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1	
2	An act relating to property insurance; amending s.
3	215.555, F.S., relating to the Florida Hurricane
4	Catastrophe Fund; revising the definition of the term
5	"corporation"; deleting an outdated coverage level;
6	revising the exemption of medical malpractice
7	insurance premiums from emergency assessments if
8	certain revenues are determined to be insufficient to
9	fund the obligations, costs, and expenses of the
10	Florida Hurricane Catastrophe Fund and the Florida
11	Hurricane Catastrophe Fund Finance Corporation;
12	changing the name of the Florida Hurricane Catastrophe
13	Fund Finance Corporation; deleting provisions relating
14	to temporary emergency options for additional
15	coverage; amending s. 626.752, F.S.; exempting
16	Citizens Property Insurance Corporation from exchange
17	of business limitations and restrictions when placing
18	business with authorized insurers; amending s.
19	626.854, F.S.; revising the restrictions on public
20	adjuster compensation, payment, commission, fee, or
21	any other thing of value; providing penalties;
22	deleting a provision requiring the public adjuster to
23	ensure prompt notice of property loss claims;
24	requiring a public adjuster to ensure that prompt
25	notice is given of a claim to the insurer; requiring a
26	public adjuster to meet or communicate with the
27	insurer for a specified purpose; prohibiting a public
28	adjuster from acquiring any interest in salvaged
29	property; providing an exception; providing

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30	legislative intent; amending s. 627.0628, F.S.;
31	revising the membership of the Florida Commission on
32	Hurricane Loss Projection Methodology; amending s.
33	627.0629, F.S.; conforming a cross-reference; amending
34	s. 627.351, F.S.; providing that certain residential
35	structures are not eligible for coverage by the
36	corporation after specified dates; providing an
37	exception; prohibiting the corporation from covering
38	any new construction of a major structure, or
39	substantial improvements on any major structure,
40	commencing on or after July 1, 2014, that is seaward
41	of the coastal construction control line or is within
42	the Coastal Barrier Resources System; deleting a
43	provision that limits the amount that a public
44	adjuster may charge, agree to, or accept as
45	compensation with respect to a claim filed under a
46	policy of the Citizens Property Insurance Corporation;
47	revising the membership of the board of governors of
48	the corporation; restricting the eligibility of a risk
49	for a renewal policy issued by the corporation under
50	certain circumstances; revising provisions allowing a
51	policyholder removed from the corporation to remain
52	eligible for coverage under certain circumstances;
53	requiring disclosure of potential corporation
54	surcharges and policyholder obligations to try to
55	obtain private market coverage; revising the duties
56	and responsibilities of the internal auditor of the
57	corporation; authorizing insurers taking out,
58	assuming, or removing policies from the corporation to

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use the corporation's policy forms and endorsements for a specified time without approval by the Office of Insurance Regulation; establishing the Office of Inspector General within the corporation; providing for appointment, qualifications, duties, and responsibilities of the inspector general; requiring the corporation to prepare a report for each calendar year relating to the loss ratio attributable to losses that are not catastrophic losses for residential coverage provided by the corporation; 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; creating s. 627.3518, F.S.; providing purpose; providing definitions; requiring the creation of a clearinghouse program within the corporation; specifying the purposes of the program; requiring the corporation to provide a report to the Legislature; specifying certain rights and responsibilities with respect to the program; authorizing the corporation to take specified actions in establishing the program; providing conditions and requirements relating to the participation of insurers in the program; providing conditions, requirements, limitations, and procedures applicable to offers of coverage with respect to applicants for coverage with

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the corporation and existing policyholders of the

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88	corporation; providing requirements for certain
89	independent insurance agents and exclusive agents with
90	respect to submitting applications for coverage or
91	policies for renewal to the program; providing for
92	applicability and construction; creating s. 627.35191,
93	F.S.; requiring the Florida Hurricane Catastrophe Fund
94	and Citizens Property Insurance Corporation to each
95	submit reports annually to the Legislature and the
96	Financial Services Commission relating to aggregate
97	net probable maximum losses, financing options, and
98	potential assessments; providing effective dates.
99	
100	Be It Enacted by the Legislature of the State of Florida:
101	
102	Section 1. Effective June 1, 2013, paragraph (n) of
103	subsection (2), paragraph (b) of subsection (4), paragraphs (b)
104	and (d) of subsection (6), and present subsection (16) of
105	section 215.555, Florida Statutes, are amended, and subsections
106	(17) and (18) of that section are renumbered as subsections (16)
107	and (17), respectively, to read:
108	215.555 Florida Hurricane Catastrophe Fund
109	(2) DEFINITIONSAs used in this section:
110	(n) "Corporation" means the State Board of Administration
111	Florida Hurricane Catastrophe Fund Finance Corporation created
112	in paragraph (6)(d).
113	(4) REIMBURSEMENT CONTRACTS
114	(b)1. The contract shall contain a promise by the board to
115	reimburse the insurer for 45 percent, 75 percent, or 90 percent
116	of its losses from each covered event in excess of the insurer's

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117 retention, plus 5 percent of the reimbursed losses to cover loss
118 adjustment expenses.

119 2. The insurer must elect one of the percentage coverage 120 levels specified in this paragraph and may, upon renewal of a 121 reimbursement contract, elect a lower percentage coverage level if no revenue bonds issued under subsection (6) after a covered 122 event are outstanding, or elect a higher percentage coverage 123 124 level, regardless of whether or not revenue bonds are 125 outstanding. All members of an insurer group must elect the same 126 percentage coverage level. Any joint underwriting association, risk apportionment plan, or other entity created under s. 127 627.351 must elect the 90-percent coverage level. 128

129 3. The contract shall provide that reimbursement amounts 130 shall not be reduced by reinsurance paid or payable to the 131 insurer from other sources.

132 4. Notwithstanding any other provision contained in this 133 section, the board shall make available to insurers that purchased coverage provided by this subparagraph in 2008, 134 135 insurers qualifying as limited apportionment companies under s. 136 627.351(6)(c), and insurers that have been approved to participate in the Insurance Capital Build-Up Incentive Program 137 pursuant to s. 215.5595 a contract or contract addendum that 138 provides an additional amount of reimbursement coverage of up to 139 140 \$10 million. The premium to be charged for this additional 141 reimbursement coverage shall be 50 percent of the additional reimbursement coverage provided, which shall include one prepaid 142 reinstatement. The minimum retention level that an eligible 143 participating insurer must retain associated with this 144 145 additional coverage layer is 30 percent of the insurer's surplus

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146 as of December 31, 2008, for the 2009-2010 contract year; as of 147 December 31, 2009, for the 2010-2011 contract year; and as of 148 December 31, 2010, for the 2011-2012 contract year. This 149 coverage shall be in addition to all other coverage that may be provided under this section. The coverage provided by the fund 150 151 under this subparagraph shall be in addition to the claims-152 paying capacity as defined in subparagraph (c)1., but only with 153 respect to those insurers that select the additional coverage 154 option and meet the requirements of this subparagraph. The 155 claims-paying capacity with respect to all other participating insurers and limited apportionment companies that do not select 156 157 the additional coverage option shall be limited to their 158 reimbursement premium's proportionate share of the actual 159 claims-paying capacity otherwise defined in subparagraph (c)1. 160 and as provided for under the terms of the reimbursement 161 contract. The optional coverage retention as specified shall be 162 accessed before the mandatory coverage under the reimbursement 163 contract, but once the limit of coverage selected under this 164 option is exhausted, the insurer's retention under the mandatory coverage will apply. This coverage will apply and be paid 165 166 concurrently with mandatory coverage. This subparagraph expires 167 on May 31, 2012.

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(6) REVENUE BONDS.-

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(b) Emergency assessments-

170 1. If the board determines that the amount of revenue 171 produced under subsection (5) is insufficient to fund the 172 obligations, costs, and expenses of the fund and the 173 corporation, including repayment of revenue bonds and that 174 portion of the debt service coverage not met by reimbursement

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175 premiums, the board shall direct the Office of Insurance 176 Regulation to levy, by order, an emergency assessment on direct 177 premiums for all property and casualty lines of business in this state, including property and casualty business of surplus lines 178 179 insurers regulated under part VIII of chapter 626, but not including any workers' compensation premiums or medical 180 181 malpractice premiums. As used in this subsection, the term "property and casualty business" includes all lines of business 182 183 identified on Form 2, Exhibit of Premiums and Losses, in the 184 annual statement required of authorized insurers by s. 624.424 and any rule adopted under this section, except for those lines 185 identified as accident and health insurance and except for 186 policies written under the National Flood Insurance Program. The 187 assessment shall be specified as a percentage of direct written 188 premium and is subject to annual adjustments by the board in 189 190 order to meet debt obligations. The same percentage shall apply 191 to all policies in lines of business subject to the assessment 192 issued or renewed during the 12-month period beginning on the 193 effective date of the assessment.

194 2. A premium is not subject to an annual assessment under this paragraph in excess of 6 percent of premium with respect to 195 obligations arising out of losses attributable to any one 196 contract year, and a premium is not subject to an aggregate 197 198 annual assessment under this paragraph in excess of 10 percent 199 of premium. An annual assessment under this paragraph shall 200 continue as long as the revenue bonds issued with respect to 201 which the assessment was imposed are outstanding, including any 202 bonds the proceeds of which were used to refund the revenue 203 bonds, unless adequate provision has been made for the payment

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204 of the bonds under the documents authorizing issuance of the 205 bonds.

206 3. Emergency assessments shall be collected from 207 policyholders. Emergency assessments shall be remitted by 208 insurers as a percentage of direct written premium for the 209 preceding calendar quarter as specified in the order from the 210 Office of Insurance Regulation. The office shall verify the 211 accurate and timely collection and remittance of emergency 212 assessments and shall report the information to the board in a 213 form and at a time specified by the board. Each insurer 214 collecting assessments shall provide the information with 215 respect to premiums and collections as may be required by the office to enable the office to monitor and verify compliance 216 217 with this paragraph.

4. With respect to assessments of surplus lines premiums, 218 each surplus lines agent shall collect the assessment at the 219 220 same time as the agent collects the surplus lines tax required 221 by s. 626.932, and the surplus lines agent shall remit the 222 assessment to the Florida Surplus Lines Service Office created 223 by s. 626.921 at the same time as the agent remits the surplus lines tax to the Florida Surplus Lines Service Office. The 224 225 emergency assessment on each insured procuring coverage and 226 filing under s. 626.938 shall be remitted by the insured to the 227 Florida Surplus Lines Service Office at the time the insured 228 pays the surplus lines tax to the Florida Surplus Lines Service 229 Office. The Florida Surplus Lines Service Office shall remit the 230 collected assessments to the fund or corporation as provided in 231 the order levied by the Office of Insurance Regulation. The 232 Florida Surplus Lines Service Office shall verify the proper

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233 application of such emergency assessments and shall assist the 234 board in ensuring the accurate and timely collection and 235 remittance of assessments as required by the board. The Florida 236 Surplus Lines Service Office shall annually calculate the 237 aggregate written premium on property and casualty business, other than workers' compensation and medical malpractice, 238 239 procured through surplus lines agents and insureds procuring 240 coverage and filing under s. 626.938 and shall report the 241 information to the board in a form and at a time specified by 242 the board.

5. Any assessment authority not used for a particular 243 244 contract year may be used for a subsequent contract year. If, 245 for a subsequent contract year, the board determines that the amount of revenue produced under subsection (5) is insufficient 246 to fund the obligations, costs, and expenses of the fund and the 247 248 corporation, including repayment of revenue bonds and that 249 portion of the debt service coverage not met by reimbursement 250 premiums, the board shall direct the Office of Insurance 251 Regulation to levy an emergency assessment up to an amount not 252 exceeding the amount of unused assessment authority from a 253 previous contract year or years, plus an additional 4 percent 254 provided that the assessments in the aggregate do not exceed the limits specified in subparagraph 2. 255

6. The assessments otherwise payable to the corporation under this paragraph shall be paid to the fund unless and until the Office of Insurance Regulation and the Florida Surplus Lines Service Office have received from the corporation and the fund a notice, which shall be conclusive and upon which they may rely without further inquiry, that the corporation has issued bonds

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and the fund has no agreements in effect with local governments under paragraph (c). On or after the date of the notice and until the date the corporation has no bonds outstanding, the fund shall have no right, title, or interest in or to the

fund shall have no right, title, or interest in or to the assessments, except as provided in the fund's agreement with the corporation.

