1 A bill to be entitled 2 An act relating to insurance quaranty associations; 3 creating s. 626.8621, F.S.; authorizing the Florida 4 Insurance Guaranty Association to authorize certain 5 employees to adjust losses for the association; 6 requiring such authorization to be included in a 7 contract; amending s. 631.914, F.S.; revising the 8 assessments levied by the Office of Insurance 9 Regulation on workers' compensation insurers; 10 requiring such insurers to recoup the assessments by 11 applying a specified percentage to certain policies; 12 conforming cross-references; providing that assessments paid by an insurer constitute advances of 13 14 funds to the association under certain circumstances; revising the requirements for the insurers' 15 16 reconciliation reports to the Florida Workers' 17 Compensation Insurance Guaranty Association; revising construction; providing an effective date. 18 19 20 Be It Enacted by the Legislature of the State of Florida: 21 22 Section 1. Section 626.8621, Florida Statutes, is created 23 to read: 626.8621 Adjustments by guaranty association employees.—An 24 25 employee of the Florida Insurance Guaranty Association, created

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under part II of chapter 631, may adjust losses for the association without being licensed as an adjuster. An employee of a guaranty association established by a state whose insurance regulators are members of the National Association of Insurance Commissioners may also adjust losses for the Florida Insurance Guaranty Association without being licensed as an adjuster when doing so under a contract with the Florida Insurance Guaranty Association.

Section 2. Subsections (1), (2), and (3) of section 631.914, Florida Statutes, are amended to read:

631.914 Assessments.

(1) (a) To the extent necessary to secure the funds for the payment of covered claims, and also to pay the reasonable costs to administer the same, the Office of Insurance Regulation, upon certification by the board, shall levy assessments on each insurer initially estimated in the proportion that the insurer's net direct written premiums in this state bears to the total of said net direct written premiums received in this state by all such workers' compensation insurers for the preceding calendar year. An insurer shall fully recoup assessments by applying the uniform surcharge percentage levied by the office to all policies of the same kind or line as were considered by the office in determining the assessment liability of the insurer. Assessments levied against insurers and self-insurance funds pursuant to this paragraph must be computed and levied on the

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basis of the full policy premium value on the net direct written premium amount as set forth in the state for workers' compensation insurance without consideration of any applicable discount or credit for deductibles. An insurer's direct written premium calculated for the purposes of determining the insurer's premium subject to surcharge may not be reduced by any discount or credit for deductibles in a policy or by any premium adjustment on a retrospectively rated policy. Insurers and selfinsurance funds must report premiums in compliance with this paragraph, and the association may audit the reports. Assessments shall be remitted to and administered by the board of directors in the manner specified by the approved plan of operation and paragraph (d). Each assessment shall be a uniform percentage applicable to the net direct written premiums of each insurer writing workers' compensation insurance. Assessments levied against insurers and self-insurance funds shall not exceed in any calendar year more than 2 percent of that insurer's net direct written premiums in this state for workers' compensation insurance.

(c) (b) Member insurers shall collect policyholder surcharges at a uniform percentage rate on new and renewal policies issued and effective during the period of 12 months beginning on January 1, April 1, July 1, or October 1, whichever is the first day of the following calendar quarter as specified in an order issued by the office directing insurers to pay an

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assessment to the association. The <u>policyholder</u> surcharge may not begin until 90 days after the board of directors certifies the assessment.

- (a) are insufficient to make all payments on reimbursements then owing to claimants in a calendar year, then upon certification by the board, the office shall levy additional assessments of up to 1.5 percent of the insurer's net direct written premiums in this state.
- (d) The association may use an installment method to require the insurer to remit the policyholder surcharge assessment as premium is collected written or may require the insurer to remit the assessment to the association before collecting the policyholder surcharge. If the assessment is remitted before the surcharge is collected, the assessment remitted must be based on an estimate of the assessment due based on the proportion of each insurer's net direct written premium in this state for the preceding calendar year as described in paragraph (a) and adjusted following the end of the 12-month period during which the assessment is levied.
- 1. If the association elects to use the installment method, the office may, in the order levying the assessment on insurers, specify that the <u>policyholder surcharge</u> assessment is due and payable quarterly as premium is <u>collected</u> written throughout the assessment year. Insurers shall collect

policyholder surcharges at a uniform percentage rate specified by order as described in paragraph (c) (b). Insurers are not required to advance funds if the association and the office elect to use the installment option. Assessments levied under this subparagraph are paid after policyholder policy surcharges are collected, and the recognition of assets is based on actual premium collected written offset by the obligation to the association.

- 2. If the association elects to require insurers to remit the assessment before surcharging the policyholder, the following shall apply:
- a. The assessment remitted must be based on an estimate of the assessment due based on the proportion of each insurer's direct written premium in this state for the preceding calendar year as described in paragraph (a).
- $\underline{\text{b.a.}}$ The levy order shall provide each insurer so assessed at least 30 days' written notice of the date the initial assessment payment is due and payable by the insurer.
- $\underline{\text{c.b.}}$ Insurers shall collect <u>policyholder</u> surcharges at a uniform percentage rate specified by the order, as described in paragraph (c) $\frac{\text{(b)}}{\text{(b)}}$.
- <u>d.e.</u> Assessments levied under this subparagraph <u>and are</u>
 paid <u>by an insurer constitute advances of funds from the insurer</u>
 to the association <u>before policy surcharges are billed</u> and
 result in a receivable for policyholder policy surcharges to be

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billed in the future. The amount of billed <u>policyholder</u> surcharges, to the extent it is likely that it will be realized, meets the definition of an admissible asset as specified in the National Association of Insurance Commissioners' Statement of Statutory Accounting Principles No. 4. The asset shall be established and recorded separately from the liability. If an insurer is unable to fully recoup the amount of the assessment, the amount recorded as an asset shall be reduced to the amount reasonably expected to be recouped.

- 3. Insurers must submit a reconciliation report to the association within 120 days after the end of the 12-month assessment period and annually thereafter for a period of 3 years. The report must indicate the amount of the initial payment or installment payments made to the association and the amount of policyholder surcharges collected written premium pursuant to paragraph (a) for the assessment year. If the insurer's reconciled assessment obligation is more than the amount paid to the association, the insurer shall pay the excess policyholder surcharges collected to the association. If the insurer's reconciled assessment obligation is less than the initial amount paid to the association, the association shall return the overpayment to the insurer.
- (2) <u>Policyholder surcharges collected</u> Assessments levied under this section are not premium and are not subject to any premium tax, fees, or commissions. Insurers shall treat the

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failure of an insured to pay policyholder assessment-related
surcharges as a failure to pay premium. An insurer is not liable
for any uncollectible <pre>policyholder</pre> <pre>assessment-related</pre> surcharges
levied pursuant to this section.

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- (3) Assessments levied under this section may be levied only upon insurers. This section does not create a cause of action by a policyholder with respect to the levying of an assessment or a policyholder's duty to pay assessment-related policyholder surcharges.
 - Section 3. This act shall take effect July 1, 2019.