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A bill to be entitled An act relating to property insurance; amending s. 215.555, F.S.; changing the name of the Florida Hurricane Catastrophe Fund Finance Corporation to the State Board of Administration Finance Corporation; amending s. 624.155, F.S.; providing that Citizens Property Insurance Corporation is an insurer subject to civil actions as an agent of the state covered by sovereign immunity; amending s. 626.752, F.S., relating to the exchange of business between an agent and insurer; providing an exemption from the requirements of that section to the corporation or certain private entities under certain circumstances; amending s. 627.062, F.S.; requiring the Office of Insurance Regulation to calculate and publish insurance inflation factors for use in residential property insurance filings; prohibiting the office from disapproving a rate as excessive due to the insurer's purchase of reinsurance for certain purposes; deleting obsolete provisions; conforming cross-references; amending s. 627.0628, F.S.; adding a member to the Florida Commission on Hurricane Loss Projection Methodology; amending s. 627.0629, F.S.; requiring insurers to provide notice of mitigation discounts in a residential property insurance rate filing; amending s. 627.171, F.S.; allowing a consent to an excess rate to apply to subsequent policy renewals; limiting the allowable amount of excess rates to counties where there is no competition;

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amending s. 627.351, F.S.; revising legislative intent with respect to the corporation; reducing the value of residential structures that can be covered by the corporation; revising the corporation's eligibility criteria for structures located seaward of the coastal construction control line; requiring the corporation's board of governors to concur with certain decisions by the executive director; providing for risk-sharing agreements between the corporation and other insurers and specifying the requirements and limitations of such agreements; revising provisions relating to the appointment of the board of governors and the executive director; providing that renewal policies are not eligible for continued coverage by the corporation unless the premium for comparable coverage from an authorized insurer exceeds a certain percentage; deleting provisions allowing a policyholder removed from the corporation to remain eligible for coverage regardless of an offer of coverage from an authorized insurer; revising corporation criteria for appointing agents; requiring the corporation to provide coverage for mobile homes or manufactured homes and related structures; requiring disclosure of potential corporation surcharges and policyholder obligations to try and obtain private market coverage; revising provisions relating to the Auditor General's review of the corporation; requiring the board to contract with an independent auditing firm to conduct performance

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audits; authorizing the corporation to adopt programs that encourage insurers to remove policies from the corporation through a loan secured by a surplus note; requiring the corporation to have an inspector general; providing for appointment; providing duties; requiring an annual report to the Legislature; revising provisions relating to purchases by the corporation; providing that the corporation is subject to state agency purchasing requirements; requiring the corporation to provide notice of purchasing decisions; providing procedures for protesting such decisions; providing applicability; revising the corporation's rate standards; requiring that corporation rates be competitive with approved rates charged in the admitted market, actuarially sound, and include a catastrophe risk factor; requiring the corporation to annually certify its rates; requiring the board of directors to provide recommendations to the Legislature on ways of providing rate relief to those who demonstrate a financial need; deleting obsolete provisions; creating s. 627.3518, F.S.; establishing a clearinghouse within the corporation for identifying and diverting insurance coverage to private insurers; providing definitions; providing requirements and duties of the corporation, insurers, and agents; establishing a temporary keepout program that allows authorized insurers to provide coverage to applicants for coverage through the corporation through the market assistance program until the clearinghouse is

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operational; providing program components; providing for expiration; creating s. 627.352, F.S.; creating the Catastrophe Risk Capital Access Facility to facilitate insurer access to global risk capital markets and risk-transfer mechanisms; providing legislative findings and intent; providing that the facility may not operate as an insurer, reinsurer, or other risk-bearing entity, and is not a state agency, board, or commission; providing for membership; providing for an initial governing board which must submit a proposed plan of operation to the Office of Insurance Regulation and recommendations relating to public records and open meetings to the Legislature by a certain date; providing for termination of the initial board; providing for a permanent board; specifying provisions that must be addressed by the plan of operation; providing immunity from liability for the board; amending s. 627.405, F.S.; authorizing policyholders to assign benefits subject to conditions in the policy; amending s. 627.410, F.S.; conforming provisions to changes made by the act; amending s. 627.706, F.S.; authorizing an insurer to offer a reduced amount of sinkhole coverage with an appropriate reduction in premium; providing effective dates.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Paragraph (n) of subsection (2) and paragraph

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- (d) of subsection (6) of section 215.555, Florida Statutes, are amended to read:
 - 215.555 Florida Hurricane Catastrophe Fund.-
 - (2) DEFINITIONS.—As used in this section:
- (n) "Corporation" means the <u>State Board of Administration</u> Florida Hurricane Catastrophe Fund Finance Corporation created in paragraph (6)(d).
 - (6) REVENUE BONDS.-
- (d) <u>State Board of Administration</u> Florida Hurricane Catastrophe Fund Finance Corporation.—
- 1. In addition to the findings and declarations in subsection (1), the Legislature also finds and declares that:
- a. The public benefits corporation created under this paragraph will provide a mechanism necessary for the costeffective and efficient issuance of bonds. This mechanism will eliminate unnecessary costs in the bond issuance process, thereby increasing the amounts available for to pay reimbursement for losses to property sustained as a result of hurricane damage.
- b. The purpose of such bonds is to fund reimbursements through the Florida Hurricane Catastrophe Fund to pay for the costs of construction, reconstruction, repair, restoration, and other costs associated with damage to properties of policyholders of covered policies due to the occurrence of a hurricane.
- c. The efficacy of the financing mechanism will be enhanced by the corporation's ownership of the assessments, by the insulation of the assessments from possible bankruptcy proceedings, and by covenants of the state with the

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corporation's bondholders.

2.a. The State Board of Administration Finance Corporation

There is created, which is a public benefits corporation and,

which is an instrumentality of the state, to be known as the

Florida Hurricane Catastrophe Fund Finance Corporation. The

State Board of Administration Finance Corporation is for all

purposes the successor to the Florida Hurricane Catastrophe Fund

Finance Corporation.

<u>a.b.</u> The corporation shall operate under a five-member board of directors consisting of the Governor or a designee, the Chief Financial Officer or a designee, the Attorney General or a designee, the director of the Division of Bond Finance of the State Board of Administration, and the <u>Chief Operating Officer</u> senior employee of the State Board of Administration responsible for operations of the Florida Hurricane Catastrophe Fund.

 $\underline{\text{b.e.}}$ The corporation has all of the powers of corporations under chapter 607 and under chapter 617, subject only to $\frac{\text{the}}{\text{provisions of}}$ this subsection.

 $\underline{\text{c.d.}}$ The corporation may issue bonds and engage in such other financial transactions as are necessary to provide sufficient funds to achieve the purposes of this section.

 $\underline{\text{d.e.}}$ The corporation may invest in any of the investments authorized under s. 215.47.

<u>e.f.</u> There <u>is</u> shall be no liability on the part of, and no cause of action shall arise against, any board members or employees of the corporation for any actions taken by them in the performance of their duties under this paragraph.

3.a. In actions under chapter 75 to validate any bonds issued by the corporation, the notice required by s. 75.06 $\underline{\text{must}}$

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shall be published in two newspapers of general circulation in the state, and the complaint and order of the court shall be served only on the State Attorney of the Second Judicial Circuit.

b. The state hereby covenants with holders of bonds of the corporation that the state will not repeal or abrogate the power of the board to direct the Office of Insurance Regulation to levy the assessments and to collect the proceeds of the revenues pledged to the payment of such bonds as long as any such bonds remain outstanding unless adequate provision has been made for the payment of such bonds pursuant to the documents authorizing the issuance of the such bonds.

c.4. The bonds of the corporation are not a debt of the state or of any political subdivision, and neither the state nor any political subdivision is liable on such bonds. The corporation may not does not have the power to pledge the credit, the revenues, or the taxing power of the state or of any political subdivision. The credit, revenues, or taxing power of the state or of any political subdivision may shall not be deemed to be pledged to the payment of any bonds of the corporation.

<u>d.5.a.</u> The property, revenues, and other assets of the corporation; the transactions and operations of the corporation and the income from such transactions and operations; and all bonds issued under this paragraph and interest on such bonds are exempt from taxation by the state and any political subdivision, including the intangibles tax under chapter 199 and the income tax under chapter 220. This exemption does not apply to any tax imposed by chapter 220 on interest, income, or profits on debt

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obligations owned by corporations other than the <u>State Board of Administration</u> <u>Florida Hurricane Catastrophe Fund</u> Finance Corporation.

e.b. All bonds of the corporation are shall be and constitute legal investments without limitation for all public bodies of this state; for all banks, trust companies, savings banks, savings associations, savings and loan associations, and investment companies; for all administrators, executors, trustees, and other fiduciaries; for all insurance companies and associations and other persons carrying on an insurance business; and for all other persons who are now or may hereafter be authorized to invest in bonds or other obligations of the state and are shall be and constitute eligible securities to be deposited as collateral for the security of any state, county, municipal, or other public funds. This sub-subparagraph shall be considered as additional and supplemental authority and may shall not be limited without specific reference to this sub-subparagraph.

4.6. The corporation and its corporate existence shall continue until terminated by law; however, no such law shall take effect as long as the corporation has bonds outstanding unless adequate provision has been made for the payment of such bonds pursuant to the documents authorizing the issuance of such bonds. Upon termination of the existence of the corporation, all of its rights and properties in excess of its obligations shall pass to and be vested in the state.

Section 2. Subsection (1) of section 624.155, Florida Statutes, is amended and subsection (10) is added to that section, to read:

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233 624.155 Civil remedy.—

- (1) Any person may bring a civil action against an insurer, including Citizens Property Insurance Corporation, if when such person is damaged:
- (a) By a violation of any of the following provisions by the insurer:
 - 1. Section 626.9541(1)(i), (o), or (x);
 - 2. Section 626.9551;
 - 3. Section 626.9705;
 - 4. Section 626.9706;
 - 5. Section 626.9707; or
 - 6. Section 627.7283.
- (b) By the commission of any of the following acts by the insurer:
- 1. Not attempting in good faith to settle claims <u>if</u> when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests;
- 2. Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which payments are being made; or
- 3. Except as to liability coverages, failing to promptly settle claims, when the obligation to settle a claim has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.

Notwithstanding the provisions of this subsection the above to the contrary, a person pursuing a remedy under this section need

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not prove that such act was committed or performed with such frequency as to indicate a general business practice.

(10) For the purposes of this section, Citizens Property

Insurance Corporation is an agent of the state covered under s.

768.28.

Section 3. Subsection (4) of section 626.752, Florida Statutes, is amended to read:

626.752 Exchange of business.-

(4) The foregoing limitations and restrictions <u>do</u> shall not be construed and shall not apply to the placing of surplus lines business under the provisions of part VIII, or to the activities of Citizens Property Insurance Corporation when placing new and renewal business with authorized insurers in accordance with s. 627.3518.

Section 4. Subsection (2) and paragraph (d) of subsection (3) of section 627.062, Florida Statutes, are amended to read: 627.062 Rate standards.—

- (2) As to all such classes of insurance:
- (a) Insurers or rating organizations shall establish and use rates, rating schedules, or rating manuals that allow the insurer a reasonable rate of return on the 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, must be filed with the office in accordance with under one of the following procedures:
- 1. If the filing is made at least 90 days before the proposed effective date and is not implemented during the office's review of the filing and any proceeding and judicial review, such filing is considered a "file and use" filing. In

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such case, the office 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 office of its preliminary findings does not toll the 90-day period during any such proceedings and subsequent judicial review. The rate shall be deemed approved if the office 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 subparagraph 1., such filing must be made as soon as practicable, but within 30 days after the effective date, and is considered a "use and file" filing. An insurer making a "use and file" filing is potentially subject to an order by the office to return to policyholders those portions of rates found to be excessive to policyholders, as provided in paragraph (i) (h).
- 3. For all property insurance filings made or submitted after January 25, 2007, but before May 1, 2012, an insurer seeking a rate that is greater than the rate most recently approved by the office shall make a "file and use" filing. For purposes of this subparagraph, motor vehicle collision and comprehensive coverages are not considered property coverages.
- (b) Upon receiving a rate filing, the office shall review the filing to determine if a rate is excessive, inadequate, or unfairly discriminatory. In making that determination, the office shall, in accordance with generally accepted and

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reasonable actuarial techniques, consider the following factors:

- 1. Past and prospective loss experience within and without this state.
 - 2. Past and prospective expenses.
- 3. The degree of competition among insurers for the risk insured.
- 4. Investment income reasonably expected by the insurer, consistent with the insurer's investment practices, from investable premiums anticipated from in the filing, plus any other expected income from currently invested assets representing the amount expected on unearned premium reserves and loss reserves. The commission may adopt rules that use using reasonable techniques of actuarial science and economics to specify the manner in which insurers calculate investment income attributable to classes of insurance written in this state and the manner in which investment income is used to calculate insurance rates. Such rules manner must allow contemplate allowances for an underwriting profit factor and full consideration of investment income which produce a reasonable rate of return; however, investment income from invested surplus may not be considered.
- 5. The reasonableness of the judgment reflected in the filing.
- 6. Dividends, savings, or unabsorbed premium deposits allowed or returned to $\underline{\text{state}}$ Florida policyholders, members, or subscribers.
 - 7. The adequacy of loss reserves.
- 8. The cost of reinsurance. The office may not disapprove a rate as excessive solely due solely to the insurer having

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obtained catastrophic reinsurance to cover the insurer's estimated 250-year probable maximum loss or any lower level of loss, or due solely to an admitted carrier purchasing private reinsurance that would insure against potential deficits within the Florida Hurricane Catastrophe Fund which the most recent estimate made pursuant to s. 215.555(4)(c)2. predicts would be funded through revenue bonds issued under s. 215.555(6).

- 9. Trend factors, including trends in actual losses per insured unit for the insurer making the filing.
 - 10. Conflagration and catastrophe hazards, if applicable.
- 11. Projected hurricane losses, if applicable, which must be estimated using a model or method found to be acceptable or reliable by the Florida Commission on Hurricane Loss Projection Methodology, and as further provided in s. 627.0628.
- 12. A reasonable margin for underwriting profit and contingencies.
 - 13. The cost of medical services, if applicable.
- 14. Other relevant factors that affect the frequency or severity of claims or expenses.
- inflation factors based on noncatastrophe direct loss costs for use in residential property insurance filings. The office shall update the published factors at least annually and make them available on its website. The calculation of insurance inflation factors are not subject to rulemaking under chapter 120.
- 1. An insurer making a residential property insurance rate filing that proposes a change in noncatastrophe base rates by a uniform factor equal to or less than the applicable published insurance inflation factor, may make a rate filing under s.

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627.0645 which consists of a rate certification in lieu of a full rate filing under paragraph (a). The office shall verify insurer use of the appropriate published inflation factor and, if the inflation factor is used appropriately, the filed rates shall be deemed not excessive.