268 7. Emergency assessments are not premium and are not 269 subject to the premium tax, to the surplus lines tax, to any 270 fees, or to any commissions. An insurer is liable for all 271 assessments that it collects and must treat the failure of an 272 insured to pay an assessment as a failure to pay the premium. An 273 insurer is not liable for uncollectible assessments.

8. When an insurer is required to return an unearned premium, it shall also return any collected assessment attributable to the unearned premium. A credit adjustment to the collected assessment may be made by the insurer with regard to future remittances that are payable to the fund or corporation, but the insurer is not entitled to a refund.

9. When a surplus lines insured or an insured who has procured coverage and filed under s. 626.938 is entitled to the return of an unearned premium, the Florida Surplus Lines Service Office shall provide a credit or refund to the agent or such insured for the collected assessment attributable to the unearned premium prior to remitting the emergency assessment collected to the fund or corporation.

10. The exemption of medical malpractice insurance premiums from emergency assessments under this paragraph is repealed May 31, <u>2016</u> 2013, and medical malpractice insurance premiums shall be subject to emergency assessments attributable to loss events

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20131770er 291 occurring in the contract years commencing on June 1, <u>2016</u> 2013. 292 (d) <u>State Board of Administration</u> Florida Hurricane 293 Catastrophe Fund Finance Corporation.—

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 to pay reimbursement
for losses to property sustained as a result of hurricane
damage.

303 b. The purpose of such bonds is to fund reimbursements 304 through the Florida Hurricane Catastrophe Fund to pay for the 305 costs of construction, reconstruction, repair, restoration, and 306 other costs associated with damage to properties of 307 policyholders of covered policies due to the occurrence of a 308 hurricane.

309 c. The efficacy of the financing mechanism will be enhanced 310 by the corporation's ownership of the assessments, by the 311 insulation of the assessments from possible bankruptcy 312 proceedings, and by covenants of the state with the 313 corporation's bondholders.

314 2.a. There is created a public benefits corporation, which
315 is an instrumentality of the state, to be known as the <u>State</u>
316 <u>Board of Administration</u> Florida Hurricane Catastrophe Fund
317 Finance Corporation.

318 b. The corporation shall operate under a five-member board 319 of directors consisting of the Governor or a designee, the Chief

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320 Financial Officer or a designee, the Attorney General or a 321 designee, the director of the Division of Bond Finance of the 322 State Board of Administration, and the <u>Chief Operating Officer</u> 323 senior employee of the State Board of Administration responsible 324 for operations of the Florida Hurricane Catastrophe Fund.

325 c. The corporation has all of the powers of corporations 326 under chapter 607 and under chapter 617, subject only to the 327 provisions of this subsection.

328 d. The corporation may issue bonds and engage in such other 329 financial transactions as are necessary to provide sufficient 330 funds to achieve the purposes of this section.

e. The corporation may invest in any of the investmentsauthorized under s. 215.47.

f. There 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.

337 3.a. In actions under chapter 75 to validate any bonds 338 issued by the corporation, the notice required by s. 75.06 shall 339 be published in two newspapers of general circulation in the 340 state, and the complaint and order of the court shall be served 341 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

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349 the issuance of such bonds.

350 4. The bonds of the corporation are not a debt of the state or of any political subdivision, and neither the state nor any 351 352 political subdivision is liable on such bonds. The corporation 353 does not have the power to pledge the credit, the revenues, or 354 the taxing power of the state or of any political subdivision. 355 The credit, revenues, or taxing power of the state or of any 356 political subdivision shall not be deemed to be pledged to the 357 payment of any bonds of the corporation.

358 5.a. The property, revenues, and other assets of the 359 corporation; the transactions and operations of the corporation 360 and the income from such transactions and operations; and all 361 bonds issued under this paragraph and interest on such bonds are 362 exempt from taxation by the state and any political subdivision, including the intangibles tax under chapter 199 and the income 363 364 tax under chapter 220. This exemption does not apply to any tax 365 imposed by chapter 220 on interest, income, or profits on debt 366 obligations owned by corporations other than the State Board of 367 Administration Florida Hurricane Catastrophe Fund Finance 368 Corporation.

b. All bonds of the corporation shall be and constitute 369 370 legal investments without limitation for all public bodies of 371 this state; for all banks, trust companies, savings banks, 372 savings associations, savings and loan associations, and 373 investment companies; for all administrators, executors, trustees, and other fiduciaries; for all insurance companies and 374 375 associations and other persons carrying on an insurance 376 business; and for all other persons who are now or may hereafter 377 be authorized to invest in bonds or other obligations of the

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20131770er 378 state and shall be and constitute eligible securities to be deposited as collateral for the security of any state, county, 379 380 municipal, or other public funds. This sub-subparagraph shall be 381 considered as additional and supplemental authority and shall not be limited without specific reference to this sub-382 383 subparagraph. 6. The corporation and its corporate existence shall 384 385 continue until terminated by law; however, no such law shall 386 take effect as long as the corporation has bonds outstanding 387 unless adequate provision has been made for the payment of such 388 bonds pursuant to the documents authorizing the issuance of such bonds. Upon termination of the existence of the corporation, all 389 390 of its rights and properties in excess of its obligations shall

392 <u>7. The State Board of Administration Finance Corporation is</u>
 393 <u>for all purposes the successor to the Florida Hurricane</u>
 394 Catastrophe Fund Finance Corporation.

- 395 (16) TEMPORARY EMERCENCY OPTIONS FOR ADDITIONAL COVERACE.
 396 (a) Findings and intent.—
- 397 1

391

1. The Legislature finds that:

pass to and be vested in the state.

398 a. Because of temporary disruptions in the market for 399 catastrophic reinsurance, many property insurers were unable to 400 procure reinsurance for the 2006 hurricane season with an 401 attachment point below the insurers' respective Florida 402 Hurricane Catastrophe Fund attachment points, were unable to procure sufficient amounts of such reinsurance, or were able to 403 404 procure such reinsurance only by incurring substantially higher 405 costs than in prior years. 406 b. The reinsurance market problems were responsible, at

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407	least in part, for substantial premium increases to many
408	consumers and increases in the number of policies issued by the
409	Citizens Property Insurance Corporation.
410	c. It is likely that the reinsurance market disruptions
411	will not significantly abate prior to the 2007 hurricane season.
412	2. It is the intent of the Legislature to create a
413	temporary emergency program, applicable to the 2007, 2008, and
414	2009 hurricane seasons, to address these market disruptions and
415	enable insurers, at their option, to procure additional coverage
416	from the Florida Hurricane Catastrophe Fund.
417	(b) Applicability of other provisions of this section.—All
418	provisions of this section and the rules adopted under this
419	section apply to the program created by this subsection unless
420	specifically superseded by this subsection.
421	(c) Optional coverage.—For the contract year commencing
422	June 1, 2007, and ending May 31, 2008, the contract year
423	commencing June 1, 2008, and ending May 31, 2009, and the
424	contract year commencing June 1, 2009, and ending May 31, 2010,
425	the board shall offer for each of such years the optional
426	coverage as provided in this subsection.
427	(d) Additional definitions.—As used in this subsection, the
428	term:
429	1. "TEACO options" means the temporary emergency additional
430	coverage options created under this subsection.
431	2. "TEACO insurer" means an insurer that has opted to
432	obtain coverage under the TEACO options in addition to the
433	coverage provided to the insurer under its reimbursement
434	contract.
435	3. "TEACO reimbursement premium" means the premium charged

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436	by the fund for coverage provided under the TEACO options.
437	4. "TEACO retention" means the amount of losses below which
438	a TEACO insurer is not entitled to reimbursement from the fund
439	under the TEACO option selected. A TEACO insurer's retention
440	options shall be calculated as follows:
441	a. The board shall calculate and report to each TEACO
442	insurer the TEACO retention multiples. There shall be three
443	TEACO retention multiples for defining coverage. Each multiple
444	shall be calculated by dividing \$3 billion, \$4 billion, or \$5
445	billion by the total estimated mandatory FHCF reimbursement
446	premium assuming all insurers selected the 90-percent coverage
447	level.
448	b. The TEACO retention multiples as determined under sub-
449	subparagraph a. shall be adjusted to reflect the coverage level
450	elected by the insurer. For insurers electing the 90-percent
451	coverage level, the adjusted retention multiple is 100 percent
452	of the amount determined under sub-subparagraph a. For insurers
453	electing the 75-percent coverage level, the retention multiple
454	is 120 percent of the amount determined under sub-subparagraph
455	a. For insurers electing the 45-percent coverage level, the
456	adjusted retention multiple is 200 percent of the amount
457	determined under sub-subparagraph a.
458	c. An insurer shall determine its provisional TEACO
459	retention by multiplying its estimated mandatory FHCF
460	reimbursement premium by the applicable adjusted TEACO retention
461	multiple and shall determine its actual TEACO retention by

- 462 multiplying its actual mandatory FHCF reimbursement premium by
 463 the applicable adjusted TEACO retention multiple.
 - d. For TEACO insurers who experience multiple covered

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465	events causing loss during the contract year, the insurer's full
466	TEACO retention shall be applied to each of the covered events
467	causing the two largest losses for that insurer. For other
468	covered events resulting in losses, the TEACO option does not
469	apply and the insurer's retention shall be one-third of the full
470	retention as calculated under paragraph (2)(e).
471	5. "TEACO addendum" means an addendum to the reimbursement
472	contract reflecting the obligations of the fund and TEACO
473	insurers under the program created by this subsection.
474	6. "FHCF" means the Florida Hurricane Catastrophe Fund.
475	(e) TEACO addendum.—
476	1. The TEACO addendum shall provide for reimbursement of
477	TEACO insurers for covered events occurring during the contract
478	year, in exchange for the TEACO reimbursement premium paid into
479	the fund under paragraph (f). Any insurer writing covered
480	policies has the option of choosing to accept the TEACO addendum
481	for any of the 3 contract years that the coverage is offered.
482	2. The TEACO addendum shall contain a promise by the board
483	to reimburse the TEACO insurer for 45 percent, 75 percent, or 90
484	percent of its losses from each covered event in excess of the
485	insurer's TEACO retention, plus 5 percent of the reimbursed
486	losses to cover loss adjustment expenses. The percentage shall
487	be the same as the coverage level selected by the insurer under
488	paragraph (4)(b).
489	3. The TEACO addendum shall provide that reimbursement
490	amounts shall not be reduced by reinsurance paid or payable to
491	the insurer from other sources.
492	4. The TEACO addendum shall also provide that the
493	obligation of the board with respect to all TEACO addenda shall

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494	not exceed an amount equal to two times the difference between
495	the industry retention level calculated under paragraph (2)(e)
496	and the \$3 billion, \$4 billion, or \$5 billion industry TEACO
497	retention level options actually selected, but in no event may
498	the board's obligation exceed the actual claims-paying capacity
499	of the fund plus the additional capacity created in paragraph
500	(g). If the actual claims-paying capacity and the additional
501	capacity created under paragraph (g) fall short of the board's
502	obligations under the reimbursement contract, each insurer's
503	share of the fund's capacity shall be prorated based on the
504	premium an insurer pays for its mandatory reimbursement coverage
505	and the premium paid for its optional TEACO coverage as each
506	such premium bears to the total premiums paid to the fund times
507	the available capacity.
508	5. The priorities, schedule, and method of reimbursements
509	under the TEACO addendum shall be the same as provided under
510	subsection (4).
511	6. A TEACO insurer's maximum reimbursement for a single
512	event shall be equal to the product of multiplying its mandatory
513	FHCF premium by the difference between its FHCF retention
514	multiple and its TEACO retention multiple under the TEACO option
515	selected and by the coverage selected under paragraph (4)(b),
516	plus an additional 5 percent for loss adjustment expenses. A
517	TEACO insurer's maximum reimbursement under the TEACO option
518	selected for a TEACO insurer's two largest events shall be twice
519	its maximum reimbursement for a single event.
520	(f) TEACO reimbursement premiums
521	1. Each TEACO insurer shall pay to the fund, in the manner
522	and at the time provided in the reimbursement contract for

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20131770er 523 payment of reimbursement premiums, a TEACO reimbursement premium 524 calculated as specified in this paragraph. 525 2. The insurer's TEACO reimbursement premium associated 526 with the \$3 billion retention option shall be equal to 85 percent of a TEACO insurer's maximum reimbursement for a single 527 528 event as calculated under subparagraph (c)6. The TEACO reimbursement premium associated with the \$4 billion retention 529 530 option shall be equal to 80 percent of a TEACO insurer's maximum 531 reimbursement for a single event as calculated under subparagraph (e)6. The TEACO premium associated with the \$5 532 533 billion retention option shall be equal to 75 percent of a TEACO 534 insurer's maximum reimbursement for a single event as calculated 535 under subparagraph (e) 6. 536 (g) Effect on claims-paying capacity of the fund.-For the

contract term commencing June 1, 2007, the contract year 537 commencing June 1, 2008, and the contract term beginning June 1, 538 539 2009, the program created by this subsection shall increase the 540 claims-paying capacity of the fund as provided in subparagraph 541 (4) (c) 1. by an amount equal to two times the difference between the industry retention level calculated under paragraph (2) (e) 542 543 and the \$3 billion industry TEACO retention level specified in sub-subparagraph (d)4.a. The additional capacity shall apply 544 545 only to the additional coverage provided by the TEACO option and 546 shall not otherwise affect any insurer's reimbursement from the 547 fund.

