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A bill to be entitled An act relating to insurance; amending s. 215.555, F.S.; revising the reimbursement of loss adjustment expenses by the Florida Hurricane Catastrophe Fund; amending s. 319.30, F.S.; revising the manner in which insurance companies must forward motor vehicle or mobile home titles to the Department of Highway Safety and Motor Vehicles under certain circumstances: revising the effective date of specified provisions relating to certificates of title or certificates of destruction; authorizing electronic signatures for certain purposes; amending s. 440.381, F.S.; revising the requirements for workers' compensation insurance applications; creating s. 624.1055, F.S.; providing right of contribution of certain liability insurers against other liability insurers for defense costs; providing for apportionment of costs; providing for enforcement of right of contribution; providing construction; providing applicability; amending s. 624.155, F.S.; deleting a provision that tolls, under certain circumstances, a period before a civil action against an insurer may be brought; deleting a provision authorizing the Department of Financial Services to return a civil remedy notice for lack of specificity; prohibiting the filing of the notice

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within a certain timeframe under certain circumstances; amending s. 624.4085, F.S.; providing applicability of risk-based capital requirements for certain insurers; specifying risk-based capital determination for certain insurers; amending s. 626.914, F.S.; revising the definition of the term "diligent effort," as used in the Surplus Lines Law; amending s. 626.916, F.S.; removing the cap on perpolicy fees charged by a filing surplus lines agent under certain circumstances; requiring such fees to be itemized and enumerated; authorizing a reasonable perpolicy fee charged by a retail agent on surplus lines policies; requiring such fees to be itemized before policy purchase; amending s. 626.9541, F.S.; providing construction; amending s. 627.0655, F.S.; revising the circumstances under which certain insurance premium discounts are authorized; amending s. 627.426, F.S.; revising the requirements for sufficient proof of notice for certain insurance notices; amending s. 627.4555, F.S.; requiring life insurers that are required to provide a specified notice to policyowners of an impending lapse in coverage to also notify the policyowner's agent of record within a certain timeframe; providing that the agent is not responsible for any lapse in coverage; exempting the insurer from

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the requirement under certain circumstances; amending s. 627.7015, F.S.; revising the periods of time when property insurers must notify policyholders of certain mediation programs; amending s. 627.7295, F.S.; reducing the amount that must be collected from insureds before policies or binders are issued; providing applicability; providing effective dates.

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

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- Section 1. Effective January 1, 2020, paragraph (b) of subsection (4) of section 215.555, Florida Statutes, is amended to read:
- 64 215
 - 215.555 Florida Hurricane Catastrophe Fund.-

(4) REIMBURSEMENT CONTRACTS.-

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(b)1. The contract shall contain a promise by the board to reimburse the insurer for 45 percent, 75 percent, or 90 percent of its losses from each covered event in excess of the insurer's retention, plus $\underline{10}$ 5 percent of the reimbursed losses to cover loss adjustment expenses.

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2. The insurer must elect one of the percentage coverage levels specified in this paragraph and may, upon renewal of a reimbursement contract, elect a lower percentage coverage level if no revenue bonds issued under subsection (6) after a covered event are outstanding, or elect a higher percentage coverage

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level, regardless of whether or not revenue bonds are outstanding. All members of an insurer group must elect the same percentage coverage level. Any joint underwriting association, risk apportionment plan, or other entity created under s. 627.351 must elect the 90-percent coverage level.

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

Section 2. Paragraph (b) of subsection (3) of section 319.30, Florida Statutes, is amended, and paragraph (d) is added to that subsection to read:

319.30 Definitions; dismantling, destruction, change of identity of motor vehicle or mobile home; salvage.—

(3)

(b) The owner, including persons who are self-insured, of a motor vehicle or mobile home that is considered to be salvage shall, within 72 hours after the motor vehicle or mobile home becomes salvage, forward the title to the motor vehicle or mobile home to the department for processing. However, an insurance company that pays money as compensation for the total loss of a motor vehicle or mobile home shall obtain the certificate of title for the motor vehicle or mobile home, make the required notification to the National Motor Vehicle Title Information System, and, within 72 hours after receiving such certificate of title, forward such title via electronic means,

