsection (9) of section 627.476, Florida Statutes, is amended to read: 26 27 627.476 Standard Nonforfeiture Law for Life 28 Insurance.--(9) CALCULATION OF ADJUSTED PREMIUMS AND PRESENT 29 VALUES FOR POLICIES ISSUED AFTER OPERATIVE DATE OF THIS 30

31 SUBSECTION.--

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- (h) All adjusted premiums and present values referred to in this section shall for all policies of ordinary insurance be calculated on the basis of the Commissioners' 1980 Standard Ordinary Mortality Table or, at the election of the insurer for any one or more specified plans of life insurance, the Commissioners' 1980 Standard Ordinary Mortality Table with Ten-Year Select Mortality Factors; shall for all policies of industrial insurance be calculated on the basis of the Commissioners' 1961 Standard Industrial Mortality Table; and shall for all policies issued in a particular calendar year be calculated on the basis of a rate of interest not exceeding the nonforfeiture interest rate as defined in this subsection for policies issued in that calendar year. However:
- 1. At the option of the insurer, calculations for all policies issued in a particular calendar year may be made on the basis of a rate of interest not exceeding the nonforfeiture interest rate, as defined in this subsection, for policies issued in the immediately preceding calendar year.
- 2. Under any paid-up nonforfeiture benefit, including any paid-up dividend additions, any cash surrender value available, whether or not required by subsection (2), shall be calculated on the basis of the mortality table and rate of interest used in determining the amount of such paid-up nonforfeiture benefit and paid-up dividend additions, if any.
- 3. An insurer may calculate the amount of any guaranteed paid-up nonforfeiture benefit, including any paid-up additions under the policy, on the basis of an interest rate no lower than that specified in the policy for calculating cash surrender values.
 - 4. In calculating the present value of any paid-up

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- 1 | term insurance with accompanying pure endowment, if any,
- 2 offered as a nonforfeiture benefit, the rates of mortality
- 3 assumed may be not more than those shown in the Commissioners'
- 4 | 1980 Extended Term Insurance Table for policies of ordinary
- 5 insurance and not more than the Commissioners' 1961 Industrial
- 6 Extended Term Insurance Table for policies of industrial
- 7 insurance.
- 8 5. In lieu of the mortality tables specified in this
- 9 section, at the option of the insurance company and subject to
- 10 rules adopted by the commission, the insurance company may
- 11 substitute:
- a. The 1958 CSO or CET Smoker and Nonsmoker Mortality
- 13 Tables, whichever is applicable, for policies issued on or
- 14 after the operative date of this subsection and before January
- 15 | 1, 1989;
- b. The 1980 CSO or CET Smoker and Nonsmoker Mortality
- 17 Tables, whichever is applicable, for policies issued on or
- 18 | after the operative date of this subsection;
- c. A mortality table that is a blend of the
- 20 | sex-distinct 1980 CSO or CET mortality table standard,
- 21 whichever is applicable, or a mortality table that is a blend
- 22 of the sex-distinct 1980 CSO or CET smoker and nonsmoker
- 23 | mortality table standards, whichever is applicable, for
- 24 policies that are subject to the United States Supreme Court
- 25 decision in Arizona Governing Committee v. Norris to prevent
- 26 unfair discrimination in employment situations.
- 27 <u>6. Ordinary mortality tables, adopted after 1980 by</u>
- 28 the National Association of Insurance Commissioners, adopted
- 29 by rule by the commission for use in determining the minimum
- 30 nonforfeiture standard may be substituted for the
- 31 Commissioners' 1980 Standard Ordinary Mortality Table with or

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- without Ten-Year Select Mortality Factors or for the
 Commissioners' 1980 Extended Term Insurance Table.

 7.6. For insurance issued on a substandard basis, the
- calculation of any such adjusted premiums and present values
 may be based on appropriate modifications of the
 aforementioned tables.
- 7 Section 159. Section 627.7077, Florida Statutes, is 8 created to read:
- 9 627.7077 Florida Sinkhole Insurance Facility and other
 10 matters related to affordability and availability of sinkhole
 11 insurance; feasibility study.--
- 12 (1) The Florida State University College of Business
 13 Department of Risk Management and Insurance shall, under the
- 14 direction of the office, conduct a feasibility and
- 15 cost-benefit study of a potential Florida Sinkhole Insurance
- 16 Facility and of other matters related to affordability and
- 17 availability of sinkhole insurance. The study shall be
- 18 | conducted in consultation with the State Board of
- 19 Administration and the Florida Geological Survey. The
- 20 university shall provide a preliminary report of its analysis,
- 21 findings, and recommendations to the Financial Services
- 22 Commission and the presiding officers of the Legislature no
- 23 later than February 1, 2005, and shall provide a final report
- 24 no later than April 1, 2005.
- 25 (2) The potential functions of the facility to be analyzed include:
- 27 (a) Serving as the direct insurer or the reinsurer for 28 all or some sinkhole losses.
- (b) Providing training, communication, and other
 educational services to the public, engineers, the
- 31 construction industry, insurance professionals, or others.