548 Section 2. Subsection (4) of section 626.752, Florida
549 Statutes, is amended to read:
550 626.752 Exchange of business.-

551 (4) The foregoing limitations and restrictions shall not be

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552 construed and shall not apply to the placing of surplus lines 553 business under the provisions of part VIII <u>or to the activities</u> 554 <u>of Citizens Property Insurance Corporation in placing new and</u> 555 <u>renewal business with authorized insurers in accordance with s.</u> 556 627.3518.

557 Section 3. Present subsections (11), (15), and (17) of 558 section 626.854, Florida Statutes, are amended, and a new 559 subsection (17) is added to that section to read:

560 626.854 "Public adjuster" defined; prohibitions.—The 561 Legislature finds that it is necessary for the protection of the 562 public to regulate public insurance adjusters and to prevent the 563 unauthorized practice of law.

(11) (a) If a public adjuster enters into a contract with an 564 565 insured or claimant to reopen a claim or file a supplemental claim that seeks additional payments for a claim that has been 566 previously paid in part or in full or settled by the insurer, 567 568 the public adjuster may not charge, agree to, or accept from any 569 source any compensation, payment, commission, fee, or any other 570 thing of value based on a previous settlement or previous claim 571 payments by the insurer for the same cause of loss. The charge, compensation, payment, commission, fee, or any other thing of 572 573 value must be based only on the claim payments or settlement 574 obtained through the work of the public adjuster after entering 575 into the contract with the insured or claimant. Compensation for 576 the reopened or supplemental claim may not exceed 20 percent of 577 the reopened or supplemental claim payment. In no event shall 578 the contracts described in this paragraph exceed are not subject 579 to the limitations in paragraph (b).

580

(b) A public adjuster may not charge, agree to, or accept

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20131770er 581 from any source any compensation, payment, commission, fee, or 582 any other thing of value in excess of: 583 1. Ten percent of the amount of insurance claim payments 584 made by the insurer for claims based on events that are the 585 subject of a declaration of a state of emergency by the 586 Governor. This provision applies to claims made during the year 587 after the declaration of emergency. After that year, the 588 limitations in subparagraph 2. apply. 589 2. Twenty percent of the amount of insurance claim payments 590 made by the insurer for claims that are not based on events that 591 are the subject of a declaration of a state of emergency by the 592 Governor. 593 (c) Any maneuver, shift, or device through which the limits 594 on compensation set forth in this subsection are exceeded is a 595 violation of this chapter punishable as provided under s. 596 626.8698. 597 (15) A public adjuster must ensure prompt notice of 598 property loss claims submitted to an insurer by or through a 599 public adjuster or on which a public adjuster represents the 600 insured at the time the claim or notice of loss is submitted to 601 the insurer. The public adjuster must ensure that prompt notice 602 is given of the claim to the insurer, the public adjuster's contract is provided to the insurer, the property is available 603 604 for inspection of the loss or damage by the insurer, and the 605 insurer is given an opportunity to interview the insured directly about the loss and claim. The insurer must be allowed 606 607 to obtain necessary information to investigate and respond to 608 the claim. 609 (a) The insurer may not exclude the public adjuster from

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610 its in-person meetings with the insured. The insurer shall meet 611 or communicate with the public adjuster in an effort to reach 612 agreement as to the scope of the covered loss under the 613 insurance policy. The public adjuster shall meet or communicate 614 with the insurer in an effort to reach agreement as to the scope 615 of the covered loss under the insurance policy. This section 616 does not impair the terms and conditions of the insurance policy in effect at the time the claim is filed. 617

(b) A public adjuster may not restrict or prevent an
insurer, company employee adjuster, independent adjuster,
attorney, investigator, or other person acting on behalf of the
insurer from having reasonable access at reasonable times to <u>any</u>
an insured or claimant or to the insured property that is the
subject of a claim.

(c) A public adjuster may not act or fail to reasonably act 624 625 in any manner that obstructs or prevents an insurer or insurer's 626 adjuster from timely conducting an inspection of any part of the 627 insured property for which there is a claim for loss or damage. 628 The public adjuster representing the insureds insured may be 629 present for the insurer's inspection, but if the unavailability of the public adjuster otherwise delays the insurer's timely 630 inspection of the property, the public adjuster or the insureds 631 insured must allow the insurer to have access to the property 632 633 without the participation or presence of the public adjuster or 634 insureds insured in order to facilitate the insurer's prompt 635 inspection of the loss or damage.

636 (17) A public adjuster shall not acquire any interest in
 637 salvaged property, except with the written consent and
 638 permission of the insured through a signed affidavit.

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20131770er 639 (18) (17) The provisions of subsections (5) - (17) (5) - (16)640 apply only to residential property insurance policies and 641 condominium unit owner policies as defined in s. 718.111(11). 642 Section 4. The Legislature intends to enhance the expertise 643 immediately available to the commission by increasing the membership of the Florida Commission on Hurricane Loss 644 645 Projection Methodology to provide for the appointment of an 646 additional member with special qualifications or attributes. 647 Section 5. Subsection (2) of section 627.0628, Florida 648 Statutes, is amended to read: 627.0628 Florida Commission on Hurricane Loss Projection 649 650 Methodology; public records exemption; public meetings 651 exemption.-652 (2) COMMISSION CREATED.-(a) There is created the Florida Commission on Hurricane 653 654 Loss Projection Methodology, which is assigned to the State 655 Board of Administration. For the purposes of this section, the 656 term "commission" means the Florida Commission on Hurricane Loss 657 Projection Methodology. The commission shall be administratively 658 housed within the State Board of Administration, but it shall 659 independently exercise the powers and duties specified in this 660 section. 661 (b) The commission shall consist of the following 12 $\frac{11}{11}$ 662 members: 663 1. The insurance consumer advocate. 664 2. The senior employee of the State Board of Administration 665 responsible for operations of the Florida Hurricane Catastrophe 666 Fund. 667 3. The Executive Director of the Citizens Property

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20131770er 668 Insurance Corporation. 669 4. The Director of the Division of Emergency Management. 670 5. The actuary member of the Florida Hurricane Catastrophe 671 Fund Advisory Council. 672 6. An employee of the office who is an actuary responsible 673 for property insurance rate filings and who is appointed by the director of the office. 674 675 7. Five members appointed by the Chief Financial Officer, 676 as follows: 677 a. An actuary who is employed full time by a property and 678 casualty insurer that was responsible for at least 1 percent of 679 the aggregate statewide direct written premium for homeowner's 680 insurance in the calendar year preceding the member's 681 appointment to the commission. 682 b. An expert in insurance finance who is a full-time member 683 of the faculty of the State University System and who has a 684 background in actuarial science. 685 c. An expert in statistics who is a full-time member of the 686 faculty of the State University System and who has a background in insurance. 687 688 d. An expert in computer system design who is a full-time 689 member of the faculty of the State University System. 690 e. An expert in meteorology who is a full-time member of 691 the faculty of the State University System and who specializes 692 in hurricanes. 693 8. A licensed professional structural engineer who is a 694 full-time faculty member in the State University System and who 695 has expertise in wind mitigation techniques. This appointment 696 shall be made by the Governor.

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20131770er 697 (c) Members designated under subparagraphs (b)1.-5. shall 698 serve on the commission as long as they maintain the respective 699 offices designated in subparagraphs (b)1.-5. The member 700 appointed by the director of the office under subparagraph (b)6. shall serve on the commission until the end of the term of 701 702 office of the director who appointed him or her, unless removed 703 earlier by the director for cause. Members appointed by the 704 Chief Financial Officer under subparagraph (b)7. shall serve on 705 the commission until the end of the term of office of the Chief 706 Financial Officer who appointed them, unless earlier removed by 707 the Chief Financial Officer for cause. Vacancies on the 708 commission shall be filled in the same manner as the original 709 appointment.

(d) The State Board of Administration shall annually
appoint one of the members of the commission to serve as chair.

(e) Members of the commission shall serve without
compensation, but shall be reimbursed for per diem and travel
expenses pursuant to s. 112.061.

(f) The State Board of Administration shall, as a cost of administration of the Florida Hurricane Catastrophe Fund, provide for travel, expenses, and staff support for the commission.

(g) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any member of the commission, any member of the State Board of Administration, or any employee of the State Board of Administration for any action taken in the performance of their duties under this section. In addition, the commission may, in writing, waive any potential cause of action for negligence of a consultant,

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726 contractor, or contract employee engaged to assist the 727 commission.

728 Section 6. Subsection (5) of section 627.0629, Florida 729 Statutes, is amended to read:

730

627.0629 Residential property insurance; rate filings.-

731 (5) In order to provide an appropriate transition period, 732 an insurer may implement an approved rate filing for residential 733 property insurance over a period of years. Such insurer must 734 provide an informational notice to the office setting out its 735 schedule for implementation of the phased-in rate filing. The 736 insurer may include in its rate the actual cost of private 737 market reinsurance that corresponds to available coverage of the Temporary Increase in Coverage Limits, TICL, from the Florida 738 739 Hurricane Catastrophe Fund. The insurer may also include the cost of reinsurance to replace the TICL reduction implemented 740 741 pursuant to s. 215.555(16)(d)9. 215.555(17)(d)9. However, this 742 cost for reinsurance may not include any expense or profit load 743 or result in a total annual base rate increase in excess of 10 744 percent.

745 Section 7. Paragraphs (a), (c), (i), (k), and (q) of 746 subsection (6) of section 627.351, Florida Statutes, are 747 amended, and paragraphs (gg) and (hh) are added to that subsection, to read: 748

749

627.351 Insurance risk apportionment plans.-

750

(6) CITIZENS PROPERTY INSURANCE CORPORATION.-

751 (a) The public purpose of this subsection is to ensure that there is an orderly market for property insurance for residents 752 753 and businesses of this state.

754

1. The Legislature finds that private insurers are

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755 unwilling or unable to provide affordable property insurance 756 coverage in this state to the extent sought and needed. The 757 absence of affordable property insurance threatens the public 758 health, safety, and welfare and likewise threatens the economic 759 health of the state. The state therefore has a compelling public 760 interest and a public purpose to assist in assuring that property in the state is insured and that it is insured at 761 762 affordable rates so as to facilitate the remediation, 763 reconstruction, and replacement of damaged or destroyed property in order to reduce or avoid the negative effects otherwise 764 resulting to the public health, safety, and welfare, to the 765 766 economy of the state, and to the revenues of the state and local 767 governments which are needed to provide for the public welfare. 768 It is necessary, therefore, to provide affordable property 769 insurance to applicants who are in good faith entitled to procure insurance through the voluntary market but are unable to 770 771 do so. The Legislature intends, therefore, that affordable 772 property insurance be provided and that it continue to be 773 provided, as long as necessary, through Citizens Property 774 Insurance Corporation, a government entity that is an integral 775 part of the state, and that is not a private insurance company. 776 To that end, the corporation shall strive to increase the 777 availability of affordable property insurance in this state, while achieving efficiencies and economies, and while providing 778 779 service to policyholders, applicants, and agents which is no less than the quality generally provided in the voluntary 780 781 market, for the achievement of the foregoing public purposes. 782 Because it is essential for this government entity to have the 783 maximum financial resources to pay claims following a

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784 catastrophic hurricane, it is the intent of the Legislature that 785 the corporation continue to be an integral part of the state and 786 that the income of the corporation be exempt from federal income 787 taxation and that interest on the debt obligations issued by the 788 corporation be exempt from federal income taxation.