- 2. An insurer filing under this paragraph may make a separate filing pursuant to paragraph (1) to adjust its rates for reinsurance rates, reinsurance financing costs and products, and cash buildup factor costs. The insurance inflation factors do not apply to these filings.
- 3. This paragraph does not apply to filings made by Citizens Property Insurance Corporation.
- (d) (c) In the case of fire insurance rates, consideration must be given to the availability of water supplies and the experience of the fire insurance business during a period of not less than the most recent 5-year or longer period for which such experience is available.
- (e) (d) If conflagration or catastrophe hazards are considered by an insurer in its rates or rating plan, including surcharges and discounts, the insurer <u>must shall</u> establish a reserve for that portion of the premium allocated to such hazard and maintain the premium in a catastrophe reserve. Removal of such premiums from the reserve for purposes other than paying claims associated with a catastrophe or purchasing reinsurance for catastrophes must be approved by the office. Any ceding commission received by an insurer purchasing reinsurance for catastrophes must be placed in the catastrophe reserve.
- $\underline{\text{(f)}}$ (e) After consideration of the rate factors provided in paragraphs (b), $\underline{\text{(c)}}$, and (d), and (e) the office may find a rate

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to be excessive, inadequate, or unfairly discriminatory based upon the following standards:

- 1. Rates shall be deemed excessive if they are likely to produce a profit from Florida business which is unreasonably high in relation to the risk involved in the class of business or if expenses are unreasonably high in relation to services rendered.
- 2. Rates shall be deemed excessive if, among other things, the rate structure established by a stock insurance company provides for replenishment of surpluses from premiums, if the such replenishment is attributable to investment losses.
- 3. Rates shall be deemed inadequate if they are clearly insufficient, together with the investment income attributable to them, they are clearly insufficient to sustain projected losses and expenses in the class of business to which they apply.
- 4. A rating plan, including discounts, credits, or surcharges, shall be deemed unfairly discriminatory if it fails to clearly and equitably reflect consideration of the policyholder's participation in a risk management program adopted pursuant to s. 627.0625.
- 5. A rate shall be deemed inadequate as to the premium charged to a risk or group of risks if discounts or credits are allowed which exceed a reasonable reflection of expense savings and reasonably expected loss experience from the risk or group of risks.
- 6. A rate shall be deemed unfairly discriminatory as to a risk or group of risks if the application of premium discounts, credits, or surcharges among such risks does not bear a

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reasonable relationship to the expected loss and expense experience among the various risks.

(g) (f) In reviewing a rate filing, the office may require the insurer to provide, at the insurer's expense, all information necessary to evaluate the condition of the company and the reasonableness of the filing according to the criteria enumerated in this section.

(h) (q) The office may at any time review a rate, rating schedule, rating manual, or rate change; the pertinent records of the insurer; and market conditions. If the office finds on a preliminary basis that a rate may be excessive, inadequate, or unfairly discriminatory, the office shall initiate proceedings to disapprove the rate and shall so notify the insurer. However, the office may not disapprove as excessive any rate for which it has given final approval or which has been deemed approved for 1 year after the effective date of the filing unless the office finds that a material misrepresentation or material error was made by the insurer or was contained in the filing. Upon notification being notified, the insurer or rating organization shall, within 60 days, file with the office all information that, in the belief of the insurer or organization, proves the reasonableness, adequacy, and fairness of the rate or rate change. The office shall issue a notice of intent to approve or a notice of intent to disapprove pursuant to paragraph (a) within 90 days after receipt of the insurer's initial response. In such instances and in any administrative proceeding relating to the legality of the rate, the insurer or rating organization shall carry the burden of proof of showing, by a preponderance of the evidence, to show that the rate is not excessive,

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inadequate, or unfairly discriminatory. After the office notifies an insurer that a rate may be excessive, inadequate, or unfairly discriminatory, unless the office withdraws the notification, the insurer may not alter the rate except to conform to the office's notice until the earlier of 120 days after the date the notification was provided or 180 days after the date of implementing the rate. The office, Subject to chapter 120, the office may disapprove without the 60-day notification any rate increase filed by an insurer within the prohibited time period or during the time that the legality of the increased rate is being contested.

(i) (h) If the office finds that a rate or rate change is excessive, inadequate, or unfairly discriminatory, the office shall issue an order of disapproval requiring specifying that a new rate or rate schedule, which responds to the findings of the office, be filed by the insurer. The office shall further order, for any "use and file" filing made in accordance with subparagraph (a)2., that the portion of premiums charged which constitute each policyholder constituting the portion of the rate above that which was actuarially justified be returned to the policyholder in the form of a credit or refund. If the office finds that an insurer's rate or rate change is inadequate, the new rate or rate schedule filed with the office in response to such a finding applies is applicable only to new or renewal business of the insurer written by the insurer on or after the effective date of the responsive filing.

 $\underline{\text{(j)}}$ (i) Except as otherwise specifically provided in this chapter, for property and casualty insurance the office may not directly or indirectly:

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- 1. Prohibit <u>an</u> any insurer, including any residual market plan or joint underwriting association, from paying acquisition costs based on the full amount of premium, as defined in s. 627.403, applicable to any policy, or prohibit any such insurer from including the full amount of acquisition costs in a rate filing; or
- 2. Impede, abridge, or otherwise compromise an insurer's right to acquire policyholders, advertise, or appoint agents, including the calculation, manner, or amount of such agent commissions, if any.
- $\underline{\text{(k)}}$ With respect to residential property insurance rate filings, the rate filing must account for mitigation measures undertaken by policyholders to reduce hurricane losses.
- (1) (k) 1. A residential property insurer may make a separate filing limited solely to an adjustment of its rates for reinsurance, the cost of financing products used as a replacement for reinsurance, financing costs incurred in the purchase of reinsurance, and the actual cost paid due to the application of the cash build-up factor pursuant to s. 215.555(5)(b) if the insurer:
- a. Elects to purchase financing products, such as a liquidity instrument or line of credit, in which case the cost included in filing for the liquidity instrument or line of credit may not result in a premium increase exceeding 3 percent for any individual policyholder. All costs contained in the filing may not result in an overall premium increase of more than 15 percent for any individual policyholder.
- b. Includes in the filing a copy of all of its reinsurance, liquidity instrument, or line of credit contracts; proof of the

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billing or payment for the contracts; and the calculation upon which the proposed rate change is based demonstrating that the costs meet the criteria of this section.

- 2. An insurer that purchases reinsurance or financing products from an affiliated company may make a separate filing only if the costs for such reinsurance or financing products are charged at or below charges made for comparable coverage by nonaffiliated reinsurers or financial entities making such coverage or financing products available in this state.
- 3. An insurer may make only one filing per 12-month period under this paragraph.
- 4. An insurer that elects to implement a rate change under this paragraph must file its rate filing with the office at least 45 days before the effective date of the rate change. After an insurer submits a complete filing that meets all of the requirements of this paragraph, the office has 45 days after the date of the filing to review the rate filing and determine if the rate is excessive, inadequate, or unfairly discriminatory.

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The provisions of this subsection do not apply to workers' compensation, employer's liability insurance, and motor vehicle insurance.

(3)

- (d)1. The following categories or kinds of insurance and types of commercial lines risks are not subject to paragraph (2)(a) or paragraph $\underline{(2)(g)}$ $\underline{(2)(f)}$:
 - a. Excess or umbrella.
 - b. Surety and fidelity.
 - c. Boiler and machinery and leakage and fire extinguishing

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- d. Errors and omissions.
- e. Directors and officers, employment practices, fiduciary liability, and management liability.
 - f. Intellectual property and patent infringement liability.
 - g. Advertising injury and Internet liability insurance.
- h. Property risks rated under a highly protected risks rating plan.
 - i. General liability.
- j. Nonresidential property, except for collateral protection insurance as defined in s. 624.6085.
 - k. Nonresidential multiperil.
 - 1. Excess property.
 - m. Burglary and theft.
- n. Any other commercial lines categories or kinds of insurance or types of commercial lines risks that the office determines should not be subject to paragraph (2)(a) or paragraph (2)(g) (2)(f) because of the existence of a competitive market for such insurance, similarity of such insurance to other categories or kinds of insurance not subject to paragraph (2)(a) or paragraph (2)(g) (2)(f), or to improve the general operational efficiency of the office.
- 2. Insurers or rating organizations shall establish and use rates, rating schedules, or rating manuals that to allow the insurer a reasonable rate of return on insurance and risks described in subparagraph 1. which are written in this state.
- 3. An insurer must notify the office of any changes to rates for insurance and risks described in subparagraph 1. within 30 days after the effective date of the change. The

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notice must include the name of the insurer, the type or kind of insurance subject to rate change, total premium written during the immediately preceding year by the insurer for the type or kind of insurance subject to the rate change, and the average statewide percentage change in rates. Underwriting files, premiums, losses, and expense statistics relating with regard to such insurance and risks written by an insurer must be maintained by the insurer and subject to examination by the office. Upon examination, the office, in accordance with generally accepted and reasonable actuarial techniques, shall consider the rate factors in paragraphs (2)(b), $\underline{\text{(d)}}$ (e), and $\underline{\text{(e)}}$ (d) and the standards in paragraph $\underline{\text{(2)}}$ (f) $\underline{\text{(2)}}$ (e) to determine if the rate is excessive, inadequate, or unfairly discriminatory.

4. A rating organization must notify the office of any changes to loss cost for insurance and risks described in subparagraph 1. within 30 days after the effective date of the change. The notice must include the name of the rating organization, the type or kind of insurance subject to a loss cost change, loss costs during the immediately preceding year for the type or kind of insurance subject to the loss cost change, and the average statewide percentage change in loss cost. Actuarial data relating with regard to changes to loss cost for risks not subject to paragraph (2)(a) or paragraph (2) (g) $\frac{(2)(f)}{(2)}$ must be maintained by the rating organization for 2 years after the effective date of the change and are subject to examination by the office. The office may require the rating organization to incur the costs associated with an examination. Upon examination, the office, in accordance with generally accepted and reasonable actuarial techniques, shall consider the

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rate factors in paragraphs (2) (b), (d), and (e) (2) (b)-(d) and the standards in paragraph (2) (f) (2) (e) to determine if the rate is excessive, inadequate, or unfairly discriminatory.

Section 5. Paragraph (b) of subsection (2) of section 627.0628, Florida Statutes, is amended to read:

627.0628 Florida Commission on Hurricane Loss Projection Methodology; public records exemption; public meetings exemption.—

- (2) COMMISSION CREATED.-
- (b) The commission shall consist of the following $\underline{12}$ $\underline{11}$ members:
 - 1. The insurance consumer advocate.
- 2. The senior employee of the State Board of Administration responsible for operations of the Florida Hurricane Catastrophe Fund.
- 3. The Executive Director of the Citizens Property Insurance Corporation.
 - 4. The Director of the Division of Emergency Management.
- 5. The actuary member of the Florida Hurricane Catastrophe Fund Advisory Council.
- 6. An employee of the office who is an actuary responsible for property insurance rate filings and who is appointed by the director of the office.
- 7. Five members appointed by the Chief Financial Officer, as follows:
- a. An actuary who is employed full time by a property and casualty insurer that was responsible for at least 1 percent of the aggregate statewide direct written premium for homeowner's insurance in the calendar year preceding the member's

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appointment to the commission.

- b. An expert in insurance finance who is a full-time member of the faculty of the State University System and who has a background in actuarial science.
- c. An expert in statistics who is a full-time member of the faculty of the State University System and who has a background in insurance.
- d. An expert in computer system design who is a full-time member of the faculty of the State University System.
- e. An expert in meteorology who is a full-time member of the faculty of the State University System and who specializes in hurricanes.
- 8. A licensed professional structural engineer who is a full-time faculty member in the State University System and who has expertise in wind mitigation techniques. This appointment shall be made by the Governor.

Section 6. Subsection (1) of section 627.0629, Florida Statutes, is amended to read:

627.0629 Residential property insurance; rate filings.-

(1) It is the intent of the Legislature that insurers provide savings to consumers who install or implement windstorm damage mitigation techniques, alterations, or solutions to their properties to prevent windstorm losses. A rate filing for residential property insurance must include notice of the mitigation discounts offered by the insurer, which must be actuarially reasonable discounts, credits, or other rate differentials, or appropriate reductions in deductibles, for properties on which fixtures or construction techniques demonstrated to reduce the amount of loss in a windstorm have

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been installed or implemented. The fixtures or construction techniques must include, but are not limited to, fixtures or construction techniques that enhance roof strength, roof covering performance, roof-to-wall strength, wall-to-floor-to-foundation strength, opening protection, and the impact resistance of window, door, and skylight openings strength.

Credits, discounts, or other rate differentials, or appropriate reductions in deductibles, for fixtures and construction techniques that meet the minimum requirements of the Florida Building Code must be included in the rate filing. The office shall determine the discounts, credits, other rate differentials, and appropriate reductions in deductibles that reflect the full actuarial value of such revaluation, which may be used by insurers in rate filings.

Section 7. Section 627.171, Florida Statutes, is amended to read:

627.171 Excess rates.-

- (1) With the written consent of the insured signed before prior to the policy inception date and filed with the insurer, the insurer may use a rate in excess of the otherwise applicable filed rate on any specific risk. The signed consent form is valid for subsequent renewals and must include the filed rate as well as the excess rate for the risk insured. The and A copy of the form must be maintained by the insurer for 3 years and be available for review by the office.
- (2) <u>In those counties in which the office has determined</u> there is not a reasonable degree of competition, an insurer may not use excess rates <u>authorized under pursuant to</u> this section for more than 10 percent of its commercial insurance policies

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written or renewed in each calendar year for any line of commercial insurance or for more than 5 percent of its personal lines insurance policies written or renewed in each calendar year for any line of personal insurance. In determining the 10-percent limitation for commercial insurance policies, the insurer shall exclude a any workers' compensation policy that was written for an employer who had coverage in the joint underwriting plan created by s. 627.311(5) immediately before prior to the writing of the policy by the insurer and a any workers' compensation policy that was written for an employer who had been offered coverage in the joint underwriting plan but who was written a policy by the insurer in lieu of accepting the joint underwriting plan policy. Such These workers' compensation policies shall be excluded from the 10-percent limitation for the first 3 years of coverage.