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the United States Postal Service, or another commercially available delivery service to the department for processing. The owner or insurance company, as applicable, may not dispose of a vehicle or mobile home that is a total loss before it obtains a salvage certificate of title or certificate of destruction from the department. Effective upon the completion of the Motorist Modernization Project by the department, but no later than July 1, 2023:

- 1. Thirty days after payment of a claim for compensation pursuant to this paragraph, the insurance company may receive a salvage certificate of title or certificate of destruction from the department if the insurance company is unable to obtain a properly assigned certificate of title from the owner or lienholder of the motor vehicle or mobile home, if the motor vehicle or mobile home does not carry an electronic lien on the title and the insurance company:
- a. Has obtained the release of all liens on the motor vehicle or mobile home;
- $\label{eq:b.} \text{b. Has provided proof of payment of the total loss claim;} \\$ and
- c. Has provided an affidavit on letterhead signed by the insurance company or its authorized agent stating the attempts that have been made to obtain the title from the owner or lienholder and further stating that all attempts are to no avail. The affidavit must include a request that the salvage

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certificate of title or certificate of destruction be issued in the insurance company's name due to payment of a total loss claim to the owner or lienholder. The attempts to contact the owner may be by written request delivered in person or by first-class mail with a certificate of mailing to the owner's or lienholder's last known address.

- 2. If the owner or lienholder is notified of the request for title in person, the insurance company must provide an affidavit attesting to the in-person request for a certificate of title.
- 3. The request to the owner or lienholder for the certificate of title must include a complete description of the motor vehicle or mobile home and the statement that a total loss claim has been paid on the motor vehicle or mobile home.
- (d) An electronic signature that is consistent with chapter 668 satisfies any signature required under this subsection.
- Section 3. Subsection (2) of section 440.381, Florida Statutes, is amended to read:
 - 440.381 Application for coverage; reporting payroll; payroll audit procedures; penalties.—
 - (2) Submission of an application that contains false, misleading, or incomplete information provided with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the second degree,

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punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The application must contain a statement that the filing of an application containing false, misleading, or incomplete information provided with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The application must contain a sworn statement by the employer attesting to the accuracy of the information submitted and acknowledging the provisions of former s. 440.37(4). The application must contain a sworn statement by the agent attesting that the agent explained to the employer or officer the classification codes that are used for premium calculations. The sworn statements by the employer and the agent are not required to be notarized.

Section 4. Section 624.1055, Florida Statutes, is created to read:

624.1055 Right of contribution among liability insurers for defense costs.—A liability insurer who owes a duty to defend an insured and who defends the insured against a claim, suit, or other action has a right of contribution for defense costs against any other liability insurer who owes a duty to defend the insured against the same claim, suit, or other action, provided that contribution may not be sought from any liability insurer for defense costs that are incurred before the liability insurer's receipt of notice of the claim, suit, or other action.

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=	(1)	APP	DRTION	MENT	OF C	OSTS	<u>.</u> —Th	ne co	urt	shal	ll allo	<u>ocate</u>	
defens	se c	osts	among	liak	oilit	y in:	sure	ers w	ho o	owe a	a duty	to de:	fend
the in	nsur	ed a	gainst	the	same	cla	im,	suit	, 0	r otł	ner ac	tion i	<u>n</u>
accord	danc	e wi	th the	terr	ns of	the	lia	abili	ty :	insuı	cance p	policie	es.
The co	ourt	may	use s	uch e	equit	able	fac	ctors	as	the	court	deter	mines
are ap	ppro	pria	te in :	makir	ng su	ch ai	1100	catio	n.				