789 2. The Residential Property and Casualty Joint Underwriting 790 Association originally created by this statute shall be known as 791 the Citizens Property Insurance Corporation. The corporation 792 shall provide insurance for residential and commercial property, 793 for applicants who are entitled, but, in good faith, are unable 794 to procure insurance through the voluntary market. The 795 corporation shall operate pursuant to a plan of operation 796 approved by order of the Financial Services Commission. The plan 797 is subject to continuous review by the commission. The commission may, by order, withdraw approval of all or part of a 798 799 plan if the commission determines that conditions have changed 800 since approval was granted and that the purposes of the plan 801 require changes in the plan. For the purposes of this 802 subsection, residential coverage includes both personal lines 803 residential coverage, which consists of the type of coverage 804 provided by homeowner's, mobile home owner's, dwelling, 805 tenant's, condominium unit owner's, and similar policies; and 806 commercial lines residential coverage, which consists of the 807 type of coverage provided by condominium association, apartment 808 building, and similar policies.

809 3. With respect to coverage for personal lines residential 810 structures:

811 <u>a.</u> Effective January 1, 2014 2009, a personal lines
 812 residential structure that has a dwelling replacement cost of \$1

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813 \$2 million or more, or a single condominium unit that has a combined dwelling and contents replacement cost of \$1 \$2 million 814 815 or more is not eligible for coverage by the corporation. Such 816 dwellings insured by the corporation on December 31, 2013 2008, may continue to be covered by the corporation until the end of 817 the policy term. However, such dwellings may reapply and obtain 818 coverage if the property owner provides the corporation with a 819 820 sworn affidavit from one or more insurance agents, on a form 821 provided by the corporation, stating that the agents have made 822 their best efforts to obtain coverage and that the property has been rejected for coverage by at least one authorized insurer 823 824 and at least three surplus lines insurers. If such conditions 825 are met, the dwelling may be insured by the corporation for up 826 to 3 years, after which time the dwelling is ineligible for 827 coverage. The office shall approve the method used by the 828 corporation for valuing the dwelling replacement cost for the 829 purposes of this subparagraph. If a policyholder is insured by 830 the corporation before prior to being determined to be 831 ineligible pursuant to this subparagraph and such policyholder files a lawsuit challenging the determination, the policyholder 832 may remain insured by the corporation until the conclusion of 833 834 the litigation. 835 b. Effective January 1, 2015, a structure that has a 836 dwelling replacement cost of \$900,000 or more, or a single 837 condominium unit that has a combined dwelling and contents replacement cost of \$900,000 or more, is not eligible for 838 839 coverage by the corporation. Such dwellings insured by the 840 corporation on December 31, 2014, may continue to be covered by

841 the corporation only until the end of the policy term.

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20131770er 842 c. Effective January 1, 2016, a structure that has a dwelling replacement cost of \$800,000 or more, or a single 843 844 condominium unit that has a combined dwelling and contents 845 replacement cost of \$800,000 or more, is not eligible for 846 coverage by the corporation. Such dwellings insured by the 847 corporation on December 31, 2015, may continue to be covered by 848 the corporation until the end of the policy term. 849 d. Effective January 1, 2017, a structure that has a 850 dwelling replacement cost of \$700,000 or more, or a single 851 condominium unit that has a combined dwelling and contents replacement cost of \$700,000 or more, is not eligible for 852 853 coverage by the corporation. Such dwellings insured by the 854 corporation on December 31, 2016, may continue to be covered by 855 the corporation until the end of the policy term. 856 857 The requirements of sub-subparagraphs b.-d. do not apply in 858 counties where the office determines there is not a reasonable 859 degree of competition. In such counties a personal lines 860 residential structure that has a dwelling replacement cost of less than \$1 million, or a single condominium unit that has a 861 862 combined dwelling and contents replacement cost of less than \$1 863 million, is eligible for coverage by the corporation. 864 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 those applied to insurers in the voluntary market by the office with respect to responsiveness, timeliness, customer courtesy,

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20131770er 871 and overall dealings with policyholders, applicants, or agents 872 of the corporation. 873 5.a. Effective January 1, 2009, a personal lines 874 residential structure that is located in the "wind-borne debris region," as defined in s. 1609.2, International Building Code 875 876 (2006), and that has an insured value on the structure of 877 \$750,000 or more is not eligible for coverage by the corporation 878 unless the structure has opening protections as required under 879 the Florida Building Code for a newly constructed residential 880 structure in that area. A residential structure is shall be deemed to comply with this subparagraph if it has shutters or 881 opening protections on all openings and if such opening 882 883 protections complied with the Florida Building Code at the time 884 they were installed. 885 b. Any major structure as defined in s. 161.54(6)(a) for 886 which a permit is applied on or after July 1, 2014, for new 887 construction or substantial improvement as defined in s. 888 161.54(12) is not eligible for coverage by the corporation if 889 the structure is seaward of the coastal construction control line established pursuant to s. 161.053 or is within the Coastal 890 891 Barrier Resources System as designated by 16 U.S.C. ss. 3501-892 3510. 893 6. For any claim filed under any policy of the corporation, 894 a public adjuster may not charge, agree to, or accept any 895 compensation, payment, commission, fee, or other thing of value 896 greater than 10 percent of the additional amount actually paid 897 over the amount that was originally offered by the corporation 898 for any one claim. 899 (c) The corporation's plan of operation:

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20131770er 900 1. Must provide for adoption of residential property and 901 casualty insurance policy forms and commercial residential and 902 nonresidential property insurance forms, which must be approved 903 by the office before use. The corporation shall adopt the 904 following policy forms: 905 a. Standard personal lines policy forms that are 906 comprehensive multiperil policies providing full coverage of a 907 residential property equivalent to the coverage provided in the 908 private insurance market under an HO-3, HO-4, or HO-6 policy. 909 b. Basic personal lines policy forms that are policies similar to an HO-8 policy or a dwelling fire policy that provide 910 911 coverage meeting the requirements of the secondary mortgage 912 market, but which is more limited than the coverage under a 913 standard policy. c. Commercial lines residential and nonresidential policy 914 915 forms that are generally similar to the basic perils of full 916 coverage obtainable for commercial residential structures and 917 commercial nonresidential structures in the admitted voluntary 918 market. d. Personal lines and commercial lines residential property 919 insurance forms that cover the peril of wind only. The forms are 920 921 applicable only to residential properties located in areas 922 eligible for coverage under the coastal account referred to in 923 sub-subparagraph (b)2.a. 924 e. Commercial lines nonresidential property insurance forms 925 that cover the peril of wind only. The forms are applicable only 926 to nonresidential properties located in areas eligible for 927 coverage under the coastal account referred to in sub-928 subparagraph (b)2.a.

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929

f. The corporation may adopt variations of the policy forms 930 listed in sub-subparagraphs a.-e. which contain more restrictive 931 coverage.

932 q. Effective January 1, 2013, the corporation shall offer a 933 basic personal lines policy similar to an HO-8 policy with 934 dwelling repair based on common construction materials and 935 methods.

936 2. Must provide that the corporation adopt a program in 937 which the corporation and authorized insurers enter into quota 938 share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt 939 940 property insurance forms for eligible risks which cover the peril of wind only. 941

942

a. As used in this subsection, the term:

(I) "Quota share primary insurance" means an arrangement in 943 944 which the primary hurricane coverage of an eligible risk is 945 provided in specified percentages by the corporation and an 946 authorized insurer. The corporation and authorized insurer are 947 each solely responsible for a specified percentage of hurricane 948 coverage of an eligible risk as set forth in a quota share 949 primary insurance agreement between the corporation and an 950 authorized insurer and the insurance contract. The 951 responsibility of the corporation or authorized insurer to pay 952 its specified percentage of hurricane losses of an eligible 953 risk, as set forth in the agreement, may not be altered by the 954 inability of the other party to pay its specified percentage of 955 losses. Eligible risks that are provided hurricane coverage 956 through a quota share primary insurance arrangement must be 957 provided policy forms that set forth the obligations of the

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958 corporation and authorized insurer under the arrangement, 959 clearly specify the percentages of quota share primary insurance 960 provided by the corporation and authorized insurer, and 961 conspicuously and clearly state that the authorized insurer and 962 the corporation may not be held responsible beyond their 963 specified percentage of coverage of hurricane losses.

964 (II) "Eligible risks" means personal lines residential and 965 commercial lines residential risks that meet the underwriting 966 criteria of the corporation and are located in areas that were 967 eligible for coverage by the Florida Windstorm Underwriting 968 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.

972 c. If the corporation determines that additional coverage 973 levels are necessary to maximize participation in quota share 974 primary insurance agreements by authorized insurers, the 975 corporation may establish additional coverage levels. However, 976 the corporation's quota share primary insurance coverage level 977 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

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987 be authorized only as to insurance contracts entered into 988 between an authorized insurer and an insured who is already 989 insured by the corporation for wind coverage.

990 f. For all eligible risks covered under quota share primary 991 insurance agreements, the exposure and coverage levels for both the corporation and authorized insurers shall be reported by the 992 993 corporation to the Florida Hurricane Catastrophe Fund. For all 994 policies of eligible risks covered under such agreements, the 995 corporation and the authorized insurer must maintain complete 996 and accurate records for the purpose of exposure and loss 997 reimbursement audits as required by fund rules. The corporation 998 and the authorized insurer shall each maintain duplicate copies 999 of policy declaration pages and supporting claims documents.

1000 g. The corporation board shall establish in its plan of 1001 operation standards for quota share agreements which ensure that 1002 there is no discriminatory application among insurers as to the 1003 terms of the agreements, pricing of the agreements, incentive 1004 provisions if any, and consideration paid for servicing policies 1005 or adjusting claims.

1006 h. The quota share primary insurance agreement between the corporation and an authorized insurer must set forth the 1007 1008 specific terms under which coverage is provided, including, but not limited to, the sale and servicing of policies issued under 1009 1010 the agreement by the insurance agent of the authorized insurer 1011 producing the business, the reporting of information concerning 1012 eligible risks, the payment of premium to the corporation, and 1013 arrangements for the adjustment and payment of hurricane claims incurred on eligible risks by the claims adjuster and personnel 1014 1015 of the authorized insurer. Entering into a quota sharing

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1016 insurance agreement between the corporation and an authorized 1017 insurer is voluntary and at the discretion of the authorized 1018 insurer.

1019 3.a. May provide that the corporation may employ or otherwise contract with individuals or other entities to provide 1020 1021 administrative or professional services that may be appropriate 1022 to effectuate the plan. The corporation may borrow funds by 1023 issuing bonds or by incurring other indebtedness, and shall have 1024 other powers reasonably necessary to effectuate the requirements 1025 of this subsection, including, without limitation, the power to issue bonds and incur other indebtedness in order to refinance 1026 1027 outstanding bonds or other indebtedness. The corporation may seek judicial validation of its bonds or other indebtedness 1028 1029 under chapter 75. The corporation may issue bonds or incur other 1030 indebtedness, or have bonds issued on its behalf by a unit of 1031 local government pursuant to subparagraph (q)2. in the absence 1032 of a hurricane or other weather-related event, upon a 1033 determination by the corporation, subject to approval by the 1034 office, that such action would enable it to efficiently meet the 1035 financial obligations of the corporation and that such 1036 financings are reasonably necessary to effectuate the requirements of this subsection. The corporation may take all 1037 actions needed to facilitate tax-free status for such bonds or 1038 1039 indebtedness, including formation of trusts or other affiliated 1040 entities. The corporation may pledge assessments, projected 1041 recoveries from the Florida Hurricane Catastrophe Fund, other 1042 reinsurance recoverables, policyholder surcharges and other 1043 surcharges, and other funds available to the corporation as 1044 security for bonds or other indebtedness. In recognition of s.