Section 8. Paragraphs (a), (b), (c), (g), (i), (m), (q), and (z) of subsection (6) of section 627.351, Florida Statutes, are amended, and paragraph (gg) is added to that subsection, to read:

- 627.351 Insurance risk apportionment plans.-
- (6) CITIZENS PROPERTY INSURANCE CORPORATION. -
- (a) The public purpose of this subsection is to ensure that there is an orderly market for property insurance for residents and businesses of this state.
- 1. The Legislature finds that private insurers are entering the Florida property insurance market unwilling or unable to provide affordable property insurance coverage in many regions of the state. The Legislature further finds that when Citizens Property Insurance Corporation offers rates that are not

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adequate to cover the average costs that are generated from the claims filed by its policyholders, the deficiency may create a financial burden on all other state policyholders who must purchase their own insurance from private insurers at full actuarial cost and pay an added fee to cover a portion of the cost for claims filed by policyholders of the corporation. The Legislature intends that the corporation not act as a barrier or competitor to the private insurance market but be available to residents of in this state only if there is no private market coverage available at rates determined reasonable by the Office of Insurance Regulation to the extent sought and needed. The absence of affordable property insurance threatens the public health, safety, and welfare and likewise threatens the economic health of the state. As the corporation has continued its rapid growth and exposure, it increasingly threatens state residents with having to absorb an even greater financial burden than they are currently bearing. The state, therefore, has a compelling public interest and a public purpose to assist in assuring that property in the state is insured and that it is insured at affordable, actuarially sound, noncompetitive rates so as to facilitate the remediation, reconstruction, and replacement of damaged or destroyed property without overburdening the policyholders of this state in order to reduce or avoid the negative effects on otherwise resulting to the public health, safety, and welfare; on, to the economy of the state; and on, and to the revenues of the state and local governments which are needed to provide for the public welfare. It is necessary, therefore, to make provide affordable, actuarially sound, noncompetitive property insurance available to applicants who

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are, in good faith, entitled to procure insurance through the voluntary market but are unable to do so. The Legislature intends, therefore, that affordable, actuarially sound, noncompetitive property insurance be provided and that it continue to be provided, as long as necessary, through Citizens Property Insurance Corporation, a government entity that is an integral part of the state, and that is not a private insurance company, or through referrals to private insurers participating in a clearinghouse established by the corporation. To that end, the corporation shall strive to promote increase the availability of affordable and actuarially sound private property insurance in this state, supplemented by coverage provided by the corporation if appropriate, while achieving efficiencies and economies, and while providing service to policyholders, applicants, and agents which is no less than the quality generally provided in the voluntary market, for the achievement of the foregoing public purposes. Because it is essential for this government entity to have the maximum financial resources to pay claims following a catastrophic hurricane, it is further the intent of the Legislature that the corporation continue to be an integral part of the state and not a private insurance company, and that the income of the corporation be exempt from federal income taxation, and that interest on the debt obligations issued by the corporation be exempt from federal income taxation.

2. The Residential Property and Casualty Joint Underwriting Association originally created by this statute shall be known as the Citizens Property Insurance Corporation. The corporation shall provide insurance for residential and commercial property

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insurance, for applicants who are eligible entitled, but, in good faith, are unable to procure insurance through the voluntary market. The corporation shall operate pursuant to a plan of operation approved by order of the Financial Services Commission. The plan is subject to continuous review by the commission, and the commission may, by order, withdraw approval of all or part of a plan if the commission determines that conditions have changed since approval was granted and that the purposes of the plan require changes in the plan. For the purposes of this subsection, residential coverage includes both personal lines residential coverage, which consists of the type of coverage provided by homeowner's, mobile home owner's, dwelling, tenant's, condominium unit owner's, and similar policies; and commercial lines residential coverage, which consists of the type of coverage provided by condominium association, apartment building, and similar policies.

- 3. With respect to coverage for personal lines residential structures:
- a. Effective January 1, 2014 2009, a personal lines residential structure that has a dwelling replacement cost of \$1 \$2 million or more, or a single condominium unit that has a combined dwelling and contents replacement cost of \$1 \$2 million or more is not eligible for coverage by the corporation. Such dwellings insured by the corporation on December 31, 2013 2008, may continue to be covered by the corporation until the end of the policy term. However, such dwellings may reapply and obtain coverage if the property owner provides the corporation with a sworn affidavit from one or more insurance agents, on a form provided by the corporation, stating that the agents have made

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their best efforts to obtain coverage and that the property has been rejected for coverage by at least one authorized insurer and at least three surplus lines insurers. If such conditions are met, the dwelling may be insured by the corporation for up to 3 years, after which time the dwelling is ineligible for coverage. The office shall approve the method used by the corporation for valuing the dwelling replacement costs under cost for the purposes of this subparagraph. If a policyholder is insured by the corporation before prior to being determined to be ineligible pursuant to this subparagraph and such policyholder files a lawsuit challenging the determination, the policyholder may remain insured by the corporation until the conclusion of the litigation.

- b. Effective January 1, 2015, a structure that has a dwelling replacement cost of \$900,000 or more, or a single condominium unit that has a combined dwelling and contents replacement cost of \$900,000 or more, is not eligible for coverage by the corporation. Such dwellings insured by the corporation on December 31, 2014, may continue to be covered by the corporation until the end of the policy term.
- c. Effective January 1, 2016, a structure that has a dwelling replacement cost of \$800,000 or more, or a single condominium unit that has a combined dwelling and contents replacement cost of \$800,000 or more, is not eligible for coverage by the corporation. Such dwellings insured by the corporation on December 31, 2015, may continue to be covered by the corporation until the end of the policy term.
- d. Effective January 1, 2017, a structure that has a dwelling replacement cost of \$700,000 or more, or a single

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condominium unit that has a combined dwelling and contents replacement cost of \$700,000 or more, is not eligible for coverage by the corporation. Such dwellings insured by the corporation on December 31, 2016, may continue to be covered by the corporation until the end of the policy term.

- e. Effective January 1, 2018, a structure that has a dwelling replacement cost of \$600,000 or more, or a single condominium unit that has a combined dwelling and contents replacement cost of \$600,000 or more, is not eligible for coverage by the corporation. Such dwellings insured by the corporation on December 31, 2017, may continue to be covered by the corporation until the end of the policy term.
- f. Effective January 1, 2019, a structure that has a dwelling replacement cost of \$500,000 or more, or a single condominium unit that has a combined dwelling and contents replacement cost of \$500,000 or more, is not eligible for coverage by the corporation. Such dwellings insured by the corporation on December 31, 2018, may continue to be covered by the corporation until the end of the policy term.

The requirements of sub-subparagraphs b.-f. do not apply in counties where the office determines there is not a reasonable degree of competition. In such counties the eligibility requirements of sub-subparagraph a. apply.

4. It is the intent of the Legislature that policyholders, applicants, and agents of the corporation receive service and treatment of the highest possible level but never less than that generally provided in the voluntary market. It is also intended that the corporation be held to service standards no less than

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those applied to insurers in the voluntary market by the office with respect to responsiveness, timeliness, customer courtesy, and overall dealings with policyholders, applicants, or agents of the corporation.

- 5. A new structure for which a notice of commencement has been issued on or after July 1, 2014, pursuant to s. 713.135, which is located seaward of the coastal construction control line created pursuant to s. 161.053, is ineligible for coverage through the corporation unless the structure meets the coastal code-plus building code criteria developed and recommended by the Florida Building Commission. Filing a notice of commencement for an addition to an existing structure that was built before July 1, 2014, requires that the addition be built according to the code-plus building criteria but does not require that the existing structure meet the code-plus criteria in order to be eligible for coverage through the corporation. Effective January 1, 2009, a personal lines residential structure that is located in the "wind-borne debris region," as defined in s. 1609.2, International Building Code (2006), and that has an insured value on the structure of \$750,000 or more is not eligible for coverage by the corporation unless the structure has opening protections as required under the Florida Building Code for a newly constructed residential structure in that area. A residential structure shall be deemed to comply with this subparagraph if it has shutters or opening protections on all openings and if such opening protections complied with the Florida Building Code at the time they were installed.
- 6. For any claim filed under any policy of the corporation, a public adjuster may not charge, agree to, or accept any

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compensation, payment, commission, fee, or other thing of value greater than 10 percent of the additional amount actually paid over the amount that was originally offered by the corporation for any one claim.

- (b) 1. All insurers authorized to write one or more subject lines of business in this state are subject to assessment by the corporation and, for the purposes of this subsection, are referred to collectively as "assessable insurers." Insurers writing one or more subject lines of business in this state pursuant to part VIII of chapter 626 are not assessable insurers; however, but insureds who procure one or more subject lines of business in this state pursuant to part VIII of chapter 626 are subject to assessment by the corporation and are referred to collectively as "assessable insureds." An insurer's assessment liability begins on the first day of the calendar year following the year in which the insurer was issued a certificate of authority to transact insurance for subject lines of business in this state and terminates 1 year after the end of the first calendar year during which the insurer no longer holds a certificate of authority to transact insurance for subject lines of business in this state.
- 2.a. All revenues, assets, liabilities, losses, and expenses of the corporation shall be divided into three separate accounts as follows:
- (I) A personal lines account for personal residential policies issued by the corporation, or issued by the Residential Property and Casualty Joint Underwriting Association and renewed by the corporation, which provides comprehensive, multiperil coverage on risks that are not located in areas eligible for

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coverage by the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002, and for policies that do not provide coverage for the peril of wind on risks that are located in such areas;

- (II) A commercial lines account for commercial residential and commercial nonresidential policies issued by the corporation, or issued by the Residential Property and Casualty Joint Underwriting Association and renewed by the corporation, which provides coverage for basic property perils on risks that are not located in areas eligible for coverage by the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002, and for policies that do not provide coverage for the peril of wind on risks that are located in such areas; and
- (III) A coastal account for personal residential policies and commercial residential and commercial nonresidential property policies issued by the corporation, or transferred to the corporation, which provides coverage for the peril of wind on risks that are located in areas eligible for coverage by the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002. The corporation may offer policies that provide multiperil coverage and the corporation shall continue to offer policies that provide coverage only for the peril of wind for risks located in areas eligible for coverage in the coastal account. In issuing multiperil coverage, the corporation may use its approved policy forms and rates for the personal lines account. An applicant or insured who is eligible to purchase a multiperil policy from the corporation may purchase a multiperil policy from an authorized insurer without

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prejudice to the applicant's or insured's eligibility to prospectively purchase a policy that provides coverage only for the peril of wind from the corporation. An applicant or insured who is eliqible for a corporation policy that provides coverage only for the peril of wind may elect to purchase or retain such policy and also purchase or retain coverage excluding wind from an authorized insurer without prejudice to the applicant's or insured's eligibility to prospectively purchase a policy that provides multiperil coverage from the corporation. It is the goal of the Legislature that there be an overall average savings of 10 percent or more for a policyholder who currently has a wind-only policy with the corporation, and an ex-wind policy with a voluntary insurer or the corporation, and who obtains a multiperil policy from the corporation. It is the intent of the Legislature that the offer of multiperil coverage in the coastal account be made and implemented in a manner that does not adversely affect the tax-exempt status of the corporation or creditworthiness of or security for currently outstanding financing obligations or credit facilities of the coastal account, the personal lines account, or the commercial lines account. The coastal account must also include quota share primary insurance under subparagraph (c) 2. The area eligible for coverage under the coastal account also includes the area within Port Canaveral, which is bordered on the south by the City of Cape Canaveral, bordered on the west by the Banana River, and bordered on the north by Federal Government property.

b. The three separate accounts must be maintained as long as financing obligations entered into by the Florida Windstorm Underwriting Association or Residential Property and Casualty

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Joint Underwriting Association are outstanding, in accordance with the terms of the corresponding financing documents. If the financing obligations are no longer outstanding, the corporation may use a single account for all revenues, assets, liabilities, losses, and expenses of the corporation. Consistent with this subparagraph and prudent investment policies that minimize the cost of carrying debt, the board shall exercise its best efforts to retire existing debt or obtain the approval of necessary parties to amend the terms of existing debt, in order so as to structure the most efficient plan for consolidating to consolidate the three separate accounts into a single account.

- c. Creditors of the Residential Property and Casualty Joint Underwriting Association and the accounts specified in sub-sub-subparagraphs a.(I) and (II) may have a claim against, and recourse to, those accounts and no claim against, or recourse to, the account referred to in sub-sub-subparagraph a.(III). Creditors of the Florida Windstorm Underwriting Association have a claim against, and recourse to, the account referred to in sub-sub-subparagraph a.(III) and no claim against, or recourse to, the accounts referred to in sub-sub-subparagraphs a.(I) and (II).
- d. Revenues, assets, liabilities, losses, and expenses not attributable to particular accounts shall be prorated among the accounts.
- e. The Legislature finds that the revenues of the corporation are revenues that are necessary to meet the requirements set forth in documents authorizing the issuance of bonds under this subsection.
 - f. The income of the corporation may not inure to the

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benefit of any private person.

- 3. With respect to a deficit in an account:
- a. After accounting for the Citizens policyholder surcharge imposed under sub-subparagraph i., if the remaining projected deficit incurred in the coastal account in a particular calendar year:
- (I) Is not greater than 2 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year, the entire deficit shall be recovered through regular assessments of assessable insurers under paragraph (q) and assessable insureds.
- (II) Exceeds 2 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year, the corporation shall levy regular assessments on assessable insurers under paragraph (q) and on assessable insureds in an amount equal to the greater of 2 percent of the projected deficit or 2 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year. Any remaining projected deficit shall be recovered through emergency assessments under sub-subparagraph d.
- b. Each assessable insurer's share of the amount being assessed under sub-subparagraph a. must be in the proportion that the assessable insurer's direct written premium for the subject lines of business for the year preceding the assessment bears to the aggregate statewide direct written premium for the subject lines of business for that year. The assessment percentage applicable to each assessable insured is the ratio of the amount being assessed under sub-subparagraph a. to the

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aggregate statewide direct written premium for the subject lines of business for the prior year. Assessments levied by the corporation on assessable insurers under sub-subparagraph a. must be paid as required by the corporation's plan of operation and paragraph (q). Assessments levied by the corporation on assessable insureds under sub-subparagraph a. shall be collected by the surplus lines agent at the time the surplus lines agent collects the surplus lines tax required by s. 626.932, and paid to the Florida Surplus Lines Service Office at the time the surplus lines agent pays the surplus lines tax to that office. Upon receipt of regular assessments from surplus lines agents, the Florida Surplus Lines Service Office shall transfer the assessments directly to the corporation as determined by the corporation.