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- 1 (c) Providing uniform standards for use by insurers in 2 evaluating sinkhole loss claims.
 - (d) Providing consulting services for insurers.
- (e) Maintaining a public database of all confirmed
 sinkholes and paid sinkhole loss claims, for use by consumers
 and by the insurance, building construction, banking, and real
 estate industries.
 - (3) The feasibility study shall, at a minimum, address the following issues:
 - (a) Where the facility should be housed, including, but not limited to, the options of creating a separate facility or using the Citizens Property Insurance Corporation or the Florida Hurricane Catastrophe Fund.
 - (b) Federal income taxation implications.
- (c) Funding options and costs associated with
 operating the facility, including means of funding sinkhole
 insurance through premiums that are adequate to fund covered
 losses.
 - (d) Applicability of the experience of similar facilities of other states.
- 21 (e) Other economic impact considerations pertinent to 22 a facility.
- 23 (f) Alternative dispute resolution mechanisms.
- 24 (g) The impact of all present requirements in the
 25 Florida Insurance Code on affordability and availability of
 26 sinkhole insurance and recommendations to address such
 27 impacts.
- 28 (4) The study shall be funded from a budget of no more
 29 than \$300,000, which will be funded by assessments on insurers
 30 issuing property insurance in this state. Such assessments
 31 shall be collected by the office and shall be prorated among

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- such insurers according to a formula whereby each insurer shall pay a fraction of such budget, the numerator of which 3 shall be such insurer's direct earned premiums for property insurance in this state and the denominator of which shall be 4 5 the total direct earned premiums for property insurance in this state for calendar year 2003. 6 7 Section 160. Section 627.838, Florida Statutes, is amended to read: 8 9 627.838 Filing and approval of forms; service 10 charges.--
 - (1) No premium finance agreement form or related form shall be used in this state by a premium finance company unless it has been filed with and approved by the office. Every filing shall be made within 30 days of issuance or use.
 - (2) Each premium finance company shall file with the office the service charge and interest rate plan, including all modifications thereto, for informational purposes only. Every filing shall be made within 30 days of its effective date.
 - (3) Each filing shall be accompanied by the filing fee specified in s. 627.849.

Section 161. Paragraph (e) of subsection (1) of section 627.848, Florida Statutes, is amended to read:

24 627.848 Cancellation of insurance contract upon default.--25

- (1) When a premium finance agreement contains a power of attorney or other authority enabling the premium finance company to cancel any insurance contract listed in the agreement, the insurance contract shall not be canceled unless cancellation is in accordance with the following provisions:
 - (e) Whenever <u>a financed</u> an insurance contract is

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1	canceled in accordance with this section, the insurer shall,
2	within 30 days of the cancellation date, promptly return the
3	unpaid balance due under the finance contract, up to the gross
4	amount available upon the cancellation of the policy, to the
5	premium finance company and any remaining unearned premium to
6	the agent or the insured, or both, for the benefit of the
7	insured or insureds. The insurer shall, within 30 days of the
8	cancellation date, notify the insured and the agent of the
9	amount of unearned premium returned to the premium finance
10	company and the amount of unearned commission held by the
11	agent. The premium finance company shall, within 15 days after
12	the account has been overpaid, either refund to the insured
13	for the insured's benefit any refund due on his or her account
14	or, if the refund is sent or credited to the agent, return or
15	credit to the agent the amount of the overpayment and notify
16	the insured of the refunded amount. The premium finance
17	company within 15 days shall notify the insured and the agent
18	of the amount of unearned premium. Within 15 days of receipt
19	of notification from the premium finance company, the agent
20	shall return such amount including any unearned commission to
21	the insured or with the written approval of the insured apply
22	such amount to the purchase of other insurance products
23	regulated by the office. The commission may adopt rules
24	necessary to implement the provisions of this subsection.
25	Section 162. Subsection (1) of section 627.849,
26	Florida Statutes, is amended to read:
27	627.849 Fees
28	(1) The office shall collect in advance, and the
29	persons so served shall pay to it in advance, the following
30	fees:
31	(a) Annual license fee\$250