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1045 10, Art. I of the State Constitution, prohibiting the impairment 1046 of obligations of contracts, it is the intent of the Legislature 1047 that no action be taken whose purpose is to impair any bond 1048 indenture or financing agreement or any revenue source committed 1049 by contract to such bond or other indebtedness.

1050 b. To ensure that the corporation is operating in an 1051 efficient and economic manner while providing quality service to 1052 policyholders, applicants, and agents, the board shall 1053 commission an independent third-party consultant having 1054 expertise in insurance company management or insurance company 1055 management consulting to prepare a report and make recommendations on the relative costs and benefits of 1056 1057 outsourcing various policy issuance and service functions to 1058 private servicing carriers or entities performing similar 1059 functions in the private market for a fee, rather than 1060 performing such functions in-house. In making such 1061 recommendations, the consultant shall consider how other 1062 residual markets, both in this state and around the country, 1063 outsource appropriate functions or use servicing carriers to 1064 better match expenses with revenues that fluctuate based on a 1065 widely varying policy count. The report must be completed by 1066 July 1, 2012. Upon receiving the report, the board shall develop 1067 a plan to implement the report and submit the plan for review, 1068 modification, and approval to the Financial Services Commission. 1069 Upon the commission's approval of the plan, the board shall 1070 begin implementing the plan by January 1, 2013.

1071 4. Must require that the corporation operate subject to the 1072 supervision and approval of a board of governors consisting of 1073 <u>nine eight</u> individuals who are residents of this state <u>and who</u>

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1074 <u>are</u>, from different geographical areas of <u>the</u> this state, one of 1075 whom is appointed by the Governor and serves solely to advocate 1076 <u>on behalf of the consumer. The appointment of a consumer</u> 1077 <u>representative by the Governor is in addition to the</u> 1078 <u>appointments authorized under sub-subparagraph a</u>.

1079 a. The Governor, the Chief Financial Officer, the President 1080 of the Senate, and the Speaker of the House of Representatives 1081 shall each appoint two members of the board. At least one of the 1082 two members appointed by each appointing officer must have 1083 demonstrated expertise in insurance and is deemed to be within 1084 the scope of the exemption provided in s. 112.313(7)(b). The 1085 Chief Financial Officer shall designate one of the appointees as 1086 chair. All board members serve at the pleasure of the appointing 1087 officer. All members of the board are subject to removal at will 1088 by the officers who appointed them. All board members, including 1089 the chair, must be appointed to serve for 3-year terms beginning 1090 annually on a date designated by the plan. However, for the 1091 first term beginning on or after July 1, 2009, each appointing 1092 officer shall appoint one member of the board for a 2-year term 1093 and one member for a 3-year term. A board vacancy shall be 1094 filled for the unexpired term by the appointing officer. The Chief Financial Officer shall appoint a technical advisory group 1095 to provide information and advice to the board in connection 1096 with the board's duties under this subsection. The executive 1097 1098 director and senior managers of the corporation shall be engaged 1099 by the board and serve at the pleasure of the board. Any 1100 executive director appointed on or after July 1, 2006, is 1101 subject to confirmation by the Senate. The executive director is 1102 responsible for employing other staff as the corporation may

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1103 require, subject to review and concurrence by the board.
1104 b. The board shall create a Market Accountability Advisory
1105 Committee to assist the corporation in developing awareness of
1106 its rates and its customer and agent service levels in
1107 relationship to the voluntary market insurers writing similar
1108 coverage.

1109 (I) The members of the advisory committee consist of the 1110 following 11 persons, one of whom must be elected chair by the 1111 members of the committee: four representatives, one appointed by 1112 the Florida Association of Insurance Agents, one by the Florida 1113 Association of Insurance and Financial Advisors, one by the Professional Insurance Agents of Florida, and one by the Latin 1114 1115 American Association of Insurance Agencies; three representatives appointed by the insurers with the three highest 1116 1117 voluntary market share of residential property insurance 1118 business in the state; one representative from the Office of 1119 Insurance Regulation; one consumer appointed by the board who is 1120 insured by the corporation at the time of appointment to the 1121 committee; one representative appointed by the Florida 1122 Association of Realtors; and one representative appointed by the 1123 Florida Bankers Association. All members shall be appointed to 1124 3-year terms and may serve for consecutive terms.

(II) The committee shall report to the corporation at each board meeting on insurance market issues which may include rates and rate competition with the voluntary market; service, including policy issuance, claims processing, and general responsiveness to policyholders, applicants, and agents; and matters relating to depopulation.

1131

5. Must provide a procedure for determining the eligibility

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1132 of a risk for coverage, as follows:

1133 a. Subject to s. 627.3517, with respect to personal lines 1134 residential risks, if the risk is offered coverage from an authorized insurer at the insurer's approved rate under a 1135 1136 standard policy including wind coverage or, if consistent with 1137 the insurer's underwriting rules as filed with the office, a 1138 basic policy including wind coverage, for a new application to 1139 the corporation for coverage, the risk is not eligible for any policy issued by the corporation unless the premium for coverage 1140 1141 from the authorized insurer is more than 15 percent greater than the premium for comparable coverage from the corporation. 1142 Whenever an offer of coverage for a personal lines residential 1143 1144 risk is received for a policyholder of the corporation at 1145 renewal from an authorized insurer, if the offer is equal to or 1146 less than the corporation's renewal premium for comparable 1147 coverage, the risk is not eligible for coverage with the corporation. If the risk is not able to obtain such offer, the 1148 1149 risk is eligible for a standard policy including wind coverage 1150 or a basic policy including wind coverage issued by the 1151 corporation; however, if the risk could not be insured under a 1152 standard policy including wind coverage regardless of market 1153 conditions, the risk is eligible for a basic policy including 1154 wind coverage unless rejected under subparagraph 8. However, a 1155 policyholder of the corporation or a policyholder removed from 1156 the corporation through an assumption agreement remains eligible 1157 for coverage from the corporation until the end of the assumption period remains eligible for coverage from the 1158 corporation regardless of any offer of coverage from an 1159 1160 authorized insurer or surplus lines insurer. The corporation

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1161 shall determine the type of policy to be provided on the basis 1162 of objective standards specified in the underwriting manual and 1163 based on generally accepted underwriting practices.

1164 (I) If the risk accepts an offer of coverage through the market assistance plan or through a mechanism established by the 1165 corporation other than a plan established by s. 627.3518, before 1166 1167 a policy is issued to the risk by the corporation or during the 1168 first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or to the 1169 1170 corporation is not currently appointed by the insurer, the 1171 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.

1183 If the producing agent is unwilling or unable to accept 1184 appointment, the new insurer shall pay the agent in accordance 1185 with 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:

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20131770er 1190 (A) Pay to the producing agent of record, for the first year, an amount that is the greater of the insurer's usual and 1191 1192 customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; 1193 1194 or 1195 (B) Offer to allow the producing agent of record to 1196 continue servicing the policy for at least 1 year and offer to 1197 pay the agent the greater of the insurer's or the corporation's 1198 usual and customary commission for the type of policy written. 1199 1200 If the producing agent is unwilling or unable to accept 1201 appointment, the new insurer shall pay the agent in accordance 1202 with sub-sub-subparagraph (A). 1203 b. With respect to commercial lines residential risks, for 1204 a new application to the corporation for coverage, if the risk 1205 is offered coverage under a policy including wind coverage from 1206 an authorized insurer at its approved rate, the risk is not 1207 eligible for a policy issued by the corporation unless the 1208 premium for coverage from the authorized insurer is more than 15 1209 percent greater than the premium for comparable coverage from 1210 the corporation. Whenever an offer of coverage for a commercial 1211 lines residential risk is received for a policyholder of the 1212 corporation at renewal from an authorized insurer, if the offer 1213 is equal to or less than the corporation's renewal premium for 1214 comparable coverage, the risk is not eligible for coverage with 1215 the corporation. If the risk is not able to obtain any such 1216 offer, the risk is eligible for a policy including wind coverage 1217 issued by the corporation. However, a policyholder of the 1218 corporation or a policyholder removed from the corporation

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1219 through an assumption agreement <u>remains eligible for coverage</u> 1220 <u>from the corporation</u> until the end of the assumption period 1221 remains eligible for coverage from the corporation regardless of 1222 an offer of coverage from an authorized insurer or surplus lines 1223 insurer.

1224 (I) If the risk accepts an offer of coverage through the 1225 market assistance plan or through a mechanism established by the 1226 corporation other than a plan established by s. 627.3518, before 1227 a policy is issued to the risk by the corporation or during the 1228 first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or the 1229 1230 corporation is not currently appointed by the insurer, the 1231 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.

1242

1243 If the producing agent is unwilling or unable to accept 1244 appointment, the new insurer shall pay the agent in accordance 1245 with sub-sub-subparagraph (A).

1246 (II) If the corporation enters into a contractual agreement 1247 for a take-out plan, the producing agent of record of the

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20131770er 1248 corporation policy is entitled to retain any unearned commission 1249 on the policy, and the insurer shall: 1250 (A) Pay to the producing agent of record, for the first 1251 year, an amount that is the greater of the insurer's usual and 1252 customary commission for the type of policy written or a fee 1253 equal to the usual and customary commission of the corporation; 1254 or 1255 (B) Offer to allow the producing agent of record to 1256 continue servicing the policy for at least 1 year and offer to 1257 pay the agent the greater of the insurer's or the corporation's 1258 usual and customary commission for the type of policy written. 1259 1260 If the producing agent is unwilling or unable to accept 1261 appointment, the new insurer shall pay the agent in accordance 1262 with sub-sub-subparagraph (A). 1263 c. For purposes of determining comparable coverage under 1264 sub-subparagraphs a. and b., the comparison must be based on 1265 those forms and coverages that are reasonably comparable. The 1266 corporation may rely on a determination of comparable coverage 1267 and premium made by the producing agent who submits the 1268 application to the corporation, made in the agent's capacity as 1269 the corporation's agent. A comparison may be made solely of the 1270 premium with respect to the main building or structure only on 1271 the following basis: the same coverage A or other building 1272 limits; the same percentage hurricane deductible that applies on 1273 an annual basis or that applies to each hurricane for commercial 1274 residential property; the same percentage of ordinance and law 1275 coverage, if the same limit is offered by both the corporation 1276 and the authorized insurer; the same mitigation credits, to the

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1277 extent the same types of credits are offered both by the 1278 corporation and the authorized insurer; the same method for loss 1279 payment, such as replacement cost or actual cash value, if the 1280 same method is offered both by the corporation and the 1281 authorized insurer in accordance with underwriting rules; and 1282 any other form or coverage that is reasonably comparable as 1283 determined by the board. If an application is submitted to the 1284 corporation for wind-only coverage in the coastal account, the 1285 premium for the corporation's wind-only policy plus the premium 1286 for the ex-wind policy that is offered by an authorized insurer 1287 to the applicant must be compared to the premium for multiperil 1288 coverage offered by an authorized insurer, subject to the 1289 standards for comparison specified in this subparagraph. If the 1290 corporation or the applicant requests from the authorized 1291 insurer a breakdown of the premium of the offer by types of 1292 coverage so that a comparison may be made by the corporation or 1293 its agent and the authorized insurer refuses or is unable to 1294 provide such information, the corporation may treat the offer as 1295 not being an offer of coverage from an authorized insurer at the 1296 insurer's approved rate.

1297 6. Must include rules for classifications of risks and 1298 rates.