- c. After accounting for the Citizens policyholder surcharge imposed under sub-subparagraph i., the remaining projected deficits in the personal lines account and in the commercial lines account in a particular calendar year shall be recovered through emergency assessments under sub-subparagraph d.
- d. Upon a determination by the <u>executive director</u>, with the <u>concurrence of the</u> board of governors, that a projected deficit in an account exceeds the amount that is expected to be recovered through regular assessments under sub-subparagraph a., plus the amount that is expected to be recovered through <u>policyholder</u> surcharges under sub-subparagraph i., the <u>executive director</u>, with <u>concurrence by the</u> board, after verification by the office, shall levy emergency assessments for as many years as necessary to cover the deficits, to be collected by assessable insurers and the corporation and collected from

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assessable insureds upon issuance or renewal of policies for subject lines of business, excluding National Flood Insurance policies. The executive director shall notify the Financial Services Commission of the emergency assessments within 5 days after the board's concurrence with the executive director's determination that such assessments are necessary. The amount collected in a particular year must be a uniform percentage of that year's direct written premium for subject lines of business and all accounts of the corporation, excluding National Flood Insurance Program policy premiums, as annually determined by the executive director, with concurrence by the board, and verified by the office. The office shall verify the arithmetic calculations involved in the board's determination within 30 days after receipt of the information on which the determination was based. The office shall notify assessable insurers and the Florida Surplus Lines Service Office of the date on which assessable insurers shall begin to collect and assessable insureds shall begin to pay such assessment. The date must be at least may be not less than 90 days after the date the corporation levies emergency assessments pursuant to this subsubparagraph. Notwithstanding any other provision of law, the corporation and each assessable insurer that writes subject lines of business shall collect emergency assessments from its policyholders without such obligation being affected by any credit, limitation, exemption, or deferment. Emergency assessments levied by the corporation on assessable insureds shall be collected by the surplus lines agent at the time the surplus lines agent collects the surplus lines tax required by s. 626.932 and paid to the Florida Surplus Lines Service Office

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at the time the surplus lines agent pays the surplus lines tax to that office. The emergency assessments collected shall be transferred directly to the corporation on a periodic basis as determined by the corporation and held by the corporation solely in the applicable account. The aggregate amount of emergency assessments levied for an account under this sub-subparagraph in any calendar year may be less than but not exceed the greater of 10 percent of the amount needed to cover the deficit, plus interest, fees, commissions, required reserves, and other costs associated with financing the original deficit, or 10 percent of the aggregate statewide direct written premium for subject lines of business and all accounts of the corporation for the prior year, plus interest, fees, commissions, required reserves, and other costs associated with financing the deficit.

e. The corporation may pledge the proceeds of assessments, projected recoveries from the Florida Hurricane Catastrophe
Fund, other insurance and reinsurance recoverables, policyholder surcharges and other surcharges, and other funds available to the corporation as the source of revenue for and to secure bonds issued under paragraph (q), bonds or other indebtedness issued under subparagraph (c)3., or lines of credit or other financing mechanisms issued or created under this subsection, or to retire any other debt incurred as a result of deficits or events giving rise to deficits, or in any other way that the executive director, with the concurrence of the board, determines will efficiently recover such deficits. The purpose of the lines of credit or other financing mechanisms is to provide additional resources to assist the corporation in covering claims and expenses attributable to a catastrophe. As used in this

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subsection, the term "assessments" includes regular assessments under sub-subparagraph a. or subparagraph (q)1. and emergency assessments under sub-subparagraph d. Emergency assessments collected under sub-subparagraph d. are not part of an insurer's rates, are not premium, and are not subject to premium tax, fees, or commissions; however, failure to pay the emergency assessment shall be treated as failure to pay premium. The emergency assessments under sub-subparagraph d. shall continue as long as any bonds issued or other indebtedness incurred with respect to a deficit for which the assessment was imposed remain outstanding, unless adequate provision has been made for the payment of such bonds or other indebtedness pursuant to the documents governing such bonds or indebtedness.

f. As used in this subsection for purposes of any deficit incurred on or after January 25, 2007, the term "subject lines of business" means insurance written by assessable insurers or procured by assessable insureds for all property and casualty lines of business in this state, but not including workers' compensation or medical malpractice. As used in this subsubparagraph, the term "property and casualty lines of business" includes all lines of business identified on Form 2, Exhibit of Premiums and Losses, in the annual statement required of authorized insurers under s. 624.424 and any rule adopted under this section, except for those lines identified as accident and health insurance and except for policies written under the National Flood Insurance Program or the Federal Crop Insurance Program. For purposes of this sub-subparagraph, the term "workers' compensation" includes both workers' compensation insurance and excess workers' compensation insurance.

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- g. The Florida Surplus Lines Service Office shall <u>annually</u> determine annually the aggregate statewide written premium in subject lines of business procured by assessable insureds and report that information to the corporation in a form and at a time the corporation specifies to ensure that the corporation can meet the requirements of this subsection and the corporation's financing obligations.
- h. The Florida Surplus Lines Service Office shall verify the proper application by surplus lines agents of assessment percentages for regular assessments and emergency assessments levied under this subparagraph on assessable insureds and assist the corporation in ensuring the accurate, timely collection and payment of assessments by surplus lines agents as required by the corporation.
- i. In 2008 or thereafter, Upon a determination by the board of governors that an account has a projected deficit, the board shall levy a Citizens policyholder surcharge against all policyholders of the corporation.
- (I) The surcharge shall be levied as a uniform percentage of the premium for the policy of up to 15 percent of the policy such premium, which funds shall be used to offset the deficit.
- (II) The surcharge is payable upon cancellation or termination of the policy, upon renewal of the policy, or upon issuance of a new policy by the corporation within the first 12 months after the date of the levy or the period of time necessary to fully collect the surcharge amount.
- (III) The corporation may not levy any regular assessments under paragraph (q) pursuant to sub-subparagraph a. or sub-subparagraph b. with respect to a particular year's deficit

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until the corporation has first levied the full amount of the surcharge authorized by this sub-subparagraph.

- (IV) The surcharge is not considered premium and is not subject to commissions, fees, or premium taxes. However, failure to pay the surcharge shall be treated as failure to pay premium.
- j. If the amount of any assessments or surcharges collected from corporation policyholders, assessable insurers or their policyholders, or assessable insureds exceeds the amount of the deficits, such excess amounts shall be remitted to and retained by the corporation in a reserve to be used by the corporation, as determined by the executive director, with the concurrence of the board of governors, and approved by the office, to pay claims or reduce any past, present, or future plan-year deficits or to reduce outstanding debt.
 - (c) The corporation's plan of operation:
- 1. Must provide for adoption of residential property and casualty insurance policy forms and commercial residential and nonresidential property insurance forms, which must be approved by the office before use. The corporation shall adopt the following policy forms:
- a. Standard personal lines policy forms that are comprehensive multiperil policies providing full coverage of a residential property equivalent to the coverage provided in the private insurance market under an HO-3, HO-4, or HO-6 policy.
- b. Basic personal lines policy forms that are policies similar to an HO-8 policy or a dwelling fire policy that provide coverage meeting the requirements of the secondary mortgage market, but which is more limited than the coverage under a standard policy.

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- c. Commercial lines residential and nonresidential policy forms that are generally similar to the basic perils of full coverage obtainable for commercial residential structures and commercial nonresidential structures in the admitted voluntary market.
- d. Personal lines and commercial lines residential property insurance forms that cover the peril of wind only. Such The forms are applicable only to residential properties located in areas eligible for coverage under the coastal account referred to in sub-subparagraph (b) 2.a.
- e. Commercial lines nonresidential property insurance forms that cover the peril of wind only. <u>Such</u> The forms are applicable only to nonresidential properties located in areas eligible for coverage under the coastal account referred to in subsubparagraph (b) 2.a.
- f. The corporation may adopt variations of the policy forms listed in sub-subparagraphs a.-e. which contain more restrictive coverage.
- g. Effective January 1, 2013, the corporation shall offer a basic personal lines policy similar to an HO-8 policy with dwelling repair based on common construction materials and methods.
- 2. Must provide that the corporation and an authorized insurer may enter into a risk-sharing agreement for the purpose of reducing the corporation's exposure. As used in this subparagraph, the term "risk-sharing agreement" means an agreement between the corporation and an authorized insurer for the corporation to retain part, but not all, of the risk for a specified group of policies or specified perils within a group

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of policies, as part of the terms for removal of policies from the corporation.

- a. Entering into a risk-sharing agreement is voluntary and at the discretion of the corporation and the authorized insurer. To avoid unnecessary expense, the executive director, with concurrence of the board of governors, may limit the corporation's participation in risk-sharing agreements to those participants capable and willing to assume a minimum of 25 percent of the exposure on at least 100,000 policies and may specify other limitations. A risk-sharing agreement in which the corporation retains part of the risk may not exceed 5 years.
- b. The risk-sharing agreement may cover policies in any account and may cover any perils. The corporation may act as a reinsurer or a cedent under a risk sharing agreement or an excess of loss agreement. If the corporation is the reinsurer, the insurance policy forms and endorsements must be approved by the office, cover all perils that are the subject of the risk-sharing agreement, and cover at least the same limits as the corporation policies being replaced.
- c. The terms of each risk-sharing agreement must ensure that the consideration received by the corporation is commensurate with the risk retained by the corporation and the risk assumed by the authorized insurer. The corporation may not share risk for bad faith.
- d. The risk-sharing agreement must specify the proportion of exposure that the authorized insurer reports to the Florida Hurricane Catastrophe Fund and the exposure retained by the corporation. Each shall pay premium and receive reimbursements from the fund for the exposure that they retain or assume as

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provided in the risk-sharing agreement. The risk retained or assumed is eligible for coverage by the fund and is not considered reinsurance for purposes of coverage by the fund.

However, the authorized insurer and the corporation may report participation in the risk sharing agreement on their financial statements as reinsurance if appropriate according to the characteristics of the agreement based on statutory accounting rules and instructions.

- e. Notwithstanding any other provision of law:
- (I) Policies offered coverage by the corporation or an authorized insurer through a risk-sharing agreement are not eligible for coverage by the corporation outside of the agreement; and
- (II) A risk-sharing agreement between the corporation and an authorized insurer is not subject to the requirements of a take-out or keep-out program under ss. 627.3517 and this subsection, except that the agreement must be filed by the authorized insurer with the office for review and approval before the execution of the agreement by the insurer.
- f. To ensure that exposures are accurately reported to the Florida Hurricane Catastrophe Fund, the corporation and each insurer participating in a risk-sharing agreement under this subparagraph must report its exposure under covered policies to the fund as required under s. 215.555(5)(c), including the requirement that, by September 1 of each year, each insurer notify the board of its insured values under covered policies as of June 30 of that year. Each report must also specify the percentage of liability applicable to the corporation and the percentage applicable to the insurer. Pursuant to its authority

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under s. 215.555, the State Board of Administration shall adopt rules to administer this sub-subparagraph.

2. Must provide that the corporation adopt a program in which the corporation and authorized insurers enter into quota share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt property insurance forms for eligible risks which cover the peril of wind only.

a. As used in this subsection, the term:

(I) "Quota share primary insurance" means an arrangement in which the primary hurricane coverage of an eligible risk is provided in specified percentages by the corporation and an authorized insurer. The corporation and authorized insurer are each solely responsible for a specified percentage of hurricane coverage of an eligible risk as set forth in a quota share primary insurance agreement between the corporation and an authorized insurer and the insurance contract. The responsibility of the corporation or authorized insurer to pay its specified percentage of hurricane losses of an eligible risk, as set forth in the agreement, may not be altered by the inability of the other party to pay its specified percentage of losses. Eligible risks that are provided hurricane coverage through a quota share primary insurance arrangement must be provided policy forms that set forth the obligations of the corporation and authorized insurer under the arrangement, clearly specify the percentages of quota share primary insurance provided by the corporation and authorized insurer, and conspicuously and clearly state that the authorized insurer and the corporation may not be held responsible beyond their

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specified percentage of coverage of hurricane losses.

(II) "Eligible risks" means personal lines residential and commercial lines residential risks that meet the underwriting criteria of the corporation and are located in areas that were eligible for coverage by the Florida Windstorm Underwriting Association on January 1, 2002.

b. The corporation may enter into quota share primary insurance agreements with authorized insurers at corporation coverage levels of 90 percent and 50 percent.

c. If the corporation determines that additional coverage levels are necessary to maximize participation in quota share primary insurance agreements by authorized insurers, the corporation may establish additional coverage levels. However, the corporation's quota share primary insurance coverage level may not exceed 90 percent.

d. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation must provide for a uniform specified percentage of coverage of hurricane losses, by county or territory as set forth by the corporation board, for all eligible risks of the authorized insurer covered under the agreement.

e. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation is subject to review and approval by the office. However, such agreement shall be authorized only as to insurance contracts entered into between an authorized insurer and an insured who is already insured by the corporation for wind coverage.

f. For all eligible risks covered under quota share primary insurance agreements, the exposure and coverage levels for both

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the corporation and authorized insurers shall be reported by the corporation to the Florida Hurricane Catastrophe Fund. For all policies of eligible risks covered under such agreements, the corporation and the authorized insurer must maintain complete and accurate records for the purpose of exposure and loss reimbursement audits as required by fund rules. The corporation and the authorized insurer shall each maintain duplicate copies of policy declaration pages and supporting claims documents.

g. The corporation board shall establish in its plan of operation standards for quota share agreements which ensure that there is no discriminatory application among insurers as to the terms of the agreements, pricing of the agreements, incentive provisions if any, and consideration paid for servicing policies or adjusting claims.

h. The quota share primary insurance agreement between the corporation and an authorized insurer must set forth the specific terms under which coverage is provided, including, but not limited to, the sale and servicing of policies issued under the agreement by the insurance agent of the authorized insurer producing the business, the reporting of information concerning eligible risks, the payment of premium to the corporation, and arrangements for the adjustment and payment of hurricane claims incurred on eligible risks by the claims adjuster and personnel of the authorized insurer. Entering into a quota sharing insurance agreement between the corporation and an authorized insurer is voluntary and at the discretion of the authorized insurer.

3.a. May provide that the corporation may employ or otherwise contract with individuals or other entities to provide

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1393 administrative or professional services that may be appropriate 1394 to effectuate the plan. The corporation may borrow funds by 1395 issuing bonds or by incurring other indebtedness, and shall have 1396 other powers reasonably necessary to effectuate the requirements 1397 of this subsection, including, without limitation, the power to issue bonds and incur other indebtedness in order to refinance 1398 1399 outstanding bonds or other indebtedness. The corporation may 1400 seek judicial validation of its bonds or other indebtedness 1401 under chapter 75. The corporation may issue bonds or incur other 1402 indebtedness, or have bonds issued on its behalf by a unit of 1403 local government pursuant to subparagraph (q)2. in the absence 1404 of a hurricane or other weather-related event, upon a 1405 determination by the corporation, subject to approval by the 1406 office, that such action would enable it to efficiently meet the 1407 financial obligations of the corporation and that such 1408 financings are reasonably necessary to effectuate the 1409 requirements of this subsection. The corporation may take all 1410 actions needed to facilitate tax-free status for such bonds or 1411 indebtedness, including formation of trusts or other affiliated 1412 entities. The corporation may pledge assessments, projected recoveries from the Florida Hurricane Catastrophe Fund, other 1413 1414 reinsurance recoverables, Citizens policyholder surcharges and 1415 other surcharges, and other funds available to the corporation 1416 as security for bonds or other indebtedness. In recognition of s. 10, Art. I of the State Constitution, prohibiting the 1417 impairment of obligations of contracts, it is the intent of the 1418 1419 Legislature that no action not be taken whose purpose is to 1420 impair any bond indenture or financing agreement or any revenue 1421 source committed by contract to such bond or other indebtedness.

