LEGISLATIVE ACTION

Senate	•	House
Comm: FAV		
01/19/2012	•	
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The Committee on Commerce and Tourism (Detert) recommended the following:

Senate Amendment to Amendment (792042) (with title amendment)

Between lines 84 and 85

insert:

Section 2. Paragraphs (o) and (x) 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:

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(o) Illegal dealings in premiums; excess or reduced charges
for insurance.-

15 1. Knowingly collecting any sum as a premium or charge for 16 insurance, which is not then provided, or is not in due course 17 to be provided, subject to acceptance of the risk by the 18 insurer, by an insurance policy issued by an insurer as 19 permitted by this code.

20 2. Knowingly collecting as a premium or charge for 21 insurance any sum in excess of or less than the premium or 22 charge applicable to such insurance, in accordance with the 23 applicable classifications and rates as filed with and approved 24 by the office, and as specified in the policy; or, in cases when 25 classifications, premiums, or rates are not required by this 26 code to be so filed and approved, premiums and charges collected from a Florida resident in excess of or less than those 27 specified in the policy and as fixed by the insurer. This 28 29 provision does shall not be deemed to prohibit the charging and collection, by surplus lines agents licensed under part VIII of 30 31 this chapter, of the amount of applicable state and federal 32 taxes, or fees as authorized by s. 626.916(4), in addition to 33 the premium required by the insurer or the charging and collection, by licensed agents, of the exact amount of any 34 35 discount or other such fee charged by a credit card facility in 36 connection with the use of a credit card, as authorized by 37 subparagraph (q)3., in addition to the premium required by the 38 insurer. This subparagraph does shall not be construed to 39 prohibit collection of a premium for a universal life or a variable or indeterminate value insurance policy made in 40 41 accordance with the terms of the contract.

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42 3.a. Imposing or requesting an additional premium for a 43 policy of motor vehicle liability, personal injury protection, 44 medical payment, or collision insurance or any combination 45 thereof or refusing to renew the policy solely because the insured was involved in a motor vehicle accident unless the 46 insurer's file contains information from which the insurer in 47 48 good faith determines that the insured was substantially at 49 fault in the accident.

50 b. An insurer that which imposes and collects such a 51 surcharge or which refuses to renew such policy shall, in 52 conjunction with the notice of premium due or notice of 53 nonrenewal, notify the named insured that he or she is entitled 54 to reimbursement of such amount or renewal of the policy under 55 the conditions listed below and will subsequently reimburse him 56 or her or renew the policy, if the named insured demonstrates 57 that the operator involved in the accident was:

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(I) Lawfully parked;

(II) Reimbursed by, or on behalf of, a person responsiblefor 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;

67 (V) Not convicted of a moving traffic violation in 68 connection with the accident, but the operator of the other 69 automobile involved in such accident was convicted of a moving 70 traffic violation;

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(VI) Finally adjudicated not to be liable by a court of competent jurisdiction;

73 (VII) In receipt of a traffic citation which was dismissed 74 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.

80 c. In addition to the other provisions of this 81 subparagraph, an insurer may not fail to renew a policy if the 82 insured has had only one accident in which he or she was at fault within the current 3-year period. However, an insurer may 83 84 nonrenew a policy for reasons other than accidents in accordance with s. 627.728. This subparagraph does not prohibit nonrenewal 85 86 of a policy under which the insured has had three or more 87 accidents, regardless of fault, during the most recent 3-year 88 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.

96 b. A violation of s. 316.183, when such violation is a 97 result of exceeding the lawful speed limit by more than 15 miles 98 per hour.

5. Upon the request of the insured, the insurer and

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100 licensed agent shall supply to the insured the complete proof of 101 fault or other criteria <u>that</u> which justifies the additional 102 charge or cancellation.

103 6. <u>An</u> No insurer <u>may not</u> shall impose or request an 104 additional premium for motor vehicle insurance, cancel or refuse 105 to issue a policy, or refuse to renew a policy because the 106 insured or the applicant is a handicapped or physically disabled 107 person, so long as such handicap or physical disability does not 108 substantially impair such person's mechanically assisted driving 109 ability.