1299 7. Must provide that if premium and investment income for 1300 an account attributable to a particular calendar year are in 1301 excess of projected losses and expenses for the account 1302 attributable to that year, such excess shall be held in surplus 1303 in the account. Such surplus must be available to defray 1304 deficits in that account as to future years and used for that 1305 purpose before assessing assessable insurers and assessable

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20131770er 1306 insureds as to any calendar year. 1307 8. Must provide objective criteria and procedures to be 1308 uniformly applied to all applicants in determining whether an 1309 individual risk is so hazardous as to be uninsurable. In making this determination and in establishing the criteria and 1310 1311 procedures, the following must be considered: 1312 a. Whether the likelihood of a loss for the individual risk 1313 is substantially higher than for other risks of the same class; 1314 and 1315 b. Whether the uncertainty associated with the individual 1316 risk is such that an appropriate premium cannot be determined. 1317 1318 The acceptance or rejection of a risk by the corporation shall 1319 be construed as the private placement of insurance, and the 1320 provisions of chapter 120 do not apply. 1321 9. Must provide that the corporation make its best efforts 1322 to procure catastrophe reinsurance at reasonable rates, to cover 1323 its projected 100-year probable maximum loss as determined by 1324 the board of governors. 1325 10. The policies issued by the corporation must provide 1326 that if the corporation or the market assistance plan obtains an offer from an authorized insurer to cover the risk at its 1327 1328 approved rates, the risk is no longer eligible for renewal 1329 through the corporation, except as otherwise provided in this 1330 subsection. 11. Corporation policies and applications must include a 1331

1332 notice that the corporation policy could, under this section, be 1333 replaced with a policy issued by an authorized insurer which 1334 does not provide coverage identical to the coverage provided by

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1335 the corporation. The notice must also specify that acceptance of 1336 corporation coverage creates a conclusive presumption that the 1337 applicant or policyholder is aware of this potential.

12. May establish, subject to approval by the office, 1338 1339 different eligibility requirements and operational procedures 1340 for any line or type of coverage for any specified county or 1341 area if the board determines that such changes are justified due 1342 to the voluntary market being sufficiently stable and 1343 competitive in such area or for such line or type of coverage 1344 and that consumers who, in good faith, are unable to obtain insurance through the voluntary market through ordinary methods 1345 1346 continue to have access to coverage from the corporation. If 1347 coverage is sought in connection with a real property transfer, 1348 the requirements and procedures may not provide an effective 1349 date of coverage later than the date of the closing of the 1350 transfer as established by the transferor, the transferee, and, 1351 if applicable, the lender.

1352 13. Must provide that, with respect to the coastal account, 1353 any assessable insurer with a surplus as to policyholders of \$25 1354 million or less writing 25 percent or more of its total 1355 countrywide property insurance premiums in this state may 1356 petition the office, within the first 90 days of each calendar 1357 year, to qualify as a limited apportionment company. A regular 1358 assessment levied by the corporation on a limited apportionment 1359 company for a deficit incurred by the corporation for the coastal account may be paid to the corporation on a monthly 1360 1361 basis as the assessments are collected by the limited 1362 apportionment company from its insureds, but a limited 1363 apportionment company must begin collecting the regular

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1364 assessments not later than 90 days after the regular assessments 1365 are levied by the corporation, and the regular assessments must 1366 be paid in full within 15 months after being levied by the 1367 corporation. A limited apportionment company shall collect from 1368 its policyholders any emergency assessment imposed under sub-1369 subparagraph (b)3.d. The plan must provide that, if the office 1370 determines that any regular assessment will result in an 1371 impairment of the surplus of a limited apportionment company, 1372 the office may direct that all or part of such assessment be 1373 deferred as provided in subparagraph (q)4. However, an emergency 1374 assessment to be collected from policyholders under sub-1375 subparagraph (b)3.d. may not be limited or deferred.

1376 14. Must provide that the corporation appoint as its 1377 licensed agents only those agents who also hold an appointment 1378 as defined in s. 626.015(3) with an insurer who at the time of 1379 the agent's initial appointment by the corporation is authorized 1380 to write and is actually writing personal lines residential 1381 property coverage, commercial residential property coverage, or 1382 commercial nonresidential property coverage within the state.

1383 15. Must provide a premium payment plan option to its 1384 policyholders which, at a minimum, allows for quarterly and 1385 semiannual payment of premiums. A monthly payment plan may, but 1386 is not required to, be offered.

1387 16. Must limit coverage on mobile homes or manufactured 1388 homes built before 1994 to actual cash value of the dwelling 1389 rather than replacement costs of the dwelling.

1390 17. May provide such limits of coverage as the board
1391 determines, consistent with the requirements of this subsection.
1392 18. May require commercial property to meet specified

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20131770er 1393 hurricane mitigation construction features as a condition of 1394 eligibility for coverage. 1395 19. Must provide that new or renewal policies issued by the 1396 corporation on or after January 1, 2012, which cover sinkhole loss do not include coverage for any loss to appurtenant 1397 1398 structures, driveways, sidewalks, decks, or patios that are 1399 directly or indirectly caused by sinkhole activity. The 1400 corporation shall exclude such coverage using a notice of 1401 coverage change, which may be included with the policy renewal, 1402 and not by issuance of a notice of nonrenewal of the excluded coverage upon renewal of the current policy. 1403 1404 20. As of January 1, 2012, must require that the agent obtain from an applicant for coverage from the corporation an 1405 1406 acknowledgment signed by the applicant, which includes, at a 1407 minimum, the following statement: 1408 ACKNOWLEDGMENT OF POTENTIAL SURCHARGE 1409 AND ASSESSMENT LIABILITY: 1410 1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE 1411 CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A 1412 DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, 1413 MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND 1414 PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT 1415 1416 OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA 1417 LEGISLATURE. 1418 2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER 1419 SURCHARGE, WHICH COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, 1420 BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO 1421 BE ELIGIBLE FOR COVERAGE BY CITIZENS, I MUST FIRST TRY TO OBTAIN

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1422 PRIVATE MARKET COVERAGE BEFORE APPLYING FOR OR RENEWING COVERAGE
 1423 WITH CITIZENS. I UNDERSTAND THAT PRIVATE MARKET INSURANCE RATES
 1424 ARE REGULATED AND APPROVED BY THE STATE.

1425 <u>3.2.</u> I ALSO UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY 1426 ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER 1427 INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE 1428 FLORIDA LEGISLATURE.

1429 <u>4.3.</u> I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE
1430 CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE
1431 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
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.

1440 (i)1. The Office of the Internal Auditor is established 1441 within the corporation to provide a central point for 1442 coordination of and responsibility for activities that promote 1443 accountability, integrity, and efficiency to the policyholders 1444 and to the taxpayers of this state. The internal auditor shall 1445 be appointed by the board of governors, shall report to and be 1446 under the general supervision of the board of governors, and is 1447 not subject to supervision by an any employee of the corporation. Administrative staff and support shall be provided 1448 1449 by the corporation. The internal auditor shall be appointed 1450 without regard to political affiliation. It is the duty and

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1451 responsibility of the internal auditor to: 1452 a. Provide direction for, supervise, conduct, and 1453 coordinate audits, investigations, and management reviews 1454 relating to the programs and operations of the corporation. 1455 b. Conduct, supervise, or coordinate other activities 1456 carried out or financed by the corporation for the purpose of 1457 promoting efficiency in the administration of, or preventing and 1458 detecting fraud, abuse, and mismanagement in, its programs and 1459 operations. c. Submit final audit reports, reviews, or investigative 1460 1461 reports to the board of governors, the executive director, the members of the Financial Services Commission, and the President 1462 1463 of the Senate and the Speaker of the House of Representatives. d. Keep the board of governors informed concerning fraud, 1464 1465 abuses, and internal control deficiencies relating to programs 1466 and operations administered or financed by the corporation, 1467 recommend corrective action, and report on the progress made in 1468 implementing corrective action. 1469 e. Cooperate and coordinate activities with the corporation's inspector general Report expeditiously to the 1470 1471 Department of Law Enforcement or other law enforcement agencies, 1472 as appropriate, whenever the internal auditor has reasonable grounds to believe there has been a violation of criminal law. 1473 1474 2. On or before February 15, the internal auditor shall 1475 prepare an annual report evaluating the effectiveness of the 1476 internal controls of the corporation and providing 1477 recommendations for corrective action, if necessary, and summarizing the audits, reviews, and investigations conducted by 1478 1479 the office during the preceding fiscal year. The final report

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1480 shall be furnished to the board of governors and the executive 1481 director, the President of the Senate, the Speaker of the House 1482 of Representatives, and the Financial Services Commission.

1483 (k)1. The corporation shall establish and maintain a unit 1484 or division to investigate possible fraudulent claims by 1485 insureds or by persons making claims for services or repairs 1486 against policies held by insureds; or it may contract with 1487 others to investigate possible fraudulent claims for services or 1488 repairs against policies held by the corporation pursuant to s. 1489 626.9891. The corporation must comply with reporting 1490 requirements of s. 626.9891. An employee of the corporation shall notify the corporation's Office of the Inspector General 1491 Internal Auditor and the Division of Insurance Fraud within 48 1492 1493 hours after having information that would lead a reasonable 1494 person to suspect that fraud may have been committed by any 1495 employee of the corporation.

1496 2. The corporation shall establish a unit or division 1497 responsible for receiving and responding to consumer complaints, 1498 which unit or division is the sole responsibility of a senior 1499 manager of the corporation.

1500 (q)1. The corporation shall certify to the office its needs 1501 for annual assessments as to a particular calendar year, and for 1502 any interim assessments that it deems to be necessary to sustain 1503 operations as to a particular year pending the receipt of annual 1504 assessments. Upon verification, the office shall approve such 1505 certification, and the corporation shall levy such annual or 1506 interim assessments. Such assessments shall be prorated as 1507 provided in paragraph (b). The corporation shall take all 1508 reasonable and prudent steps necessary to collect the amount of

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1509 assessments due from each assessable insurer, including, if 1510 prudent, filing suit to collect the assessments, and the office 1511 may provide such assistance to the corporation it deems appropriate. If the corporation is unable to collect an 1512 1513 assessment from any assessable insurer, the uncollected 1514 assessments shall be levied as an additional assessment against 1515 the assessable insurers and any assessable insurer required to 1516 pay an additional assessment as a result of such failure to pay 1517 shall have a cause of action against such nonpaying assessable 1518 insurer. Assessments shall be included as an appropriate factor 1519 in the making of rates. The failure of a surplus lines agent to 1520 collect and remit any regular or emergency assessment levied by the corporation is considered to be a violation of s. 626.936 1521 1522 and subjects the surplus lines agent to the penalties provided 1523 in that section.

1524 2. The governing body of any unit of local government, any 1525 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 1526 1527 to fund an assistance program, in conjunction with the 1528 corporation, for the purpose of defraying deficits of the corporation. In order to avoid needless and indiscriminate 1529 1530 proliferation, duplication, and fragmentation of such assistance 1531 programs, any unit of local government, any residents of which 1532 are insured by the corporation, may provide for the payment of 1533 losses, regardless of whether or not the losses occurred within 1534 or outside of the territorial jurisdiction of the local 1535 government. Revenue bonds under this subparagraph may not be 1536 issued until validated pursuant to chapter 75, unless a state of 1537 emergency is declared by executive order or proclamation of the

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1538 Governor pursuant to s. 252.36 making such findings as are 1539 necessary to determine that it is in the best interests of, and 1540 necessary for, the protection of the public health, safety, and 1541 general welfare of residents of this state and declaring it an essential public purpose to permit certain municipalities or 1542 1543 counties to issue such bonds as will permit relief to claimants 1544 and policyholders of the corporation. Any such unit of local 1545 government may enter into such contracts with the corporation 1546 and with any other entity created pursuant to this subsection as 1547 are necessary to carry out this paragraph. Any bonds issued 1548 under this subparagraph shall be payable from and secured by 1549 moneys received by the corporation from emergency assessments 1550 under sub-subparagraph (b)3.d., and assigned and pledged to or 1551 on behalf of the unit of local government for the benefit of the holders of such bonds. The funds, credit, property, and taxing 1552 1553 power of the state or of the unit of local government shall not 1554 be pledged for the payment of such bonds.