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- b. May provide that the corporation employ or otherwise contract with individuals or other entities to provide administrative or professional services that may be appropriate to effectuate the plan. To ensure that the corporation is operating in an efficient and economic manner while providing quality service to policyholders, applicants, and agents, the board shall commission an independent third-party consultant having expertise in insurance company management or insurance company management consulting to prepare a report and make recommendations on the relative costs and benefits of outsourcing various policy issuance and service functions to private servicing carriers or entities performing similar functions in the private market for a fee τ rather than performing such functions in-house. In making such recommendations, the consultant shall consider how other residual markets, both in this state and around the country, outsource appropriate functions or use servicing carriers to better match expenses with revenues that fluctuate based on a widely varying policy count. The report must be completed by July 1, 2012. Upon receiving the report, the executive director, with the concurrence of the board, shall develop a plan to implement the report and submit the plan for review, modification, and approval to the Financial Services Commission. Upon the commission's approval of the plan, the board shall begin implementing the plan by January 1, 2013.
 - 4. Must require that the corporation operate subject to the supervision and approval of a board of governors consisting of $\underline{\text{nine}}$ eight individuals who are residents of this state $\underline{\text{and who}}$ $\underline{\text{are}_{r}}$ from different geographical areas of $\underline{\text{the}}$ this state, one of

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whom is appointed by the Chief Financial Officer and serves solely to advocate on behalf of the consumer. The appointment of a consumer representative by the Chief Financial Officer is in addition to the appointments authorized under sub-subparagraph a.

a. The Governor, the Chief Financial Officer, the President of the Senate, and the Speaker of the House of Representatives shall each appoint two members of the board. All board members, except those appointed by the speaker, must be confirmed by the Senate during the legislative session following their appointment. At least one of the two members appointed by each appointing officer must have demonstrated expertise in insurance and must be is deemed to be within the scope of the exemption provided under $\frac{1}{10}$ s. 112.313(7)(b). The Chief Financial Officer shall designate one of the appointees as chair for the purpose of presiding over the orderly conduct of meetings. An appointee serves as chair for no more than one term. All board members serve at the pleasure of the appointing officer. All members of the board are subject to removal at will by the officers who appointed them. All board members, including the chair, shall must be appointed to serve for 3-year terms beginning annually on a date designated by the plan. However, for the first term beginning on or after July 1, 2009, each appointing officer shall appoint one member of the board for a 2-year term and one member for a 3-year term. A board vacancy shall be filled for the unexpired term by the appointing officer. A board member may not serve for more than two terms, except that a board member appointed to fill an unexpired term created by a vacancy may be appointed for two subsequent terms. The Chief Financial Officer

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shall appoint a technical advisory group to provide information and advice to the executive director and the board in connection with the corporation's board's duties under this subsection. The executive director shall be appointed by and serve at the pleasure of the Governor and the Chief Financial Officer. and Senior managers of the corporation shall be appointed by the executive director, with the concurrence of engaged by the board, and serve at the pleasure of the executive director board. Appointment of the Any executive director appointed on or after July 1, 2006, is subject to confirmation by the Senate upon original appointment and upon the election or reelection of the Governor and Chief Financial Officer if retained. The executive director is responsible for employing other staff as the corporation may require, subject to review and concurrence by the board.

- b. The board shall create a Market Accountability Advisory Committee to assist the corporation in developing awareness of its rates and its customer and agent service levels in relationship to the voluntary market insurers writing similar coverage.
- (I) The members of the advisory committee consist of the following 11 persons, one of whom must be elected chair by the members of the committee: four representatives, one appointed by the Florida Association of Insurance Agents, one by the Florida Association of Insurance and Financial Advisors, one by the Professional Insurance Agents of Florida, and one by the Latin American Association of Insurance Agencies; three representatives appointed by the insurers with the three highest voluntary market share of residential property insurance

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business in the state; one representative from the Office of Insurance Regulation; one consumer appointed by the board who is insured by the corporation at the time of appointment to the committee; one representative appointed by the Florida Association of Realtors; and one representative appointed by the Florida Bankers Association. All members shall be appointed to 3-year terms, serve at the pleasure of the board of governors, and may serve for consecutive terms.

- (II) The committee shall report to the corporation at each board meeting on insurance market issues that which may include rates and rate competition within with the voluntary market; service, including policy issuance, claims processing, and general responsiveness to policyholders, applicants, and agents; and matters relating to depopulation.
- 5. Must provide a procedure for determining the eligibility of a risk for coverage by the corporation which applies to both new and renewal policies, as follows:
- a. Subject to s. 627.3517, with respect to personal lines residential risks, if the risk is offered coverage from an authorized insurer at the insurer's approved rate under a standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the office, a basic policy including wind coverage, for a new application to the corporation for coverage, the risk is not eligible for any policy issued by the corporation unless the premium for coverage from the authorized insurer is more than 15 percent greater than the premium for comparable coverage from the corporation. For renewal policies, the risk is not eligible for a policy issued by the corporation unless the premium for coverage from an

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authorized insurer is more than 5 percent higher than the premium for comparable coverage from the corporation. If the risk is not able to obtain such offer, the risk is eligible for a standard policy including wind coverage or a basic policy including wind coverage issued by the corporation; however, if the risk could not be insured under a standard policy including wind coverage regardless of market conditions, the risk is eligible for a basic policy including wind coverage unless rejected under subparagraph 8. However, a policyholder of the corporation or a policyholder removed from the corporation through an assumption agreement until the end of the assumption period remains eligible for coverage from the corporation regardless of any offer of coverage from an authorized insurer or surplus lines insurer. The corporation shall determine the type of policy to be provided on the basis of objective standards specified in the underwriting manual and based on generally accepted underwriting practices.

- (I) If the risk accepts an offer of coverage through the market assistance plan or through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or to the corporation is not currently appointed by the insurer, the insurer shall:
- (A) Pay to the producing agent of record of the policy for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or

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(B) Offer to allow the producing agent of record of the policy to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

- If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).
- (II) If the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:
- (A) Pay to the producing agent of record, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-subparagraph (A).

b. With respect to commercial lines residential risks, for a new application to the corporation for coverage, if the risk is offered coverage under a policy including wind coverage from

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an authorized insurer at its approved rate, the risk is not eligible for a policy issued by the corporation unless the premium for coverage from the authorized insurer is more than 15 percent greater than the premium for comparable coverage from the corporation. If the risk is not able to obtain any such offer, the risk is eligible for a policy including wind coverage issued by the corporation. However, a policyholder of the corporation or a policyholder removed from the corporation through an assumption agreement until the end of the assumption period remains eligible for coverage from the corporation regardless of an offer of coverage from an authorized insurer or surplus lines insurer.

- (I) If the risk accepts an offer of coverage through the market assistance plan or through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or the corporation is not currently appointed by the insurer, the insurer shall:
- (A) Pay to the producing agent of record of the policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record of the policy to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

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If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with $\operatorname{sub-sub-sub-sub-sub-paragraph}$ (A).

(II) If the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:

(A) Pay to the producing agent of record, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or

(B) Offer to allow the producing agent of record to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with $\operatorname{sub-sub-sub-sub-agent}$ (A).

c. For purposes of determining comparable coverage under sub-subparagraphs a. and b., the comparison must be based on those forms and coverages that are reasonably comparable. The corporation may rely on a determination of comparable coverage and premium made by the producing agent who submits the application to the corporation, made in the agent's capacity as the corporation's agent. A comparison may be made solely of the premium with respect to the main building or structure only on

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the following basis: the same coverage A or other building limits; the same percentage hurricane deductible that applies on an annual basis or that applies to each hurricane for commercial residential property; the same percentage of ordinance and law coverage, if the same limit is offered by both the corporation and the authorized insurer; the same mitigation credits, to the extent the same types of credits are offered both by the corporation and the authorized insurer; the same method for loss payment, such as replacement cost or actual cash value, if the same method is offered both by the corporation and the authorized insurer in accordance with underwriting rules; and any other form or coverage that is reasonably comparable as determined by the board. If an application is submitted to the corporation for wind-only coverage in the coastal account, the premium for the corporation's wind-only policy plus the premium for the ex-wind policy that is offered by an authorized insurer to the applicant must be compared to the premium for multiperil coverage offered by an authorized insurer, subject to the standards for comparison specified in this subparagraph. If the corporation or the applicant requests from the authorized insurer a breakdown of the premium of the offer by types of coverage so that a comparison may be made by the corporation or its agent and the authorized insurer refuses or is unable to provide such information, the corporation may treat the offer as not being an offer of coverage from an authorized insurer at the insurer's approved rate.

- 6. Must include rules for classifications of risks and rates.
 - 7. Must provide that if premium and investment income for

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an account attributable to a particular calendar year are in excess of projected losses and expenses for the account attributable to that year, such excess <u>must shall</u> be held in surplus in the account. Such surplus must be available to defray deficits in that account as to future years and used for that purpose before assessing assessable insurers and assessable insureds as to any calendar year.

- 8. Must provide objective criteria and procedures that are to be uniformly applied to all applicants in determining whether an individual risk is so hazardous as to be uninsurable. In making this determination and in establishing the criteria and procedures, the following must be considered:
- a. Whether the likelihood of a loss for the individual risk is substantially higher than for other risks of the same class; and
- b. Whether the uncertainty associated with the individual risk is such that an appropriate premium cannot be determined.

The acceptance or rejection of a risk by the corporation shall be construed as the private placement of insurance, and the provisions of chapter 120 do not apply.

- 9. Must provide that the corporation make its best efforts to procure catastrophe reinsurance at reasonable rates, to cover its projected 100-year probable maximum loss as determined by the board of governors.
- 10. <u>Must provide that</u> the policies issued by the corporation must provide that if the corporation or the market assistance plan obtains an offer from an authorized insurer to cover the risk at its approved rates, the risk is no longer

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eligible for renewal through the corporation, except as otherwise provided in this subsection.

- 11. Must provide that corporation policies and applications must include a notice that the corporation policy could, under this section, be replaced with a policy issued by an authorized insurer which does not provide coverage identical to the coverage provided by the corporation. The notice must also specify that acceptance of corporation coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.
- 12. May establish, subject to approval by the office, different eligibility requirements and operational procedures for any line or type of coverage for any specified county or area if the board determines that such changes are justified due to the voluntary market being sufficiently stable and competitive in such area or for such line or type of coverage and that consumers who, in good faith, are unable to obtain insurance through the voluntary market through ordinary methods continue to have access to coverage from the corporation. If coverage is sought in connection with a real property transfer, the requirements and procedures may not provide an effective date of coverage later than the date of the closing of the transfer as established by the transferor, the transferee, and, if applicable, the lender.
- 13. Must provide that, with respect to the coastal account, any assessable insurer that has with a surplus as to policyholders of \$25 million or less writing 25 percent or more of its total countrywide property insurance premiums in this state may petition the office, within the first 90 days of each

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calendar year, petition the office to qualify as a limited apportionment company. A regular assessment levied by the corporation on a limited apportionment company for a deficit incurred by the corporation for the coastal account may be paid to the corporation on a monthly basis as the assessments are collected by the limited apportionment company from its insureds. The, but a limited apportionment company must begin collecting the regular assessments within not later than 90 days after the regular assessments are levied by the corporation, and the regular assessments must be paid in full within 15 months after being levied by the corporation. A limited apportionment company shall collect from its policyholders any emergency assessment imposed under sub-subparagraph (b) 3.d. The plan must provide that, if the office determines that any regular assessment will result in an impairment of the surplus of a limited apportionment company, the office may direct that all or part of such assessment be deferred as provided in subparagraph (q) 4. However, an emergency assessment to be collected from policyholders under sub-subparagraph (b) 3.d. may not be limited or deferred.

14. Must provide that the corporation appoint as its licensed agents only those agents who at the time of initial appointment also hold an appointment as defined in s. 626.015(3) with an insurer who at the time of the agent's initial appointment by the corporation is authorized to write and is actually writing personal lines residential property coverage, commercial residential property coverage, or commercial nonresidential property coverage within the state. As a condition of continued appointment, agents of the corporation

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must maintain appropriate documentation specified by the corporation which warrants and certifies that alternative coverage was annually sought for each risk placed by that agent with the corporation in accordance with s. 627.3518. After January 1, 2014, if an agent places a policy with the corporation which was ineligible for coverage based on eligibility standards at the time of placement, agent commissions may not be paid on that policy.

- 15. Must provide a premium payment plan option to its policyholders which, at a minimum, allows for quarterly and semiannual payment of premiums. A monthly payment plan may, but is not required to, be offered.
- 16. Must make available a policy for mobile homes or manufactured homes with a minimum insured value of at least \$3,000. Must limit Coverage on mobile homes or manufactured homes built before 1994 is limited to actual cash value of the dwelling rather than replacement costs of the dwelling. Such coverage must also include the following attached structures:
- <u>a. Screened enclosures that are aluminum framed or that are</u> not covered by the same or substantially the same materials as those of the primary dwelling;
- b. Carports that are aluminum or that are not covered by the same or substantially the same materials as those of the primary dwelling; and
- c. Patios that have a roof covering constructed of materials that are not the same or substantially the same materials as those of the primary dwelling.
- 17. May provide such limits of coverage as the board determines, consistent with the requirements of this subsection.

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- 18. May require commercial property to meet specified hurricane mitigation construction features as a condition of eligibility for coverage.
- 19. Must provide that new or renewal policies issued by the corporation on or after January 1, 2012, which cover sinkhole loss do not include coverage for any loss to appurtenant structures, driveways, sidewalks, decks, or patios that are directly or indirectly caused by sinkhole activity. The corporation shall exclude such coverage using a notice of coverage change, which may be included with the policy renewal, and not by issuance of a notice of nonrenewal of the excluded coverage upon renewal of the current policy.
- 20. <u>Must</u>, as of <u>July January</u> 1, <u>2014</u> 2012, <u>must</u> require that the agent obtain from an applicant for coverage from the corporation an acknowledgment signed by the applicant, which includes, at a minimum, the following statement:

ACKNOWLEDGMENT OF POTENTIAL SURCHARGEAND ASSESSMENT LIABILITY:

- 1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
- 2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER SURCHARGE, WHICH COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM,

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BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO
BE ELIGIBLE FOR COVERAGE BY CITIZENS I MUST FIRST TRY TO OBTAIN
PRIVATE MARKET COVERAGE BEFORE APPLYING FOR OR RENEWING COVERAGE
WITH CITIZENS. I UNDERSTAND THAT PRIVATE MARKET INSURANCE RATES
ARE REGULATED AND APPROVED BY THE STATE.