110 7. An No insurer may not cancel or otherwise terminate any 111 insurance contract or coverage, or require execution of a 112 consent to rate endorsement, during the stated policy term for 113 the purpose of offering to issue, or issuing, a similar or 114 identical contract or coverage to the same insured with the same 115 exposure at a higher premium rate or continuing an existing 116 contract or coverage with the same exposure at an increased 117 premium.

118 8. <u>An</u> No insurer may <u>not</u> issue a nonrenewal notice on any 119 insurance contract or coverage, or require execution of a 120 consent to rate endorsement, for the purpose of offering to 121 issue, or issuing, a similar or identical contract or coverage 122 to the same insured at a higher premium rate or continuing an 123 existing contract or coverage at an increased premium without 124 meeting any applicable notice requirements.

9. <u>An No insurer may not shall</u>, with respect to premiums
charged for motor vehicle insurance, unfairly discriminate
solely on the basis of age, sex, marital status, or scholastic
achievement.

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129 <u>10. An insurer may not use any rate, rating schedule,</u> 130 <u>rating manual, or underwriting rule that is not contained in a</u> 131 <u>rating manual and that is determined in whole or in part on the</u> 132 <u>basis of an insured's credit report or credit score as defined</u> 133 in s. 626.9741.

134 <u>11.10.</u> Imposing or requesting an additional premium for 135 motor vehicle comprehensive or uninsured motorist coverage 136 solely because the insured was involved in a motor vehicle 137 accident or was convicted of a moving traffic violation.

138 <u>12.11. An No insurer may not shall cancel or issue a</u> 139 nonrenewal notice on any insurance policy or contract without 140 complying with any applicable cancellation or nonrenewal 141 provision required under the Florida Insurance Code.

142 13.12. An No insurer may not shall impose or request an 143 additional premium, cancel a policy, or issue a nonrenewal 144 notice on any insurance policy or contract because of any traffic infraction when adjudication has been withheld and no 145 points have been assessed pursuant to s. 318.14(9) and (10). 146 147 However, this subparagraph does not apply to traffic infractions involving accidents in which the insurer has incurred a loss due 148 149 to the fault of the insured.

150 (x) Refusal to insure.-In addition to other provisions of 151 this code, the refusal to insure, or continue to insure, any 152 individual or risk solely because of:

153 1. Race, color, creed, marital status, sex, or national 154 origin;

155 2. The residence, age, or lawful occupation of the 156 individual or the location of the risk, unless there is a 157 reasonable relationship between the residence, age, or lawful

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158 occupation of the individual or the location of the risk and the 159 coverage issued or to be issued; 160 3. The insured's or applicant's failure to agree to place 161 collateral business with any insurer, unless the coverage applied for would provide liability coverage which is excess 162 over that provided in policies maintained on property or motor 163 164 vehicles: 165 4. The insured's or applicant's failure to purchase 166 noninsurance services or commodities, including automobile services as defined in s. 624.124; 167 5. The fact that the insured or applicant is a public 168 169 official; or 170 6. The fact that the insured or applicant had been 171 previously refused insurance coverage by any insurer, when such 172 refusal to insure or continue to insure for this reason occurs 173 with such frequency as to indicate a general business practice. 174 7. The insured's or applicant's credit report or credit score as defined in s. 626.9741. 175 176 Section 3. Section 626.9741, Florida Statutes, is amended 177 to read: 178 626.9741 Use of credit reports and credit scores by 179 insurers.-180 (1) An insurer may not use credit reports or credit scores 181 in making rating determinations. The purpose of this section is 182 to regulate and limit the use of credit reports and credit scores by insurers for underwriting and rating purposes. This 183 184 section applies only to personal lines motor vehicle insurance 185 and personal lines residential insurance, which includes 186 homeowners, mobile home owners' dwelling, tenants, condominium

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187 unit owners, cooperative unit owners, and similar types of 188 insurance.

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(2) As used in this section, the term:

190 (a) "Adverse decision" means a decision to refuse to issue 191 or renew a policy of insurance; to issue a policy with 192 exclusions or restrictions; to increase the rates or premium 193 charged for a policy of insurance; to place an insured or 194 applicant in a rating tier that does not have the lowest 195 available rates for which that insured or applicant is otherwise 196 eligible; or to place an applicant or insured with a company 197 operating under common management, control, or ownership which 198 does not offer the lowest rates available, within the affiliate group of insurance companies, for which that insured or 199 200 applicant is otherwise eligible.