3.a. The corporation shall adopt one or more programs 1555 1556 subject to approval by the office for the reduction of both new 1557 and renewal writings in the corporation. Beginning January 1, 1558 2008, any program the corporation adopts for the payment of bonuses to an insurer for each risk the insurer removes from the 1559 1560 corporation shall comply with s. 627.3511(2) and may not exceed 1561 the amount referenced in s. 627.3511(2) for each risk removed. 1562 The corporation may consider any prudent and not unfairly 1563 discriminatory approach to reducing corporation writings, and 1564 may adopt a credit against assessment liability or other 1565 liability that provides an incentive for insurers to take risks 1566 out of the corporation and to keep risks out of the corporation

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1567 by maintaining or increasing voluntary writings in counties or 1568 areas in which corporation risks are highly concentrated and a 1569 program to provide a formula under which an insurer voluntarily 1570 taking risks out of the corporation by maintaining or increasing 1571 voluntary writings will be relieved wholly or partially from 1572 assessments under sub-subparagraph (b)3.a. However, any "take-1573 out bonus" or payment to an insurer must be conditioned on the 1574 property being insured for at least 5 years by the insurer, 1575 unless canceled or nonrenewed by the policyholder. If the policy 1576 is canceled or nonrenewed by the policyholder before the end of 1577 the 5-year period, the amount of the take-out bonus must be 1578 prorated for the time period the policy was insured. When the 1579 corporation enters into a contractual agreement for a take-out 1580 plan, the producing agent of record of the corporation policy is 1581 entitled to retain any unearned commission on such policy, and 1582 the insurer shall either:

(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 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).

b. Any credit or exemption from regular assessments adopted

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1596 under this subparagraph shall last no longer than the 3 years 1597 following the cancellation or expiration of the policy by the 1598 corporation. With the approval of the office, the board may 1599 extend such credits for an additional year if the insurer 1600 guarantees an additional year of renewability for all policies 1601 removed from the corporation, or for 2 additional years if the 1602 insurer guarantees 2 additional years of renewability for all 1603 policies so removed.

1604 c. There shall be no credit, limitation, exemption, or 1605 deferment from emergency assessments to be collected from 1606 policyholders pursuant to sub-subparagraph (b)3.d.

1607 4. The plan shall provide for the deferment, in whole or in 1608 part, of the assessment of an assessable insurer, other than an 1609 emergency assessment collected from policyholders pursuant to 1610 sub-subparagraph (b)3.d., if the office finds that payment of 1611 the assessment would endanger or impair the solvency of the 1612 insurer. In the event an assessment against an assessable 1613 insurer is deferred in whole or in part, the amount by which 1614 such assessment is deferred may be assessed against the other 1615 assessable insurers in a manner consistent with the basis for 1616 assessments set forth in paragraph (b).

1617 5. Effective July 1, 2007, in order to evaluate the costs 1618 and benefits of approved take-out plans, if the corporation pays 1619 a bonus or other payment to an insurer for an approved take-out 1620 plan, it shall maintain a record of the address or such other 1621 identifying information on the property or risk removed in order 1622 to track if and when the property or risk is later insured by 1623 the corporation.

1624

6. Any policy taken out, assumed, or removed from the

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20131770er 1625 corporation is, as of the effective date of the take-out, 1626 assumption, or removal, direct insurance issued by the insurer 1627 and not by the corporation, even if the corporation continues to 1628 service the policies. This subparagraph applies to policies of the corporation and not policies taken out, assumed, or removed 1629 1630 from any other entity. 1631 7. For a policy taken out, assumed, or removed from the 1632 corporation, the insurer may, for a period of no more than 3 1633 years, continue to use any of the corporation's policy forms or 1634 endorsements that apply to the policy taken out, removed, or 1635 assumed without obtaining approval from the office for use of 1636 such policy form or endorsement. 1637 (gg) The Office of Inspector General is established within 1638 the corporation to provide a central point for coordination of 1639 and responsibility for activities that promote accountability, 1640 integrity, and efficiency. The office shall be headed by an inspector general, which is a senior management position that 1641 1642 involves planning, coordinating, and performing activities 1643 assigned to and assumed by the inspector general for the 1644 corporation. 1645 1. The inspector general shall be appointed by the Financial Services Commission and may only be removed from 1646 1647 office by the commission. The inspector general shall be 1648 appointed without regard to political affiliation. 1649 a. At a minimum, the inspector general must possess a 1650 bachelor's degree from an accredited college or university and 8 1651 years of professional experience related to the duties of an 1652 inspector general as described in this paragraph, of which 5 1653 years must have been at a supervisory level.

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1654	b. The inspector general shall report to, and be under the
1655	supervision of, the chair of the board of governors. The
1656	executive director or corporation staff may not prevent or
1657	prohibit the inspector general from initiating, carrying out, or
1658	completing any audit, review, evaluation, study, or
1659	investigation.
1660	2. The inspector general shall initiate, direct,
1661	coordinate, participate in, and perform audits, reviews,
1662	evaluations, studies, and investigations designed to assess
1663	management practices; compliance with laws, rules, and policies;
1664	and program effectiveness and efficiency. This includes:
1665	a. Conducting internal examinations; investigating
1666	allegations of fraud, waste, abuse, malfeasance, mismanagement,
1667	employee misconduct, or violations of corporation policies; and
1668	conducting any other investigations as directed by the Financial
1669	Services Commission or as independently determined.
1670	b. Evaluating and recommending actions regarding security,
1671	the ethical behavior of personnel and vendors, and compliance
1672	with rules, laws, policies, and personnel matters; and rendering
1673	ethics opinions.
1674	c. Evaluating personnel and administrative policy
1675	compliance, management and operational matters, and human
1676	resources-related matters.
1677	d. Evaluating the application of a corporation code of
1678	ethics, providing reviews and recommendations on the design and
1679	content of ethics-related policy training courses, educating
1680	employees on the code and on appropriate conduct, and checking
1681	for compliance.
1682	e. Evaluating the activities of the senior management team

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1683	and management's compliance with recommended solutions.
1684	f. Cooperating and coordinating activities with the chief
1685	of internal audit.
1686	g. Maintaining records of investigations and discipline in
1687	accordance with established policies, or as otherwise required.
1688	h. Supervising and directing the tasks and assignments of
1689	the staff assigned to assist with the inspector general's
1690	projects, including regular review and feedback regarding work
1691	in progress and providing recommendations regarding relevant
1692	training and staff development activities.
1693	i. Directing, planning, preparing, and presenting interim
1694	and final reports and oral briefings which communicate the
1695	results of studies, reviews, and investigations.
1696	j. Providing the executive director with independent and
1697	objective assessments of programs and activities.
1698	k. Completing special projects, assignments, and other
1699	duties as requested by the Financial Services Commission.
1700	1. Reporting expeditiously to the Department of Law
1701	Enforcement or other law enforcement agencies, as appropriate,
1702	whenever the inspector general has reasonable grounds to believe
1703	there has been a violation of criminal law.
1704	(hh) The corporation must prepare a report for each
1705	calendar year outlining both the statewide average and county-
1706	specific details of the loss ratio attributable to losses that
1707	are not catastrophic losses for residential coverage provided by
1708	the corporation, which information must be presented to the
1709	office and available for public inspection on the Internet
1710	website of the corporation by January 15th of the following
1711	calendar year.

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Section 8. Effective October 1, 2013, paragraphs (e) and
(t) of subsection (6) of section 627.351, Florida Statutes, are
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,
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 <u>more</u>
than over \$100,000 are subject to approval by the board.
1. The corporation is an agency for purposes of s. 287.057,
except that, for purposes of s. 287.057(22), the corporation is
an eligible user.
a. The authority of the Department of Management Services

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1741	and the Chief Financial Officer under s. 287.057 extends to the
1742	corporation as if the corporation were an agency.
1743	b. The executive director of the corporation is the agency
1744	head under s. 287.057, except for resolution of bid protests for
1745	which the board would serve as the agency head.
1746	2. The corporation must provide notice of a decision or
1747	intended decision concerning a solicitation, contract award, or
1748	exceptional purchase by electronic posting. Such notice must
1749	contain the following statement: "Failure to file a protest
1750	within the time prescribed in this section constitutes a waiver
1751	of proceedings."
1752	a. A person adversely affected by the corporation's
1753	decision or intended decision to award a contract pursuant to s.
1754	287.057(1) or s. 287.057(3)(c) who elects to challenge the
1755	decision must file a written notice of protest with the
1756	executive director of the corporation within 72 hours after the
1757	corporation posts a notice of its decision or intended decision.
1758	For a protest of the terms, conditions, and specifications
1759	contained in a solicitation, including any provisions governing
1760	the methods for ranking bids, proposals, replies, awarding
1761	contracts, reserving rights of further negotiation, or modifying
1762	or amending any contract, the notice of protest must be filed in
1763	writing within 72 hours after the posting of the solicitation.
1764	Saturdays, Sundays, and state holidays are excluded in the
1765	computation of the 72-hour time period.
1766	b. A formal written protest must be filed within 10 days
1767	after the date the notice of protest is filed. The formal
1768	written protest must state with particularity the facts and law
1769	upon which the protest is based. Upon receipt of a formal

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20131770er 1770 written protest that has been timely filed, the corporation must 1771 stop the solicitation or contract award process until the 1772 subject of the protest is resolved by final board action unless 1773 the executive director sets forth in writing particular facts 1774 and circumstances that require the continuance of the 1775 solicitation or contract award process without delay in order to avoid an immediate and serious danger to the public health, 1776 1777 safety, or welfare. The corporation must provide an opportunity 1778 to resolve the protest by mutual agreement between the parties 1779 within 7 business days after receipt of the formal written 1780 protest. If the subject of a protest is not resolved by mutual 1781 agreement within 7 business days, the corporation's board must place the protest on the agenda and resolve it at its next 1782 1783 regularly scheduled meeting. The protest must be heard by the 1784 board at a publicly noticed meeting in accordance with 1785 procedures established by the board. 1786 c. In a protest of an invitation-to-bid or request-forproposals procurement, submissions made after the bid or 1787 1788 proposal opening which amend or supplement the bid or proposal may not be considered. In protesting an invitation-to-negotiate 1789 1790 procurement, submissions made after the corporation announces 1791 its intent to award a contract, reject all replies, or withdraw 1792 the solicitation that amends or supplements the reply may not be 1793 considered. Unless otherwise provided by law, the burden of 1794 proof rests with the party protesting the corporation's action. In a competitive-procurement protest, other than a rejection of 1795 1796 all bids, proposals, or replies, the corporation's board must 1797 conduct a de novo proceeding to determine whether the 1798 corporation's proposed action is contrary to the corporation's

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1799 governing statutes, the corporation's rules or policies, or the 1800 solicitation specifications. The standard of proof for the 1801 proceeding is whether the corporation's action was clearly 1802 erroneous, contrary to competition, arbitrary, or capricious. In 1803 any bid-protest proceeding contesting an intended corporation action to reject all bids, proposals, or replies, the standard 1804 1805 of review by the board is whether the corporation's intended 1806 action is illegal, arbitrary, dishonest, or fraudulent. 1807 d. Failure to file a notice of protest or failure to file a 1808 formal written protest constitutes a waiver of proceedings. 1809 3. Contract actions and decisions by the board under this paragraph are final. Any further legal remedy must be made in 1810 1811 the Circuit Court of Leon County. 1812 (t) For the purposes of s. 199.183(1), the corporation shall be considered a political subdivision of the state and 1813 1814 shall be exempt from the corporate income tax. The premiums, 1815 assessments, investment income, and other revenue of the corporation are funds received for providing property insurance 1816 1817 coverage as required by this subsection, paying claims for 1818 Florida citizens insured by the corporation, securing and repaying debt obligations issued by the corporation, and 1819 conducting all other activities of the corporation, and shall 1820 1821 not be considered taxes, fees, licenses, or charges for services 1822 imposed by the Legislature on individuals, businesses, or 1823 agencies outside state government. Bonds and other debt 1824 obligations issued by or on behalf of the corporation are not to 1825 be considered "state bonds" within the meaning of s. 215.58(8). The corporation is not subject to the procurement provisions of 1826 1827 chapter 287 as provided in paragraph (e), and policies and