- 3.2. I ALSO UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
- $\underline{4.3.}$ I $\underline{\text{ALSO}}$ UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.
- a. The corporation shall maintain, in electronic format or otherwise, a copy of the applicant's signed acknowledgment and provide a copy of the statement to the policyholder as part of his or her the first renewal after the effective date of this subparagraph.
- b. The signed acknowledgment form creates a conclusive presumption that the policyholder understood and accepted his or her potential surcharge and assessment liability as a policyholder of the corporation.
- (g) The executive director, with the concurrence of the board, shall determine whether it is more cost-effective and in the best interests of the corporation to use legal services provided by in-house attorneys employed by the corporation rather than contracting with outside counsel. In making such determination, the board shall document its findings and shall consider: the expertise needed; whether time commitments exceed in-house staff resources; whether local representation is

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needed; the travel, lodging and other costs associated with inhouse representation; and such other factors that the board determines are relevant.

- (i)1. The Office of the Internal Auditor is established within the corporation to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency to the policyholders and to the taxpayers of this state. The internal auditor shall be appointed by the board of governors, shall report to and be under the general supervision of the board of governors, and is not subject to supervision by an any employee of the corporation. Administrative staff and support shall be provided by the corporation. The internal auditor shall be appointed without regard to political affiliation. It is the duty and responsibility of the internal auditor to:
- a. Provide direction for, supervise, conduct, and coordinate audits, investigations, and management reviews relating to the programs and operations of the corporation.
- b. Conduct, supervise, or coordinate other activities carried out or financed by the corporation for the purpose of promoting efficiency in the administration of, or preventing and detecting fraud, abuse, and mismanagement in, its programs and operations.
- c. Submit final audit reports, reviews, or investigative reports to the board of governors, the executive director, the members of the Financial Services Commission, and the President of the Senate and the Speaker of the House of Representatives.
- d. Keep the <u>executive director and the</u> board of governors informed concerning fraud, abuses, and internal control

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deficiencies relating to programs and operations administered or financed by the corporation, recommend corrective action, and report on the progress made in implementing corrective action.

- <u>e. Cooperate and coordinate activities with the</u> corporation's inspector general.
- e. Report expeditiously to the Department of Law
 Enforcement or other law enforcement agencies, as appropriate,
 whenever the internal auditor has reasonable grounds to believe
 there has been a violation of criminal law.
- 2. On or before February 15, the internal auditor shall prepare an annual report evaluating the effectiveness of the internal controls of the corporation and providing recommendations for corrective action, if necessary, and summarizing the audits, reviews, and investigations conducted by the office during the preceding fiscal year. The final report shall be furnished to the board of governors and the executive director, the President of the Senate, the Speaker of the House of Representatives, and the Financial Services Commission.
- (m) 1. The Auditor General shall conduct an operational audit of the corporation annually every 3 years to evaluate management's performance in administering laws, policies, and procedures governing the operations of the corporation in an efficient and effective manner. The scope of the review must shall include, but is not limited to, evaluating claims handling, customer service, take-out programs and bonuses: financing arrangements made to address a 100-year probable maximum loss; personnel costs and administration; underwriting, including processes designed to ensure compliance with policy eligibility requirements of law; procurement of goods and

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services; internal controls; and the internal audit function; and related internal controls. A copy of the report shall be provided to the corporation's board, the President of the Senate, the Speaker of the House of Representatives, each member of the Financial Services Commission, and the Office of Insurance Regulation. The initial audit must be completed by February 1, 2009.

- 2. The executive director, with the concurrence of the board, shall contract with an independent auditing firm to conduct a performance audit of the corporation every 2 years. The objectives of the audit include, but are not limited to, an evaluation, within the context of insurance industry best practices, of the corporation's strategic planning processes, the functionality of the corporation's organizational structure, the compensation levels of senior management, and the overall management and operations of the corporation. A copy of the audit report shall be provided to the corporation's board, the President of the Senate, the Speaker of the House of Representatives, each member of the Financial Services

 Commission, the Office of Insurance Regulation, and the Auditor General. The initial audit must be completed by June 1, 2014.
- (q)1. The corporation shall certify to the office its needs for annual assessments as to a particular calendar year, and for any interim assessments that it deems to be necessary to sustain operations as to a particular year pending the receipt of annual assessments. Upon verification, the office shall approve such certification, and the corporation shall levy such annual or interim assessments. Such assessments shall be prorated as provided in paragraph (b). The corporation shall take all

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reasonable and prudent steps necessary to collect the amount of assessments due from each assessable insurer, including, if prudent, filing suit to collect the assessments, and the office may provide such assistance to the corporation it deems appropriate. If the corporation is unable to collect an assessment from any assessable insurer, the uncollected assessments shall be levied as an additional assessment against the assessable insurers and any assessable insurer required to pay an additional assessment as a result of such failure to pay shall have a cause of action against the such nonpaying assessable insurer. Assessments must shall be included as an appropriate factor in the making of rates. The failure of a surplus lines agent to collect and remit any regular or emergency assessment levied by the corporation is considered to be a violation of s. 626.936 and subjects the surplus lines agent to the penalties provided in that section.

2. The governing body of any unit of local government, any residents of which are insured by the corporation, may issue bonds as defined in s. 125.013 or s. 166.101 from time to time to fund an assistance program, in conjunction with the corporation, for the purpose of defraying deficits of the corporation. In order to avoid needless and indiscriminate proliferation, duplication, and fragmentation of such assistance programs, the any unit of local government, any residents of which are insured by the corporation, may provide for the payment of losses, regardless of whether or not the losses occurred within or outside of the territorial jurisdiction of the local government. Revenue bonds under this subparagraph may not be issued until validated pursuant to chapter 75, unless a

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state of emergency is declared by executive order or proclamation of the Governor pursuant to s. 252.36 which makes making such findings as are necessary to determine that it is in the best interests of, and necessary for, the protection of the public health, safety, and general welfare of residents of this state and declaring it an essential public purpose to permit certain municipalities or counties to issue such bonds as will permit relief to claimants and policyholders of the corporation. Any such unit of local government may enter into such contracts with the corporation and with any other entity created pursuant to this subsection as are necessary to carry out this paragraph. Any bonds issued are under this subparagraph shall be payable from and secured by moneys received by the corporation from emergency assessments under sub-subparagraph (b) 3.d., and assigned and pledged to or on behalf of the unit of local government for the benefit of the holders of such bonds. The funds, credit, property, and taxing power of the state or of the unit of local government may shall not be pledged for the payment of such bonds.

- 3.a. The corporation shall adopt one or more programs subject to approval by the office for the reduction of both new and renewal writings by in the corporation. The corporation may consider any prudent and not unfairly discriminatory approach to reducing corporation writings.
- a. The corporation may adopt a credit against assessment liability or other liability which provides an incentive for insurers to take and keep risks out of the corporation by maintaining or increasing voluntary writings in counties or areas in which corporation risks are highly concentrated, and a

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program to provide a formula under which an insurer voluntarily taking risks out of the corporation by maintaining or increasing voluntary writings is relieved, wholly or partially, from assessments under sub-subparagraph (b) 3.a.

b. Beginning January 1, 2008, Any program the corporation adopts for the payment of bonuses to an insurer for each risk the insurer removes from the corporation must shall comply with s. 627.3511(2) and may not exceed the amount referenced in s. 627.3511(2) for each risk removed. The corporation may consider any prudent and not unfairly discriminatory approach to reducing corporation writings, and may adopt a credit against assessment liability or other liability that provides an incentive for insurers to take risks out of the corporation and to keep risks out of the corporation by maintaining or increasing voluntary writings in counties or areas in which corporation risks are highly concentrated and a program to provide a formula under which an insurer voluntarily taking risks out of the corporation by maintaining or increasing voluntary writings will be relieved wholly or partially from assessments under sub-subparagraph (b) 3.a. However, Any "take-out bonus" or payment to an insurer must be conditioned on the property being insured for at least 5 years by the insurer, unless canceled or nonrenewed by the policyholder. If the policy is canceled or nonrenewed by the policyholder before the end of the 5-year period, the amount of the take-out bonus must be prorated for the time period the policy was insured. If When the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on such policy, and the insurer shall

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either:

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- (I) Pay to the producing agent of record of the policy, for the first year, an amount which is the greater of the insurer's usual and customary commission for the type of policy written or a policy fee equal to the usual and customary commission of the corporation; or
- (II) Offer to allow the producing agent of record of the policy to continue servicing the policy for at least a period of not less than 1 year and offer to pay the agent the insurer's usual and customary commission for the type of policy written. If the producing agent is unwilling or unable to accept appointment by the new insurer, the new insurer shall pay the agent in accordance with sub-sub-subparagraph (I).
- <u>c.b.</u> Any credit or exemption from regular assessments adopted under this subparagraph shall last <u>up to</u> no longer than the 3 years <u>after following</u> the cancellation or expiration of the policy by the corporation. With the approval of the office, the board may extend such credits for an additional year if the insurer guarantees an additional year of renewability for all policies removed from the corporation, or for 2 additional years if the insurer guarantees 2 additional years of renewability for all policies so removed.
- <u>d.c.</u> A There shall be no credit, limitation, exemption, or deferment from emergency assessments to be collected from policyholders pursuant to sub-subparagraph (b) 3.d. \underline{is} prohibited.
- 4. The <u>corporation</u> plan shall provide for the deferment, in whole or in part, of the assessment of an assessable insurer, other than an emergency assessment collected from policyholders

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pursuant to sub-subparagraph (b) 3.d., if the office finds that payment of the assessment would endanger or impair the solvency of the insurer. If In the event an assessment against an assessable insurer is deferred in whole or in part, the amount by which such assessment is deferred may be assessed against the other assessable insurers in a manner consistent with the basis for assessments set forth in paragraph (b).

- 5. Effective July 1, 2007, In order to evaluate the costs and benefits of approved take-out plans, if the corporation pays a bonus or other payment to an insurer for an approved take-out plan, it shall maintain a record of the address or such other identifying information on the property or risk removed in order to track if and when the property or risk is later insured by the corporation.
- 6. Any policy taken out, assumed, or removed from the corporation is, as of the effective date of the take-out, assumption, or removal, direct insurance issued by the insurer and not by the corporation, even if the corporation continues to service the policies. This subparagraph applies to policies of the corporation and not policies taken out, assumed, or removed from any other entity.
- 6. The corporation may adopt one or more programs to encourage authorized insurers to remove policies from the corporation through a loan from the corporation to an insurer secured by a surplus note that contains such necessary and reasonable provisions as the corporation requires. Such surplus note is subject to the review and approval of the office pursuant to s. 628.401. The corporation may include, but is not limited to, provisions regarding the maximum size of a loan to

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an insurer, capital matching requirements, the relationship between the aggregate number of policies or amount of loss exposure removed from the association and the amount of a loan, retention requirements related to policies removed from the corporation, and limitations on the number of insurers receiving loans from the corporation under any one management group in whatever form or arrangement. If a loan secured by a surplus note is provided to a new mutual insurance company, the corporation may require the board of the new mutual insurer to have a majority of independent board members, may restrict the ability of the new mutual insurer to convert to a stock insurer while the mutual insurer owes any principal or interest under the surplus note to the corporation, establish a capital match requirement of up to \$1 of private capital for each \$4 of the corporation's loan to a new mutual insurer, and limit the eligibility of a new mutual insurer for a waiver of the ceding commission traditionally associated with take-out programs from the corporation to those new mutual insurers that agree contractually to maintain an expense ratio below 20 per cent of written premium. For this purpose, the term "expense ratio" means the sum of agent commissions and other acquisition expenses; general and administrative expenses; and premium taxes, licenses, and fees, divided by the gross written premium. (z) In enacting the provisions of this section, the Legislature recognizes that both the Florida Windstorm Underwriting Association and the Residential Property and

financing arrangements that obligate each entity to service its

debts and maintain the capacity to repay funds secured under

Casualty Joint Underwriting Association have entered into

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2118 these financing arrangements. It is the intent of the 2119 Legislature that nothing in this section not be construed to 2120 compromise, diminish, or interfere with the rights of creditors under such financing arrangements. It is further the intent of 2121 2122 the Legislature to preserve the obligations of the Florida Windstorm Underwriting Association and Residential Property and 2123 Casualty Joint Underwriting Association with regard to 2124 2125 outstanding financing arrangements, with such obligations passing entirely and unchanged to the corporation and, 2126 2127 specifically, to the applicable account of the corporation. So 2128 long as any bonds, notes, indebtedness, or other financing 2129 obligations of the Florida Windstorm Underwriting Association or 2130 the Residential Property and Casualty Joint Underwriting 2131 Association are outstanding, under the terms of the financing documents pertaining to them, the executive director of the 2132 2133 corporation, with the concurrence of the governing board, of the 2134 corporation shall have and shall exercise the authority to levy, 2135 charge, collect, and receive all premiums, assessments, 2136 surcharges, charges, revenues, and receipts that the 2137 associations had authority to levy, charge, collect, or receive under the provisions of subsection (2) and this subsection, 2138 2139 respectively, as they existed on January 1, 2002, to provide 2140 moneys, without exercise of the authority provided by this 2141 subsection, in at least the amounts, and by the times, as would 2142 be provided under those former provisions of subsection (2) or this subsection, respectively, so that the value, amount, and 2143 collectability of any assets, revenues, or revenue source 2144 2145 pledged or committed to, or any lien thereon securing such outstanding bonds, notes, indebtedness, or other financing 2146

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obligations <u>is</u> will not be diminished, impaired, or adversely affected by the amendments made by this <u>section</u> act and to permit compliance with all provisions of financing documents pertaining to such bonds, notes, indebtedness, or other financing obligations, or the security or credit enhancement for them, and any reference in this subsection to bonds, notes, indebtedness, financing obligations, or similar obligations, of the corporation <u>must shall</u> include like instruments or contracts of the Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association to the extent not inconsistent with the <u>provisions of the</u> financing documents pertaining to them.

(gg) The Office of Inspector General is established within the corporation to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency. The office shall be headed by an inspector general, which is a senior management position that involves planning, coordinating, and performing activities assigned to and assumed by the inspector general for the corporation.

- 1. The inspector general shall be appointed by the Financial Services Commission and may be removed from office only by the commission. The inspector general shall be appointed without regard to political affiliation.
- a. At a minimum, the inspector general must possess a bachelor's degree from an accredited college or university and 8 years of professional experience related to the duties of an inspector general as described in this paragraph, of which 5 years must have been at a supervisory level.