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1	(b) Investigation fee100
2	(c) Annual report filing fee25
3	(d) Form filing fee10
4	Section 163. Analysis of factors affecting premium
5	levels and availability of personal lines property and
6	casualty insurance to consumers in Florida
7	(1) The Legislative Auditing Committee shall enter
8	into a contract with the Florida State University College of
9	Business Department of Risk Management and Insurance to
10	provide, no later than February 1, 2005, a detailed analysis
11	of factors affecting costs and potential assessments on
12	consumers, and availability, of personal lines property and
13	casualty insurance in Florida generally and in those areas in
14	which coverage is underwritten by the Citizens Property and
15	Casualty Insurance Company. The analysis shall include an
16	evaluation of such factors and recommendations appropriate to
17	moderate or enhance their impact on premiums potential
18	assessments and availability of such insurance. Such factors
19	shall include, but are not limited to:
20	(a) The factors affecting the level of competition and
21	premium levels specifically, including the impact of rate
22	regulation and possible rating law reforms, and including
23	reforms that have succeeded or failed in other states.
24	(b) The cost and benefits of required coverages and of
25	restrictions on optional coverages that could otherwise be
26	made available to consumers.
27	(c) Such other information as may be useful to the
28	Legislature in determining how to increase availability and,
29	over the short and long term, to moderate costs and potential
30	consumer assessments.
31	(2) The study shall be funded from a budget of no more 33
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- 1 | than \$250,000, which shall be funded by assessments on
- 2 <u>insurers issuing personal lines property and casualty</u>
- 3 insurance in the state. Such assessments shall be collected by
- 4 the Office of Insurance Regulation and shall be prorated among
- 5 such insurers according to a formula whereby each insurer
- 6 shall pay a fraction of such budget, the numerator of which
- 7 | shall be such insurer's direct earned premiums for personal
- 8 lines property and casualty insurance in the state and the
- 9 denominator of which shall be the total direct earned premiums
- 10 for personal lines property and casualty insurance in the
- 11 state for calendar year 2003.
- 12 (3) The Department of Financial Services, the Office
- 13 of Insurance Regulation, and insurers shall cooperate with the
- 14 Florida State University College of Business Department of
- 15 Risk Management and Insurance conducting the analysis and
- 16 | shall provide such information as the Florida State University
- 17 | College of Business Department of Risk Management and
- 18 Insurance may request in the format requested by the
- 19 <u>university</u>.
- 20 Section 164. <u>Section 625.131, Florida Statutes, is</u>
- 21 <u>repealed.</u>
- 22 Section 165. Nothing in this act shall be construed to
- 23 create or be the basis of a civil action. Nothing in this act
- 24 | shall be construed as limiting settlement or adjustment of
- 25 claims by methods that are otherwise permissible under Florida
- 26 law.
- 27 Section 166. Except as otherwise expressly provided in
- 28 this act and except for this section, which shall take effect
- 29 upon becoming a law, this act shall take effect July 1, 2004.

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

And the title is amended as follows:

On page 13, lines 10 and 11, delete the words "providing an effective date."

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6 and insert:

amending s. 20.121, F.S.; requiring the Division of Consumer Services of the Department of Financial Services to designate an employee as primary contact for consumers on issues involving sinkholes; authorizing the department to issue an order of conditional release from a stop-work order if an employer complies with coverage requirements and a penalty payment agreement; amending s. 501.137, F.S.; requiring an insurer to reinstate, under certain circumstances, an insurance policy that is cancelled due to failure of the lender to pay a premium for which sufficient escrow funds are on deposit; requiring that the lender reimburse the property owner for any penalties or fees paid for purposes of reinstating the policy; requiring the lender to pay the increased cost of insurance premiums for a specified period of time under certain conditions; amending s. 624.610, F.S.; revising the requirements of a trust fund for a single assuming insurer; amending s. 625.081, F.S.; providing an exception for credit disability insurance from a health insurance active life reserve requirement; amending s. 625.121, F.S.;

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1	providing for valuation of life insurance
2	policies; amending s. 626.321, F.S.; limiting
3	the types of business that may be transacted by
4	personal lines agents; creating s. 626.9743,
5	F.S., relating to claim settlement practices
6	for motor vehicle insurance; prescribing
7	standards to be followed by insurers; creating
8	s. 626.9744, F.S., relating to claim settlement
9	practices for homeowners' insurance;
10	prescribing standards to be followed by
11	insurers; amending s. 627.311, F.S.; allowing
12	the automobile insurance joint underwriting
13	plan to require additional proof from insureds
14	regarding cancellation of coverage; allowing
15	additional time for the investigation of claims
16	against the plan; providing for expiration of
17	the provision; amending s. 627.4091, F.S.;
18	providing additional disclosure requirements
19	with respect to a refusal to insure; amending
20	s. 627.4133, F.S.; requiring property insurers
21	to reinstate a canceled policy as required by
22	s. 501.137, F.S.; restricting the use of
23	certain claims as a cause for cancellation or
24	nonrenewal; amending s. 627.476, F.S.;
25	authorizing the use of certain mortality tables
26	for purposes of the Standard Nonforfeiture Law
27	for Life Insurance; creating s. 627.7077, F.S.;
28	providing for a feasibility study for a
29	proposed Florida Sinkhole Insurance Facility;
30	amending s. 627.838, F.S.; deleting a filing
31	fee; amending s. 627.848, F.S.; specifying
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1	provisions for cancellation of insurance
2	contracts; amending s. 627.849, F.S., to
3	conform to the elimination of a filing fee;
4	providing for a study and report by the Florida
5	State University College of Business on
6	personal lines property and casualty insurance;
7	repealing s. 625.131, F.S., relating to credit
8	life and disability policies; providing for
9	construction of the act; providing effective
10	dates.
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