201 (a) (b) "Credit report" means any written, oral, or other 202 communication of any information by a consumer reporting agency, 203 as defined in the federal Fair Credit Reporting Act, 15 U.S.C. 204 ss. 1681 et seq., bearing on a consumer's credit worthiness, 205 credit standing, or credit capacity, which is used or expected 206 to be used or collected as a factor to establish a person's 207 eligibility for credit or insurance, or any other purpose 208 authorized pursuant to the applicable provision of such federal 209 act. A credit score alone, as calculated by a credit reporting 210 agency or by or for the insurer, may not be considered a credit 211 report.

(b) (c) "Credit score" means a score, grade, or value that is derived by using any or all data from a credit report in any type of model, method, or program, whether electronically, in an algorithm, computer software or program, or any other process,

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216 for the purpose of grading or ranking credit report data.
217 (d) "Tier" means a category within a single insurer into
218 which insureds with substantially similar risk, exposure, or
219 expense factors are placed for purposes of determining rate or
220 premium.

221 (3) An insurer must inform an applicant or insured, in the 222 same medium as the application is taken, that a credit report or 223 score is being requested for underwriting or rating purposes. An insurer that makes an adverse decision based, in whole or in 224 225 part, upon a credit report must provide at no charge, a copy of 226 the credit report to the applicant or insured or provide the 227 applicant or insured with the name, address, and telephone 228 number of the consumer reporting agency from which the insured 229 or applicant may obtain the credit report. The insurer must 230 provide notification to the consumer explaining the reasons for 231 the adverse decision. The reasons must be provided in 232 sufficiently clear and specific language so that a person can identify the basis for the insurer's adverse decision. Such 233 234 notification shall include a description of the four primary 235 reasons, or such fewer number as existed, which were the primary influences of the adverse decision. The use of generalized terms 236 237 such as "poor credit history," "poor credit rating," or "poor 238 insurance score" does not meet the explanation requirements of 239 this subsection. A credit score may not be used in underwriting 240 or rating insurance unless the scoring process produces 241 information in sufficient detail to permit compliance with the 242 requirements of this subsection. It shall not be deemed an 243 adverse decision if, due to the insured's credit report or 244 credit score, the insured continues to receive a less favorable

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245	rate or placement in a less favorable tier or company at the
246	time of renewal except for renewals or reunderwriting required
247	by this section.
248	(4)(a) An insurer may not request a credit report or score
249	based upon the race, color, religion, marital status, age,
250	gender, income, national origin, or place of residence of the
251	applicant or insured.
252	(b) An insurer may not make an adverse decision solely
253	because of information contained in a credit report or score
254	without consideration of any other underwriting or rating
255	factor.
256	(c) An insurer may not make an adverse decision or use a
257	credit score that could lead to such a decision if based, in
258	whole or in part, on:
259	1. The absence of, or an insufficient, credit history, in
260	which instance the insurer shall:
261	a. Treat the consumer as otherwise approved by the Office
262	of Insurance Regulation if the insurer presents information that
263	such an absence or inability is related to the risk for the
264	insurer;
265	b. Treat the consumer as if the applicant or insured had
266	neutral credit information, as defined by the insurer;
267	c. Exclude the use of credit information as a factor and
268	use only other underwriting criteria;
269	2. Collection accounts with a medical industry code, if so
270	identified on the consumer's credit report;
271	3. Place of residence; or
272	4. Any other circumstance that the Financial Services
273	Commission determines, by rule, lacks sufficient statistical

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274	correlation and actuarial justification as a predictor of
275	insurance risk.
276	(d) An insurer may use the number of credit inquiries
277	requested or made regarding the applicant or insured except for:
278	1. Credit inquiries not initiated by the consumer or
279	inquiries requested by the consumer for his or her own credit
280	information.
281	2. Inquiries relating to insurance coverage, if so
282	identified on a consumer's credit report.
283	3. Collection accounts with a medical industry code, if so
284	identified on the consumer's credit report.
285	4. Multiple lender inquiries, if coded by the consumer
286	reporting agency on the consumer's credit report as being from
287	the home mortgage industry and made within 30 days of one
288	another, unless only one inquiry is considered.
289	5. Multiple lender inquiries, if coded by the consumer
290	reporting agency on the consumer's credit report as being from
291	the automobile lending industry and made within 30 days of one
292	another, unless only one inquiry is considered.
293	(c) An insurer must, upon the request of an applicant or
294	insured, provide a means of appeal for an applicant or insured
295	whose credit report or credit score is unduly influenced by a
296	dissolution of marriage, the death of a spouse, or temporary
297	loss of employment. The insurer must complete its review within
298	10 business days after the request by the applicant or insured
299	and receipt of reasonable documentation requested by the
300	insurer, and, if the insurer determines that the credit report
301	or credit score was unduly influenced by any of such factors,
302	the insurer shall treat the applicant or insured as if the