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b. Until June 30, 2014, the inspector general shall be under the general supervision of the Financial Services

Commission and not subject to the supervision of any employee of the corporation. Beginning July 1, 2014, the inspector general shall report to, and be under the supervision of, the chair of the board of governors. The executive director or corporation staff may not prevent or prohibit the inspector general from initiating, carrying out, or completing any review, evaluation, or investigation.

- 2. The inspector general shall initiate, direct, coordinate, participate in, and perform studies, reviews, evaluations, and investigations designed to assess management practices; compliance with laws, rules, and policies; and program effectiveness and efficiency. This includes:
- a. Conducting internal examinations; investigating allegations of fraud, waste, abuse, malfeasance, mismanagement, employee misconduct, or violations of corporation policies; and conducting any other investigations as directed by the Financial Services Commission or as independently determined.
- b. Evaluating and recommending actions regarding security, the ethical behavior of personnel and vendors, and compliance with rules, laws, policies, and personnel matters; and rendering ethics opinions.
- c. Overseeing or participating in personnel and administrative policy compliance and management, operational reviews, and conducting and selecting human resources-related advice and consultation.
- d. In conjunction with the ethics and compliance officer, evaluating the application of a corporation code of ethics,

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providing input on the design and content of ethics-related policy training courses, educating employees on the code and on appropriate conduct, and checking for compliance.

- e. Participating in policy development and review. This includes working collaboratively with the ethics and compliance officer in the creation, modification, and maintenance of personnel and administrative services policies and in the identification of policy enhancements; and researching policyrelated issues.
- f. Participating in the activities of the senior management team and evaluating the management's compliance with recommended solutions.
- g. Cooperating and coordinating activities with the chief of internal audit, but not conducting internal audits.
- <u>h. Maintaining records of investigations and discipline in</u> accordance with established policies.
- i. Supervising and directing the tasks and assignments of the staff assigned to assist with the inspector general's projects. This includes regular review and feedback regarding work in progress and upon completion and providing input regarding relevant training and staff development activities as warranted.
- j. Directing, planning, preparing, and presenting interim and final reports and oral briefings to the Financial Services

 Commission and the executive director which communicate the results of studies, reviews, and investigations.
- k. Reporting expeditiously to the Department of Law Enforcement or other law enforcement agencies, as appropriate, whenever the inspector general has reasonable grounds to believe

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there has been a violation of criminal law.

- 1. Providing the executive director and board chairman with independent and objective assessments of programs and activities.
- m. Complying with the General Principles and Standards for Offices of Inspector General as published and revised by the Association of Inspectors General.
- 3. At least annually, the inspector general shall provide a report to the President of the Senate and the Speaker of the House of Representatives regarding the corporation's clearinghouse and the extent to which policies are being returned to the voluntary market. This report must include an analysis regarding the effectiveness of the clearinghouse in encouraging voluntary market participation in depopulation.
- Section 9. Effective October 1, 2013, paragraph (e) of subsection (6) of section 627.351, Florida Statutes, is amended to read
 - 627.351 Insurance risk apportionment plans.-
 - (6) CITIZENS PROPERTY INSURANCE CORPORATION. -
- (e) The corporation is subject to s. 287.057 for the purchase of commodities and contractual services except as otherwise provided in this paragraph. Services provided by tradepersons or technical experts to assist a licensed adjuster in the evaluation of individual claims are not subject to the procurement requirements of this section. Additionally, the procurement of financial services providers and underwriters must be made pursuant to s. 627.3513 Purchases that equal or exceed \$2,500, but are less than \$25,000, shall be made by receipt of written quotes, written record of telephone quotes,

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or informal bids, whenever practical. The procurement of goods or services valued at or over \$25,000 shall be subject to competitive solicitation, except in situations where the goods or services are provided by a sole source or are deemed an emergency purchase; the services are exempted from competitive solicitation requirements under s. 287.057(3)(f); or the procurement of services is subject to s. 627.3513. Justification for the sole-sourcing or emergency procurement must be documented. Contracts for goods or services valued at or more than over \$100,000 are subject to approval by the board.

- 1. The corporation is an agency for the purposes of s. 287.057, except for subsection (22) of that section for which the corporation is an eligible user.
- a. The authority of the Department of Management Services and the Chief Financial Officer under s. 287.057 extends to the corporation as if the corporation were an agency.
- b. The executive director of the corporation is the agency head under s. 287.057, except for resolution of bid protests for which the board would serve as the agency head.
- 2. The corporation must provide notice of a decision or intended decision concerning a solicitation, contract award, or exceptional purchase by electronic posting. Such notice must contain the following statement: "Failure to file a protest within the time prescribed in this section constitutes a waiver of proceedings."
- a. A person adversely affected by the corporation's decision or intended decision to award a contract pursuant to s. 287.057(1) or s. 287.057(3)(c) who elects to challenge the decision must file a written notice of protest with the

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executive director of the corporation within 72 hours after the corporation posts a notice of its decision or intended decision.

For a protest of the terms, conditions, and specifications contained in a solicitation, including any provisions governing the methods for ranking bids, proposals, replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, the notice of protest must be filed in writing within 72 hours after the posting of the solicitation.

Saturdays, Sundays, and state holidays are excluded in the computation of the 72-hour time period.

b. A formal written protest must be filed within 10 days after the date the notice of protest is filed. The formal written protest must state with particularity the facts and law upon which the protest is based. Upon receipt of a formal written protest that has been timely filed, the corporation must stop the solicitation or contract award process until the subject of the protest is resolved by final board action unless the executive director sets forth in writing particular facts and circumstances that require the continuance of the solicitation or contract award process without delay in order to avoid an immediate and serious danger to the public health, safety, or welfare. The corporation must provide an opportunity to resolve the protest by mutual agreement between the parties within 7 business days after receipt of the formal written protest. If the subject of a protest is not resolved by mutual agreement within 7 business days, the corporation's board must place the protest on the agenda and resolve it at its next regularly scheduled meeting. The protest must be heard by the board at a publicly noticed meeting in accordance with

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procedures established by the board.

- c. In a protest of an invitation-to-bid or request-forproposals procurement, submissions made after the bid or proposal opening which amend or supplement the bid or proposal may not be considered. In protesting an invitation-to-negotiate procurement, submissions made after the corporation announces its intent to award a contract, reject all replies, or withdraw the solicitation that amends or supplements the reply may not be considered. Unless otherwise provided by law, the burden of proof rests with the party protesting the corporation's action. In a competitive-procurement protest, other than a rejection of all bids, proposals, or replies, the corporation's board must conduct a de novo proceeding to determine whether the corporation's proposed action is contrary to the corporation's governing statutes, the corporation's rules or policies, or the solicitation specifications. The standard of proof for the proceeding is whether the corporation's action was clearly erroneous, contrary to competition, arbitrary, or capricious. In any bid-protest proceeding contesting an intended corporation action to reject all bids, proposals, or replies, the standard of review by the board is whether the corporation's intended action is illegal, arbitrary, dishonest, or fraudulent.
- d. Failure to file a notice of protest or failure to file a formal written protest constitutes a waiver of proceedings.
- 3. Contract actions and decisions by the board under this paragraph are final. Any further legal remedy must be made in the Circuit Court of Leon County.
- Section 10. <u>The purchase of commodities and contractual</u> services by Citizens Property Insurance Corporation commenced

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before October 1, 2013, is governed by the law in effect on September 30, 2013.

Section 11. Effective January 1, 2014, paragraph (n) of subsection (6) of section 627.351, Florida Statutes, is amended to read:

- 627.351 Insurance risk apportionment plans.-
- (6) CITIZENS PROPERTY INSURANCE CORPORATION. -
- (n)1. Rates for coverage provided by the corporation must be actuarially sound and subject to s. 627.062, Except as otherwise provided in this paragraph, rates for coverage provided by the corporation must be actuarially sound and not competitive with approved rates charged in the admitted voluntary market in order for the corporation to function as a residual market mechanism that provides insurance only if insurance cannot be procured in the voluntary market.
- a. In establishing actuarially sound rates the corporation shall include an appropriate catastrophe risk load factor that reflects the actual catastrophic risk exposure retained by the corporation.
- b. In establishing noncompetitive rates for personal and commercial lines residential policies, the average rates of the corporation for each rating territory may not be less than the average rates charged by the insurer that had the highest average rate in that rating territory among the 20 voluntary admitted insurers with the greatest total direct written premium in the state for that line of business in the preceding year.
- c. In establishing noncompetitive rates for mobile home coverage, the average rates of the corporation may not be less than the average rates charged by the insurer that had the

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highest average rate in that rating territory among the five voluntary admitted insurers with the greatest total written premium for mobile home owner's policies in the state in the preceding year. The corporation shall file its recommended rates with the office at least annually. The corporation shall provide any additional information regarding the rates which the office requires. The office shall consider the recommendations of the board and issue a final order establishing the rates for the corporation within 45 days after the recommended rates are filed. The corporation may not pursue an administrative challenge or judicial review of the final order of the office.

- d. Rates for commercial nonresidential policies must be actuarially sound in accordance with sub-subparagraph a.
- e. The requirements of sub-subparagraphs b. and c. do not apply to rates in territories where the office determines there is not a reasonable degree of competition. In such territories the corporation's rates must be actuarially sound in accordance with sub-subparagraph a. However, in territories located in a county where the corporation provides more than 75 percent of personal lines residential policies providing wind coverage, subparagraph 3. applies to all new personal lines residential policies written by the corporation in such territories.
- 2. In addition to the rates otherwise determined pursuant to this paragraph, the corporation shall impose and collect an amount equal to the premium tax provided in s. 624.509 to augment the financial resources of the corporation.
- 3. After the public hurricane loss-projection model under s. 627.06281 has been found to be accurate and reliable by the Florida Commission on Hurricane Loss Projection Methodology, the

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model shall serve as the minimum benchmark for determining the windstorm portion of the corporation's rates. This subparagraph does not require or allow the corporation to adopt rates lower than the rates otherwise required or allowed by this paragraph.

4. The rate filings for the corporation which were approved by the office and took effect January 1, 2007, are rescinded, except for those rates that were lowered. As soon as possible, the corporation shall begin using the lower rates that were in effect on December 31, 2006, and provide refunds to policyholders who paid higher rates as a result of that rate filing. The rates in effect on December 31, 2006, remain in effect for the 2007 and 2008 calendar years except for any rate change that results in a lower rate. The next rate change that may increase rates shall take effect pursuant to a new rate filing recommended by the corporation and established by the office, subject to this paragraph.

5. Beginning on July 15, 2009, and annually thereafter, the corporation must make a recommended actuarially sound rate filing for each personal and commercial line of business it writes, to be effective no earlier than January 1, 2010.

3.6. For policies initially insured by the corporation before January 1, 2014, and which have continuously been insured by the corporation since that date, Beginning on or after January 1, 2010, and notwithstanding the board's recommended rates and the office's final order regarding the corporation's filed rates under subparagraph 1., the corporation shall annually implement a rate increase that which, except for sinkhole coverage, does not exceed 10 percent for any single policy issued by the corporation, excluding coverage changes and

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2437 surcharges.

- $\underline{4.7.}$ The corporation may also implement an increase to reflect the effect on the corporation of the cash buildup factor pursuant to s. 215.555(5)(b).
- 5.8. The corporation's implementation of rates as prescribed in subparagraph 3.6. shall cease for any line of business written by the corporation upon the corporation's implementation of the rates described in subparagraph 1 actuarially sound rates. Thereafter, the corporation shall annually make a recommended actuarially sound rate filing implementing such rates for each commercial and personal line of business the corporation writes.
- 6. The corporation shall annually certify to the office that its rates comply with the requirements of this paragraph. If any adjustment in the rates or rating factors of the corporation is necessary to ensure such compliance, the corporation shall make and implement such adjustments and file its revised rates and rating factors with the office. If the office thereafter determines that the revised rates and rating factors fail to comply with this paragraph, it shall notify the corporation and require the corporation to amend its rates or rating factors in conjunction with its next rate filing. The office must notify the corporation by electronic means of any rate filing it approves for any insurer among the insurers referred to in this paragraph.
- 7. By January 1, 2014, the board shall provide recommendations to the Legislature on how to provide relief to a policyholder whose premium reflects the full rate required under subparagraph 1. and who demonstrates a financial need at the

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time of application or renewal.

Section 12. Section 627.3518, Florida Statutes, is created to read:

- 627.3518 Citizens Property Insurance Corporation

 clearinghouse.—The Legislature recognizes that Citizens Property

 Insurance Corporation has authority to establish a clearinghouse
 as a separate organizational unit within the corporation for the
 purpose of determining the eligibility of new and renewal risks,
 excluding commercial residential, seeking coverage through the
 corporation and facilitating the identification and diversion of
 ineligible applicants and current policyholders from the
 corporation into the voluntary insurance market. The purpose of
 this section is to augment that authority by providing a
 framework for the corporation to implement such program by
 January 1, 2014.
 - (1) As used in this section, the term:
- (a) "Clearinghouse" means the clearinghouse diversion program created under this section.
- (b) "Corporation" means Citizens Property Insurance Corporation.
- (c) "Exclusive agent" means a licensed insurance agent who has agreed, by contract, to act exclusively for one company or group of affiliated insurance companies and is disallowed by the provisions of that contract to directly write for any other unaffiliated insurer absent express consent from the company or group of affiliated insurance companies.
- (d) "Independent agent" means a licensed insurance agent
 not described in paragraph (c).
 - (2) In order to confirm eligibility with the corporation

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and to enhance the access of new applicants for coverage and existing policyholders of the corporation to offers of coverage from authorized and eligible insurers, the corporation shall establish a clearinghouse for personal residential risks in order to facilitate the diversion of ineligible applicants and existing policyholders from the corporation into the voluntary insurance market. The corporation shall also develop appropriate procedures for facilitating the diversion of ineligible applicants and existing policyholders for commercial residential coverage into the private insurance market, and shall report such procedures to the President of the Senate and the Speaker of the House of Representatives by July 1, 2015.

- (3) The clearinghouse has the same rights and responsibilities in carrying out its duties as a licensed general lines agent, but is not required to employ or engage a licensed general lines agent or to maintain an insurance agency license in order to solicit and place insurance coverage. In establishing the clearinghouse, the corporation may:
- (a) Require all new applications and all policies due for renewal to be submitted to the clearinghouse in order to facilitate obtaining an offer of coverage from an authorized insurer before binding or renewing coverage by the corporation.
- (b) Employ or otherwise contract with individuals or other entities to provide administrative or professional services in order to carry out the plan within the corporation in accordance with the applicable purchasing requirements under s. 627.351.
- (c) Enter into a contract with an authorized or eligible insurer participating in the clearinghouse and accept an appointment by such insurer.