- (2) ENFORCEMENT OF RIGHT OF CONTRIBUTION.—A liability insurer who is entitled to contribution from another liability insurer under this section may file an action for contribution in a court of competent jurisdiction.
 - (3) CONSTRUCTION. -

- (a) This section is not intended to alter any terms of a liability insurance policy or to create any additional duty on the part of a liability insurer to an insured.
- (b) An insured may not rely on this section as grounds for a complaint against a liability insurer.
- insurance policies issued for delivery in this state, or liability insurance policies under which an insurer has a duty to defend an insured against claims asserted or suits or actions filed in this state. Such liability insurance policies include surplus lines insurance policies authorized under the Surplus Lines Law, ss. 626.913-626.937.
- (5) Notwithstanding subsection (4), this section does not apply to motor vehicle liability insurance or medical

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201 professional liability insurance.

Section 5. Subsection (3) of section 624.155, Florida Statutes, is amended to read:

624.155 Civil remedy.-

- (3) (a) As a condition precedent to bringing an action under this section, the department and the authorized insurer must have been given 60 days' written notice of the violation. If the department returns a notice for lack of specificity, the 60-day time period shall not begin until a proper notice is filed.
- (b) The notice shall be on a form provided by the department and shall state with specificity the following information, and such other information as the department may require:
- 1. The statutory provision, including the specific language of the statute, which the authorized insurer allegedly violated.
- 2. The facts and circumstances giving rise to the violation.
 - 3. The name of any individual involved in the violation.
- 4. Reference to specific policy language that is relevant to the violation, if any. If the person bringing the civil action is a third party claimant, she or he shall not be required to reference the specific policy language if the authorized insurer has not provided a copy of the policy to the

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226 third party claimant pursuant to written request.

- 5. A statement that the notice is given in order to perfect the right to pursue the civil remedy authorized by this section.
- (c) Within 20 days of receipt of the notice, the department may return any notice that does not provide the specific information required by this section, and the department shall indicate the specific deficiencies contained in the notice. A determination by the department to return a notice for lack of specificity shall be exempt from the requirements of chapter 120.
- $\underline{\text{(c)}}$ No action shall lie if, within 60 days after filing notice, the damages are paid or the circumstances giving rise to the violation are corrected.
- (d) (e) The authorized insurer that is the recipient of a notice filed pursuant to this section shall report to the department on the disposition of the alleged violation.
- (e) (f) The applicable statute of limitations for an action under this section shall be tolled for a period of 65 days by the mailing of the notice required by this subsection or the mailing of a subsequent notice required by this subsection.
- (f) A notice required under this subsection may not be filed within 60 days after appraisal is invoked by any party in a residential property insurance claim.
 - Section 6. Paragraphs (d) and (e) of subsection (2) of

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251	section	624.40	85, Florida	Statutes	s, are	amended	l to	read:	
252	62	4.4085	Risk-based	d capital	requir	rements	for	insurers	_
253	(2)							

- (d) A life and health insurer's risk-based capital is determined in accordance with the formula set forth in the risk-based capital instructions. The formula takes into account and may adjust for the covariance between:
 - 1. The risk with respect to the insurer's assets;
- 2. The risk of adverse insurance experience with respect to the insurer's liabilities and obligations;
- 3. The interest rate risk with respect to the insurer's business; and
- 4. Any other business or other relevant risk set out in the risk-based capital instructions,

determined in each case by applying the factors in the manner set forth in the risk-based capital instructions. This paragraph does not apply to a health maintenance organization or a prepaid limited health service organization.

(e) A property and casualty insurer's <u>and, if subject to</u> this section pursuant to paragraph (1)(g), a health maintenance <u>organization's or a prepaid limited health service</u> <u>organization's,</u> risk-based capital is determined in accordance with the formula set forth in the risk-based capital instructions. The formula takes into account and may adjust for

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276	the covariance between:
277	1. The asset risk;
278	2. The credit risk;
279	3. The underwriting risk; and
280	4. Any other business or other relevant risk set out in
281	the risk-based capital instructions,
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283	determined in each case by applying the factors in the manner
284	set forth in the risk-based capital instructions.
285	Section 7. Subsection (4) of section 626.914, Florida
286	Statutes, is amended to read:
287	626.914 Definitions.—As used in this Surplus Lines Law,
288	the term:
289	(4) "Diligent effort" means seeking coverage from and
290	having been rejected by at least three authorized insurers
291	currently writing this type of coverage and documenting these
292	rejections. However, if the residential structure has a dwelling
293	replacement cost of $\frac{$700,000}{}$ $\frac{$1 \text{ million}}{}$ or more, the term means
294	seeking coverage from and having been rejected by at least one
295	authorized insurer currently writing this type of coverage and
296	documenting this rejection.
297	Section 8. Subsection (4) of section 626.916, Florida
298	Statutes, is amended, and subsection (5) is added to that
299	section, to read:

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CODING: Words stricken are deletions; words underlined are additions.