COMMITTEE AMENDMENT

Florida Senate - 2012 Bill No. SB 102

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303	applicant or insured had neutral credit information or shall
304	exclude the credit information, as defined by the insurer,
305	whichever is more favorable to the applicant or insured. An
306	insurer shall not be considered out of compliance with its
307	underwriting rules or rates or forms filed with the Office of
308	Insurance Regulation or out of compliance with any other state
309	law or rule as a result of granting any exceptions pursuant to
310	this subsection.
311	(5) A rate filing that uses credit reports or credit scores
312	must comply with the requirements of s. 627.062 or s. 627.0651
313	to ensure that rates are not excessive, inadequate, or unfairly
314	discriminatory.
315	(6) An insurer that requests or uses credit reports and
316	credit scoring in its underwriting and rating methods shall
317	maintain and adhere to established written procedures that
318	reflect the restrictions set forth in the federal Fair Credit
319	Reporting Act, this section, and all rules related thereto.
320	(7)(a) An insurer shall establish procedures to review the
321	credit history of an insured who was adversely affected by the
322	use of the insured's credit history at the initial rating of the
323	policy, or at a subsequent renewal thereof. This review must be
324	performed at a minimum of once every 2 years or at the request
325	of the insured, whichever is sooner, and the insurer shall
326	adjust the premium of the insured to reflect any improvement in
327	the credit history. The procedures must provide that, with
328	respect to existing policyholders, the review of a credit report
329	will not be used by the insurer to cancel, refuse to renew, or
330	require a change in the method of payment or payment plan.
331	(b) However, as an alternative to the requirements of

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332	paragraph (a), an insurer that used a credit report or credit
333	score for an insured upon inception of a policy, who will not
334	use a credit report or score for reunderwriting, shall
335	reevaluate the insured within the first 3 years after inception,
336	based on other allowable underwriting or rating factors,
337	excluding credit information if the insurer does not increase
338	the rates or premium charged to the insured based on the
339	exclusion of credit reports or credit scores.
340	(3) (8) The commission may adopt rules to administer this
341	section. The rules may include, but need not be limited to:
342	(a) Information that must be included in filings to
343	demonstrate compliance with subsection (3).
344	(b) Statistical detail that insurers using credit reports
345	or scores under subsection (5) must retain and report annually
346	to the Office of Insurance Regulation.
347	(c) Standards that ensure that rates or premiums associated
348	with the use of a credit report or score are not unfairly
349	discriminatory, based upon race, color, religion, marital
350	status, age, gender, income, national origin, or place of
351	residence.
352	(d) Standards for review of models, methods, programs, or
353	any other process by which to grade or rank credit report data
354	and which may produce credit scores in order to ensure that the
355	insurer demonstrates that such grading, ranking, or scoring is
356	valid in predicting insurance risk of an applicant or insured.
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359	And the title is amended as follows:
360	Delete line 101



361 and insert: situations; amending s. 626.9541, F.S.; prohibiting an 362 363 insurer using a rate, rating schedule, rating manual, 364 or an underwriting rule that is not contained in a 365 rating manual and is determined in whole or in part on 366 the basis of a credit report or credit score of an 367 insured; including the refusal to insure or continue 368 to insure any individual or risk because of the 369 insured's or applicant's credit report or credit score 370 among the list of activities constituting unfair 371 methods of competition and unfair or deceptive acts; 372 amending s. 626.9741, F.S.; prohibiting the use by 373 insurers of credit reports and credit scores in making 374 rating determinations; deleting provisions limiting 375 and regulating the use of credit scores by insurers 376 when making rating determinations; deleting the 377 definition of "adverse decision" and "tier"; providing 378 an effective date.

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