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- (d) Provide funds to operate the clearinghouse. Insurers and agents participating in the clearinghouse are not required to pay a fee to offset or partially offset the cost of the clearinghouse, or use the clearinghouse for the renewal of policies initially written through the clearinghouse.
- (e) Develop an enhanced application for obtaining information that will assist private insurers in determining whether to make an offer of coverage through the clearinghouse.
- (f) Before approving new applications for coverage by the corporation, require that every application be subject to a period of 2 business days during which an insurer participating in the program may select the application for coverage. The insurer may issue a binder on any policy selected for coverage for at least 30 days but not more than 60 days.
- (4) An authorized or eligible insurer may participate in the clearinghouse; however, participation is not mandatory. An insurer that makes an offer of coverage to a new applicant or renews a policy for a policyholder through the clearinghouse:
- (a) Is not required to individually appoint an agent whose customer is underwritten and bound through the clearinghouse.

 Notwithstanding s. 626.112, an insurer is not required to appoint an agent on a policy underwritten through the clearinghouse if that policy remains with the insurer. An insurer may appoint an agent whose customer is initially underwritten and bound through the clearinghouse. If an insurer accepts a policy from an agent who is not appointed pursuant to this paragraph and thereafter accepts a policy from such agent, the provisions of s. 626.112 requiring appointment apply to the agent.

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- (b) Must enter into a limited agency agreement with each agent who is not appointed in accordance with paragraph (a) and whose customer is underwritten and bound through the clearinghouse.
- (c) Must enter into its standard agency agreement with each agent whose customer is underwritten and bound through the clearinghouse if that agent has been appointed by the insurer pursuant to s. 626.112.
 - (d) Must comply with s. 627.4133(2).
- (e) Must allow authorized or eligible insurers

 participating in the clearinghouse to participate through their

 single, designated managing general agent or broker; however,

 the provisions of paragraph (6) (a) regarding ownership, control,
 and use of the expirations apply.
- (f) Must pay the producing agent a commission equal to that paid by the corporation or the usual and customary commission paid by the insurer for that line of business, whichever is greater.
- (5) (a) Notwithstanding s. 627.3517, an applicant for new coverage is not eligible for coverage from the corporation if the applicant is offered coverage from an authorized insurer through the clearinghouse at a premium that is at or below the eligibility threshold established under s. 627.351(6)(c)5.a.
- (b) Notwithstanding any other provisions of law, if a renewing policyholder of the corporation is offered coverage from an authorized insurer for a personal lines or commercial lines risk at a premium that is no more than 15 percent above the corporation's renewal premium for comparable coverage, the risk is not eligible for coverage with the corporation.

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- (c) Notwithstanding s. 626.916(1), if an applicant for new or renewal coverage from the corporation does not receive an offer of coverage from an authorized insurer, the applicant may choose to accept an offer of coverage from an eligible insurer or its broker under ss. 626.913-626.937. Such offer of coverage from an eligible insurer does not make the risk ineligible for coverage with the corporation.
- (d) An applicant for new or renewal coverage from the corporation may choose to accept any offer of coverage received through the clearinghouse from an authorized insurer which is greater than 15 percent of the corporation's renewal premium.
- (e) Section 627.351(6)(c)5.a.(I) and b.(I) does not apply to an offer of coverage from an authorized insurer obtained through the clearinghouse.
- (6) An independent agent who submits a new application for coverage or who is the agent of record on a renewal policy submitted to the clearinghouse:
- (a) Is granted and must maintain ownership and the exclusive use of expirations, records, or other written or electronic information directly related to such application or renewal written through the corporation or through an insurer participating in the clearinghouse, notwithstanding s.

 627.351(6)(c)5.a.(I)(B) and (II)(B). Such ownership is granted for as long as the insured remains with the agency or until sold or surrendered in writing by the agent. A contract with the corporation or required by the corporation may not amend, modify, interfere with, or limit such rights of ownership. Such expirations, records, or other written or electronic information may be used to review an application or issue a policy or for

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any other purpose necessary for placing business through the clearinghouse.

- (b) Is not required to be appointed by an insurer participating in the clearinghouse for policies written solely through the clearinghouse, notwithstanding s. 626.112.
- (c) May accept an appointment from an insurer participating in the clearinghouse.
- (d) May enter into a standard or limited agency agreement with the insurer, at the insurer's option.

An applicant ineligible for coverage under subsection (5) remains ineligible if the applicant's independent agent is unwilling or unable to enter into a standard or limited agency agreement with an insurer participating in the clearinghouse.

- (7) An exclusive agent who submits a new application for coverage or who is the agent of record on a renewal policy submitted to the clearinghouse:
- (a) Must maintain ownership and the exclusive use of expirations, records, or other written or electronic information directly related to such application or renewal written through the corporation or through an insurer participating in the clearinghouse, notwithstanding s. 627.351(6)(c)5.a.(I)(B) and (II)(B). A contract with the corporation or required by the corporation may not amend, modify, interfere with, or limit such rights of ownership. Such expirations, records, or other written or electronic information may be used to review an application or issue a policy or for any other purpose necessary for placing business through the clearinghouse.
 - (b) Is not required to be appointed by an insurer

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participating in the clearinghouse for policies written solely through the clearinghouse, notwithstanding s. 626.112.

- (c) Must only facilitate the placement of an offer of coverage from an insurer whose limited servicing agreement is approved by that exclusive agent's exclusive insurer.
- (d) May enter into a limited servicing agreement with the insurer making an offer of coverage, and may do so only after the exclusive agent's insurer has approved the terms of the agreement. The exclusive agent's insurer must approve a limited service agreement for the clearinghouse if the insurer has approved a service agreement with the agent for other purposes.

An applicant is ineligible for coverage under subsection (5) if the applicant's exclusive agent is unwilling or unable to enter into a standard or limited agency agreement with a participating insurer making an offer of coverage to that applicant.

- (8) Submission of an application to the clearinghouse for coverage by the corporation does not constitute the binding of coverage, and the failure of the clearinghouse to obtain an offer of coverage by an insurer is not considered acceptance of coverage of the risk by the corporation.
- (9) The clearinghouse may not include commercial nonresidential policies.

Section 13. Temporary keepout program.—Citizens Property Insurance Corporation shall implement a temporary keepout program beginning July 1, 2013, and ending on the date the clearinghouse program established under s. 627.3518, Florida Statutes, is operational.

(1) Subject to procedures adopted by the corporation, the

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program shall provide an opportunity for new applicants for personal residential multiperil coverage with the corporation to be offered coverage with authorized insurers through the market assistance plan established under s. 627.3515, Florida Statutes.

- (2) The program is subject to all of the following:
- (a) The corporation may not accept a new personal residential multiperil application for coverage within 72 hours after submission of the risk to the market assistance plan under subsection (1).
- (b) Section 627.3517, Florida Statutes, relating to consumer choice of agent does not apply to applications for coverage accepted by authorized insurers under the program.
- (c) Insurers issuing policies under this section are subject to s. 627.3518(3), Florida Statutes, relating to agent appointment.
- (d) Notwithstanding s. 626.916(1), Florida Statutes, if an applicant for new or renewal coverage from the corporation does not receive an offer of coverage from an eligible insurer, the applicant may accept an offer from a designated broker of an insurer eligible under ss. 626.913-626.937, Florida Statutes.
- (e) An exclusive agent must only facilitate the placement of an offer of coverage from an insurer whose limited servicing agreement is approved by that exclusive agent's exclusive insurer.

An applicant is ineligible for coverage if the applicant's agent is unwilling or unable to enter into a standard or limited agency agreement with a participating insurer making an offer of coverage to that applicant.

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(3) This section expires on January 1, 2014, or when the clearinghouse program established under s. 627.3518, Florida Statutes, becomes operational, whichever occurs first.

Section 14. Section 627.352, Florida Statutes, is created to read:

- 627.352 Catastrophe Risk Capital Access Facility.-
- (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds and declares that:
- (a) A growing and competitive private sector market for residential property insurance is in the public interest.
- (b) The global market for catastrophe risk has expanded dramatically, resulting in the availability of billions of dollars in additional risk capital for insurers and new and innovative alternative risk-transfer mechanisms.
- (c) Having access to additional risk capital and risk-transfer mechanisms provides an opportunity for property insurers in this state to expand their capacity to write additional business and diversify their catastrophe risk, which will serve the public interest of fostering private sector market growth.
- (d) Despite an expansion in the amount of available global risk capital, state property insurers in general, and smaller state property insurers in particular, face challenges accessing global markets if the relatively small amount of risk finance required by any one company is not economically viable in the larger global market.
- (e) It is the intent of the Legislature to establish a self-regulating mechanism to facilitate the access of property insurers generally, and smaller property insurers in particular,

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2727 <u>to global risk capital markets and risk-transfer mechanisms for</u> 2728 property risks in this state.

- (2) FACILITY CREATED.—A nonprofit association, to be known as the Catastrophe Risk Capital Access Facility, is hereby created.
- (a) The facility must operate pursuant to a plan of operation adopted by the governing board, except that the initial plan of operation shall be recommended by the initial governing board and adopted by the office after consultation with potential participating insurers and other interested parties.
- (b) The facility is not intended to be, and may not function as, an insurer, reinsurer, or other risk-bearing entity, and is not a state agency, board, or commission.
- (3) MEMBERSHIP.—An insurer holding a certificate of authority to transact property insurance in this state is eligible to become a member of the facility. To become a member, an insurer must file a declaration of intent with the office by September 30, 2013.
 - (4) INITIAL GOVERNING BOARD.—
- (a) Each insurer that timely files a declaration under subsection (3) is a member of the initial governing board of the facility and has a vote proportional to its share of direct premium for property insurance written in this state as of December 31, 2012. At a minimum, three insurers must file a declaration of intent to constitute an initial governing board and activate the facility.
- (b) The initial governing board must hold its first meeting at a time and place specified by the office. At the first

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meeting, the initial governing board must elect one of its members to serve as chair.

- (c) The initial governing board must submit a recommended plan of operation to the office by December 1, 2013. The initial governing board may retain staff or professionals to assist in the preparation of the proposed plan of operation.
- (d) The initial governing board must provide the presiding officers and minority party leaders of the Legislature with recommendations and draft legislation addressing the facility's need, if any, for exemptions from public records and open meetings laws by December 31, 2013.
- (e) The functions of the initial governing board terminate upon the election of a governing board as provided in the plan of operation.
- (5) GOVERNING BOARD.—Beginning on the effective date of the plan of operation, the facility shall operate under a seven—member governing board composed of representatives of member insurers, appointed as specified in the plan of operation.
 - (6) PLAN OF OPERATION.—The plan of operation:
 - (a) Must specify the following functions of the facility:
- 1. Aggregating the demand of members for risk finance for state property risks from global capital markets.
- 2. Designing and executing risk-transfer tools such as insurance-linked securities and other appropriate instruments for state property risks for members; using special purpose vehicles or onshore or offshore protected cells, as appropriate, to increase members' access to risk capital for state property risks; and making use of any other financial instruments or reinsurance or pooling arrangements that may develop in the

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- 3. Identifying and coordinating appropriate risk-transfer products and opportunities for state property risks, initially targeting layers of coverage below, alongside, and above the coverage provided by the Florida Hurricane Catastrophe Fund.
- 4. Establishing and maintaining regular and ongoing contact with global risk capital market participants, institutions, and investors in order to identify opportunities that satisfy and coordinate with insurer demand for additional risk capital for state property risks.
- (b) Must provide that in conducting its affairs, the facility may not:
- 1. Take a position in, or provide financial support for, any risk-transfer transaction.
- 2. Be a guarantor of premium or make any other financial guarantees to a member.
- 3. Enter into any contract on the part of the state or create any state contractual obligations.
- 4. Impose or levy any taxes, assessments, or similar charges.
- (c) Must provide for funding the expenses of the facility, including an initial charge that applies to all members and subsequent charges to members on a pro rata basis.
- (d) Must provide additional annual enrollment periods for eligible insurers to become members of the facility.
- (e) Must provide for the election and terms of the governing board.
- (f) May provide for the appointment or retention of staff and professionals as the governing board deems appropriate.

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(g) Must require the facility to submit a biennial report and annual independent audits to the members of the Financial Services Commission and the presiding officers of the Legislature by December 31 of each even-numbered year beginning in 2014.

(7) IMMUNITY FROM LIABILITY.—No liability on the part of, and no cause of action of any nature, may arise against the facility or its agents or employees, the governing board, or the department or office or their representatives for any action taken by them in the performance of their powers and duties under this section.

Section 15. Subsection (1) of section 627.405, Florida Statutes, is amended to read:

627.405 Insurable interest; property.-

(1) A No contract for property of insurance of property or of any interest in property or arising from property is not shall be enforceable as to the insurance except for the benefit of persons having an insurable interest in the things insured as at the time of the loss. Policyholders under a contract of property insurance may assign benefits to be received under that contract consistent with, and subject to, the conditions in the policy.

Section 16. Subsection (1) of section 627.410, Florida Statutes, is amended to read:

627.410 Filing, approval of forms.—

(1) \underline{A} No basic insurance policy or annuity contract form, or application form where written application is required and is to be made a part of the policy or contract, or group certificates issued under a master contract delivered in this

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state, or printed rider or endorsement form or form of renewal certificate, may not shall be delivered or issued for delivery in this state, unless the form has been filed with the office by or on in behalf of the insurer that which proposes to use such form and has been approved by the office. This provision does not apply to surety bonds or to policies, riders, endorsements, or forms of unique character that which are designed for and used with relation to insurance on upon a particular subject, (other than as to health insurance), or that which relate to the manner of distributing distribution of benefits or to the reservation of rights and benefits under life or health insurance policies and are used at the request of the individual policyholder, contract holder, or certificateholder. For As to group insurance policies effectuated and delivered outside this state but covering persons resident in this state, the group certificates to be delivered or issued for delivery in this state shall be filed with the office for information purposes only.

Section 17. Paragraph (b) of subsection (1) of section 627.706, Florida Statutes, is amended to read:

627.706 Sinkhole insurance; catastrophic ground cover collapse; definitions.—

(1)

(b) The insurer shall make available, for an appropriate additional premium, coverage for sinkhole losses on any structure, including the contents of personal property contained therein, in an amount equal to the full amount of coverage on the structure. The insurer may also offer less coverage equal to 25 or 50 percent of the amount of coverage on the structure,

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with an appropriate reduction in the additional premium to the extent provided in the form to which the coverage attaches. The insurer may require an inspection of the property before issuance of sinkhole loss coverage. A policy for residential property insurance may include a deductible amount applicable to sinkhole losses equal to 1 percent, 2 percent, 5 percent, or 10 percent of the policy dwelling limits, with appropriate premium discounts offered with each deductible amount.

Section 18. Except as otherwise expressly provided in the act, this act shall take effect July 1, 2013.