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626.916 Eligibility for export.—

(4) A reasonable per-policy fee, not to exceed \$35, may be
charged by the filing surplus lines agent for each policy
certified for export. This per-policy fee must be itemized
separately to the customer before purchase and enumerated in the
<pre>policy.</pre>
(5) A retail agent may charge a reasonable per-policy fee
for placement of a surplus lines policy under this section. This

- (5) A retail agent may charge a reasonable per-policy fee for placement of a surplus lines policy under this section. This per-policy fee must be itemized separately to the customer before purchase.
- Section 9. Subsection (5) is added to section 626.9541, Florida Statutes, to read:
- 626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.—
- (5) LOSS CONTROL AND LOSS MITIGATION.—This section does not prohibit an insurer or agent from offering or giving to an insured, for free or at a discounted price, services or other merchandise, goods, wares, or other items of value that relate to loss control or loss mitigation with respect to the risks covered under the policy.
- Section 10. Section 627.0655, Florida Statutes, is amended to read:
- 627.0655 Policyholder loss or expense-related premium discounts.—An insurer or person authorized to engage in the business of insurance in this state may include, in the premium charged an insured for any policy, contract, or certificate of

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insurance, a discount based on the fact that another policy,

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327	contract, or certificate of any type has been purchased by the
328	insured from:
329	(1) The same insurer or insurer group, or another insurer
330	under a joint marketing agreement;
331	(2) The Citizens Property Insurance Corporation created
332	under s. 627.351(6) $_{\underline{\prime}}$ if the same insurance agent is servicing
333	both policies <u>;</u> , or
334	(3) An insurer that has removed the policy from the
335	Citizens Property Insurance Corporation or issued a policy
336	pursuant to the clearinghouse program under s. 627.3518 , if the
337	same insurance agent is servicing both policies; or
338	(4) An insurer, if the same insurance agent is servicing
339	the policies.
340	Section 11. Subsection (2) of section 627.426, Florida
341	Statutes, is amended to read:
342	627.426 Claims administration.—

- 627.426 Claims administration.
- (2) A liability insurer shall not be permitted to deny coverage based on a particular coverage defense unless:
- Within 30 days after the liability insurer knew or should have known of the coverage defense, written notice of reservation of rights to assert a coverage defense is given to the named insured by United States postal proof of mailing, registered or certified mail, or other mailing using the Intelligent Mail barcode or other similar tracking method used

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or approved by the United States Postal Service sent to the last known address of the insured or by hand delivery; and

- (b) Within 60 days of compliance with paragraph (a) or receipt of a summons and complaint naming the insured as a defendant, whichever is later, but in no case later than 30 days before trial, the insurer:
- 1. Gives written notice to the named insured by <u>United</u>

 <u>States postal proof of mailing</u>, registered or certified mail, or other mailing using the Intelligent Mail barcode or other <u>similar tracking method used or approved by the United States</u>

 Postal Service of its refusal to defend the insured;
- 2. Obtains from the insured a nonwaiver agreement following full disclosure of the specific facts and policy provisions upon which the coverage defense is asserted and the duties, obligations, and liabilities of the insurer during and following the pendency of the subject litigation; or
- 3. Retains independent counsel which is mutually agreeable to the parties. Reasonable fees for the counsel may be agreed upon between the parties or, if no agreement is reached, shall be set by the court.
- 371 Section 12. Section 627.4555, Florida Statutes, is amended to read:
 - 627.4555 Secondary notice.-