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20131770er 1828 decisions of the corporation relating to incurring debt, levying 1829 of assessments and the sale, issuance, continuation, terms and 1830 claims under corporation policies, and all services relating 1831 thereto, are not subject to the provisions of chapter 120. The 1832 corporation is not required to obtain or to hold a certificate 1833 of authority issued by the office, nor is it required to 1834 participate as a member insurer of the Florida Insurance 1835 Guaranty Association. However, the corporation is required to 1836 pay, in the same manner as an authorized insurer, assessments 1837 levied by the Florida Insurance Guaranty Association. It is the intent of the Legislature that the tax exemptions provided in 1838 1839 this paragraph will augment the financial resources of the 1840 corporation to better enable the corporation to fulfill its public purposes. Any debt obligations issued by the corporation, 1841 1842 their transfer, and the income therefrom, including any profit 1843 made on the sale thereof, shall at all times be free from 1844 taxation of every kind by the state and any political 1845 subdivision or local unit or other instrumentality thereof; 1846 however, this exemption does not apply to any tax imposed by 1847 chapter 220 on interest, income, or profits on debt obligations 1848 owned by corporations other than the corporation. 1849 Section 9. The purchase of commodities and contractual

1849 Section 9. <u>The purchase of commodifies and contractual</u>
1850 <u>services by Citizens Property Insurance Corporation commenced</u>
1851 <u>before October 1, 2013, is governed by the law in effect on</u>
1852 <u>September 30, 2013.</u>

1853 Section 10. Section 627.3518, Florida Statutes, is created 1854 to read:

1855627.3518 Citizens Property Insurance Corporation1856policyholder eligibility clearinghouse program.-The purpose of

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1857	this section is to provide a framework for the corporation to
1858	implement a clearinghouse program by January 1, 2014.
1859	(1) As used in this section, the term:
1860	(a) "Corporation" means Citizens Property Insurance
1861	Corporation.
1862	(b) "Exclusive agent" means any licensed insurance agent
1863	that has, by contract, agreed to act exclusively for one company
1864	or group of affiliated insurance companies and is disallowed by
1865	the provisions of that contract to directly write for any other
1866	unaffiliated insurer absent express consent from the company or
1867	group of affiliated insurance companies.
1868	(c) "Independent agent" means any licensed insurance agent
1869	not described in paragraph (b).
1870	(d) "Program" means the clearinghouse created under this
1871	section.
1872	(2) In order to confirm eligibility with the corporation
1873	and to enhance access of new applicants for coverage and
1874	existing policyholders of the corporation to offers of coverage
1875	from authorized insurers, the corporation shall establish a
1876	program for personal residential risks in order to facilitate
1877	the diversion of ineligible applicants and existing
1878	policyholders from the corporation into the voluntary insurance
1879	market. The corporation shall also develop appropriate
1880	procedures for facilitating the diversion of ineligible
1881	applicants and existing policyholders for commercial residential
1882	coverage into the private insurance market and shall report such
1883	procedures to the President of the Senate and the Speaker of the
1884	House of Representatives by January 1, 2014.
1885	(3) The corporation board shall establish the clearinghouse

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1886	program as an organizational unit within the corporation. The
1887	program shall have all the rights and responsibilities in
1888	carrying out its duties as a licensed general lines agent, but
1889	may not be required to employ or engage a licensed general lines
1890	agent or to maintain an insurance agency license to carry out
1891	its activities in the solicitation and placement of insurance
1892	coverage. In establishing the program, the corporation may:
1893	(a) Require all new applications, and all policies due for
1894	renewal, to be submitted for coverage to the program in order to
1895	facilitate obtaining an offer of coverage from an authorized
1896	insurer before binding or renewing coverage by the corporation.
1897	(b) Employ or otherwise contract with individuals or other
1898	entities for appropriate administrative or professional services
1899	to effectuate the plan within the corporation in accordance with
1900	the applicable purchasing requirements under s. 627.351.
1901	(c) Enter into contracts with any authorized insurer to
1902	participate in the program and accept an appointment by such
1903	insurer.
1904	(d) Provide funds to operate the program. Insurers and
1905	agents participating in the program are not required to pay a
1906	fee to offset or partially offset the cost of the program or use
1907	the program for renewal of policies initially written through
1908	the clearinghouse.
1909	(e) Develop an enhanced application that includes
1910	information to assist private insurers in determining whether to
1911	make an offer of coverage through the program.
1912	(f) For personal lines residential risks, require, before
1913	approving all new applications for coverage by the corporation,
1914	that every application be subject to a period of 2 business days

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1915	when any insurer participating in the program may select the
1916	application for coverage. The insurer may issue a binder on any
1917	policy selected for coverage for a period of at least 30 days
1918	but not more than 60 days.
1919	(4) Any authorized insurer may participate in the program;
1920	however, participation is not mandatory for any insurer.
1921	Insurers making offers of coverage to new applicants or renewal
1922	policyholders through the program:
1923	(a) May not be required to individually appoint any agent
1924	whose customer is underwritten and bound through the program.
1925	Notwithstanding s. 626.112, insurers are not required to appoint
1926	any agent on a policy underwritten through the program for as
1927	long as that policy remains with the insurer. Insurers may, at
1928	their election, appoint any agent whose customer is initially
1929	underwritten and bound through the program. In the event an
1930	insurer accepts a policy from an agent who is not appointed
1931	pursuant to this paragraph, and thereafter elects to accept a
1932	policy from such agent, the provisions of s. 626.112 requiring
1933	appointment apply to the agent.
1934	(b) Must enter into a limited agency agreement with each
1935	agent that is not appointed in accordance with paragraph (a) and
1936	whose customer is underwritten and bound through the program.
1937	(c) Must enter into its standard agency agreement with each
1938	agent whose customer is underwritten and bound through the
1939	program when that agent has been appointed by the insurer
1940	pursuant to s. 626.112.
1941	(d) Must comply with s. 627.4133(2).
1942	(e) May participate through their single-designated
1943	managing general agent or broker; however, the provisions of

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<u>F</u>	paragraph (6)(a) regarding ownership, control, and use of the
e	expirations continue to apply.
	(f) Must pay to the producing agent a commission equal to
-	hat paid by the corporation or the usual and customary
2	commission paid by the insurer for that line of business,
J	hichever is greater.
	(5) Notwithstanding s. 627.3517, any applicant for new
2	coverage from the corporation is not eligible for coverage from
	he corporation, if provided an offer of coverage from an
3	uthorized insurer through the program at a premium that is at
	or below the eligibility threshold established in s.
	27.351(6)(c)5.a. Whenever an offer of coverage for a personal
	ines risk is received for a policyholder of the corporation at
	renewal from an authorized insurer through the program, if the
)	ffer is equal to or less than the corporation's renewal premium
	for comparable coverage, the risk is not eligible for coverage
J	ith the corporation. In the event an offer of coverage for a
1	ew applicant is received from an authorized insurer through the
	program, and the premium offered exceeds the eligibility
	hreshold contained in s. 627.351(6)(c)5.a., the applicant or
-	nsured may elect to accept such coverage, or may elect to
	accept or continue coverage with the corporation. In the event
	n offer of coverage for a personal lines risk is received from
	in authorized insurer at renewal through the program, and the
	premium offered is more than the corporation's renewal premium
f	for comparable coverage, the insured may elect to accept such
	coverage, or may elect to accept or continue coverage with the
	corporation. Sub-sub-subparagraph 627.351(6)(c)5.a.(I) does not
ĉ	pply to an offer of coverage from an authorized insurer

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1973	obtained through the program. An applicant for coverage from the
1974	corporation who was previously declared ineligible for coverage
1975	at renewal by the corporation in the previous 36 months due to
1976	an offer of coverage pursuant to this subsection shall be
1977	considered a renewal under this section if the corporation
1978	determines that the authorized insurer making the offer of
1979	coverage pursuant to this subsection continues to insure the
1980	applicant and increased the rate on the policy in excess of the
1981	increase allowed for the corporation under s. 627.351(6)(n)6.
1982	(6) Independent insurance agents submitting new
1983	applications for coverage or that are the agent of record on a
1984	renewal policy submitted to the program:
1985	(a) Are granted and must maintain ownership and the
1986	exclusive use of expirations, records, or other written or
1987	electronic information directly related to such applications or
1988	renewals written through the corporation or through an insurer
1989	participating in the program, notwithstanding s.
1990	627.351(6)(c)5.a.(I)(B) and (II)(B). Such ownership is granted
1991	for as long as the insured remains with the agency or until sold
1992	or surrendered in writing by the agent. Contracts with the
1993	corporation or required by the corporation must not amend,
1994	modify, interfere with, or limit such rights of ownership. Such
1995	expirations, records, or other written or electronic information
1996	may be used to review an application, issue a policy, or for any
1997	other purpose necessary for placing such business through the
1998	program.
1999	(b) May not be required to be appointed by any insurer
2000	participating in the program for policies written solely through
2001	the program, notwithstanding the provisions of s. 626.112.

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2002	(c) May accept an appointment from any insurer
2003	participating in the program.
2004	(d) May enter into either a standard or limited agency
2005	agreement with the insurer, at the insurer's option.
2006	
2007	Applicants ineligible for coverage in accordance with subsection
2008	(5) remain ineligible if their independent agent is unwilling or
2009	unable to enter into a standard or limited agency agreement with
2010	an insurer participating in the program.
2011	(7) Exclusive agents submitting new applications for
2012	coverage or that are the agent of record on a renewal policy
2013	submitted to the program:
2014	(a) Must maintain ownership and the exclusive use of
2015	expirations, records, or other written or electronic information
2016	directly related to such applications or renewals written
2017	through the corporation or through an insurer participating in
2018	the program, notwithstanding s. 627.351(6)(c)5.a.(I)(B) and
2019	(II)(B). Contracts with the corporation or required by the
2020	corporation must not amend, modify, interfere with, or limit
2021	such rights of ownership. Such expirations, records, or other
2022	written or electronic information may be used to review an
2023	application, issue a policy, or for any other purpose necessary
2024	for placing such business through the program.
2025	(b) May not be required to be appointed by any insurer
2026	participating in the program for policies written solely through
2027	the program, notwithstanding the provisions of s. 626.112.
2028	(c) Must only facilitate the placement of an offer of
2029	coverage from an insurer whose limited servicing agreement is
2030	approved by that exclusive agent's exclusive insurer.

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2031	(d) May enter into a limited servicing agreement with the
2032	insurer making an offer of coverage, and only after the
2033	exclusive agent's insurer has approved the limited servicing
2034	agreement terms. The exclusive agent's insurer must approve a
2035	limited service agreement for the program for any insurer for
2036	which it has approved a service agreement for other purposes.
2037	
2038	Applicants ineligible for coverage in accordance with subsection
2039	(5) remain ineligible if their exclusive agent is unwilling or
2040	unable to enter into a standard or limited agency agreement with
2041	an insurer making an offer of coverage to that applicant.
2042	(8) Submission of an application for coverage by the
2043	corporation to the program does not constitute the binding of
2044	coverage by the corporation, and failure of the program to
2045	obtain an offer of coverage by an insurer may not be considered
2046	acceptance of coverage of the risk by the corporation.
2047	(9) The 45-day notice of nonrenewal requirement set forth
2048	in s. 627.4133(2)(b)4.b. applies when a policy is nonrenewed by
2049	the corporation because the risk has received an offer of
2050	coverage pursuant to this section which renders the risk
2051	ineligible for coverage by the corporation.
2052	(10) The program may not include commercial nonresidential
2053	policies.
2054	Section 11. Section 627.35191, Florida Statutes, is created
2055	to read:
2056	627.35191 Annual report of aggregate net probable maximum
2057	losses, financing options, and potential assessmentsNo later
2058	than February 1 of each year, the Florida Hurricane Catastrophe
2059	Fund and Citizens Property Insurance Corporation shall each
I	

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2060	submit a report to the Legislature and the Financial Services
2061	Commission identifying their respective aggregate net probable
2062	maximum losses, financing options, and potential assessments.
2063	The report issued by the fund and the corporation must include
2064	their respective 50-year, 100-year, and 250-year probable
2065	maximum losses; analysis of all reasonable financing strategies
2066	for each such probable maximum loss, including the amount and
2067	term of debt instruments; specification of the percentage
2068	assessments that would be needed to support each of the
2069	financing strategies; and calculations of the aggregate
2070	assessment burden on Florida property and casualty policyholders
2071	for each of the probable maximum losses.
2072	Section 12. Except as otherwise expressly provided in this
2073	act, this act shall take effect July 1, 2013.

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