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374 (1) Except as provided in this section, a contract for 375 life insurance issued or issued for delivery in this state on or

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after October 1, 1997, covering a natural person 64 years of age or older, which has been in force for at least 1 year, may not be lapsed for nonpayment of premium unless, after expiration of the grace period, and at least 21 days before the effective date of any such lapse, the insurer has mailed a notification of the impending lapse in coverage to the policyowner and to a specified secondary addressee if such addressee has been designated in writing by name and address by the policyowner. An insurer issuing a life insurance contract on or after October 1, 1997, shall notify the applicant of the right to designate a secondary addressee at the time of application for the policy, on a form provided by the insurer, and at any time the policy is in force, by submitting a written notice to the insurer containing the name and address of the secondary addressee. For purposes of any life insurance policy that provides a grace period of more than 51 days for nonpayment of premiums, the notice of impending lapse in coverage required by this section must be mailed to the policyowner and the secondary addressee at least 21 days before the expiration of the grace period provided in the policy. This section does not apply to any life insurance contract under which premiums are payable monthly or more frequently and are regularly collected by a licensed agent or are paid by credit card or any preauthorized check processing or automatic debit service of a financial institution.

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If the policyowner has a life agent of record or any

agent of record, the insurer must also notify the agent of the
impending lapse in coverage or mail or send electronically a
copy of the notification of the impending lapse in coverage
under subsection (1) to the agent at least 21 days before the
effective date of any such lapse. Receipt of such notice does
not make the agent responsible for any lapse in coverage. An
insurer is not required to notify the agent under this
subsection if any of the following applies:
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- (a) The insurer maintains an online system that allows an agent to independently determine if a policy has lapsed.
- (b) The insurer maintains a procedure that allows an agent to independently determine whether the notice of lapse has been sent to the insured.
- (c) The insurer has no record of the current agent of record.
- (d) The agent is employed by the insurer or an affiliate of the insurer.
- Section 13. Subsection (2) of section 627.7015, Florida Statutes, is amended to read:
- 627.7015 Alternative procedure for resolution of disputed property insurance claims.—
- (2) <u>Either</u> at the time a first-party claim within the scope of this section is filed by the policyholder <u>or at the</u> time coverage is applied and payment is determined, the insurer shall notify the policyholder of its right to participate in the

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mediation program under this section. The department shall prepare a consumer information pamphlet for distribution to persons participating in mediation.

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Section 14. Subsection (7) of section 627.7295, Florida Statutes, is amended to read:

627.7295 Motor vehicle insurance contracts.-

A policy of private passenger motor vehicle insurance or a binder for such a policy may be initially issued in this state only if, before the effective date of such binder or policy, the insurer or agent has collected from the insured an amount equal to at least 1 month's 2 months' premium. An insurer, agent, or premium finance company may not, directly or indirectly, take any action resulting in the insured having paid from the insured's own funds an amount less than the 1 month's 2 months! premium required by this subsection. This subsection applies without regard to whether the premium is financed by a premium finance company or is paid pursuant to a periodic payment plan of an insurer or an insurance agent. This subsection does not apply if an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group. This subsection does not apply to an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents. This subsection does not apply if all policy payments are paid

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pursuant to a payroll deduction plan, an automatic electronic funds transfer payment plan from the policyholder, or a recurring credit card or debit card agreement with the insurer. This subsection and subsection (4) do not apply if all policy payments to an insurer are paid pursuant to an automatic electronic funds transfer payment plan from an agent, a managing general agent, or a premium finance company and if the policy includes, at a minimum, personal injury protection pursuant to ss. 627.730-627.7405; motor vehicle property damage liability pursuant to s. 627.7275; and bodily injury liability in at least the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident and in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident. This subsection and subsection (4) do not apply if an insured has had a policy in effect for at least 6 months, the insured's agent is terminated by the insurer that issued the policy, and the insured obtains coverage on the policy's renewal date with a new company through the terminated agent.

Section 15. Section 624.1055, Florida Statutes, as created by this act, applies to any claim, suit, or other action initiated on or after January 1, 2020.

Section 16. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2019.

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