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LEGISLATIVE ACTION

Senate

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House

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Senator Burgess moved the following:

**Senate Amendment (with title amendment)**

Delete lines 820 - 3498

and insert:

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

(a) "Motor vehicle" means any self-propelled vehicle that has four or more wheels and that is of a type designed and required to be licensed for use on the highways of this state, and any trailer or semitrailer designed for use with such vehicle. The term does not include the following:

1. A mobile home as defined in s. 320.01.



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12           2. A motor vehicle that is used in mass transit and  
13 designed to transport more than five passengers, exclusive of  
14 the operator of the motor vehicle, and that is owned by a  
15 municipality, transit authority, or political subdivision of the  
16 state.

17           3. A school bus as defined in s. 1006.25, which must  
18 maintain security as required under s. 316.615.

19           4. A commercial motor vehicle as defined in s. 207.002 or  
20 s. 320.01(25), which must maintain security as required under  
21 ss. 324.031 and 627.7415.

22           5. A nonpublic sector bus, which must maintain security as  
23 required under ss. 324.031 and 627.742.

24           ~~6.4. A vehicle providing for-hire passenger transportation~~  
25 ~~vehicle, which must that is subject to the provisions of s.~~  
26 ~~324.031. A taxicab shall maintain security as required under s.~~  
27 ~~324.032 s. 324.032(1).~~

28           ~~7.5. A personal delivery device as defined in s. 316.003.~~

29           8. A motorcycle as defined in s. 320.01(26), unless s.  
30 324.051 applies; in such case, paragraph (1)(a) and the  
31 applicable proof of insurance provisions of s. 320.02 apply.

32           (b) "Owner" means the person who holds legal title to a  
33 motor vehicle or the debtor or lessee who has the right to  
34 possession of a motor vehicle that is the subject of a security  
35 agreement or lease with an option to purchase.

36           (3) Each nonresident owner or registrant of a motor vehicle  
37 that, whether operated or not, has been physically present  
38 within this state for more than 90 days during the preceding 365  
39 days shall maintain security as required by subsection (1). The  
40 security must be that is in effect continuously throughout the



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41 period the motor vehicle remains within this state.

42 (4) ~~An~~ The owner or registrant of a motor vehicle who is  
43 ~~exempt from the requirements of this section if she or he is a~~  
44 member of the United States Armed Forces and is called to or on  
45 active duty outside the United States in an emergency situation  
46 is exempt from this section while he or she. ~~The exemption~~  
47 ~~provided by this subsection applies only as long as the member~~  
48 ~~of the Armed Forces is on such active duty.~~ This exemption  
49 ~~outside the United States and applies only while the vehicle~~  
50 covered by the security is not operated by any person. Upon  
51 receipt of a written request by the insured to whom the  
52 exemption provided in this subsection applies, the insurer shall  
53 cancel the coverages and return any unearned premium or suspend  
54 the security required by this section. Notwithstanding s.  
55 324.0221(2) ~~s. 324.0221(3)~~, the department may not suspend the  
56 registration or operator's license of an ~~any~~ owner or registrant  
57 of a motor vehicle during the time she or he qualifies for the  
58 ~~an~~ exemption under this subsection. An ~~Any~~ owner or registrant  
59 of a motor vehicle who qualifies for the ~~an~~ exemption under this  
60 subsection shall immediately notify the department before ~~prior~~  
61 ~~to~~ and at the end of the expiration of the exemption.

62 Section 14. Subsections (1) and (2) of section 324.0221,  
63 Florida Statutes, are amended to read:

64 324.0221 Reports by insurers to the department; suspension  
65 of driver license and vehicle registrations; reinstatement.-

66 (1) (a) Each insurer that has issued a policy providing  
67 ~~personal injury protection coverage or property damage liability~~  
68 coverage shall report the cancellation or nonrenewal thereof to  
69 the department within 10 days after the processing date or



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70 effective date of each cancellation or nonrenewal. Upon the  
71 issuance of a policy providing ~~personal injury protection~~  
72 ~~coverage or property damage~~ liability coverage to a named  
73 insured not previously insured by the insurer during that  
74 calendar year, the insurer shall report the issuance of the new  
75 policy to the department within 10 days. The report must ~~shall~~  
76 be in the form ~~and format~~ and contain any information required  
77 by the department and must be provided in a format that is  
78 compatible with the data processing capabilities of the  
79 department. Failure by an insurer to file proper reports with  
80 the department as required by this subsection constitutes a  
81 violation of the Florida Insurance Code. These records may ~~shall~~  
82 be used by the department only for enforcement and regulatory  
83 purposes, including the generation by the department of data  
84 regarding compliance by owners of motor vehicles with the  
85 requirements for financial responsibility coverage.

86 (b) With respect to an insurance policy providing ~~personal~~  
87 ~~injury protection coverage or property damage~~ liability  
88 coverage, each insurer shall notify the named insured, or the  
89 first-named insured in the case of a commercial fleet policy, in  
90 writing that any cancellation or nonrenewal of the policy will  
91 be reported by the insurer to the department. The notice must  
92 also inform the named insured that failure to maintain bodily  
93 injury liability ~~personal injury protection~~ coverage and  
94 property damage liability coverage on a motor vehicle when  
95 required by law may result in the loss of registration and  
96 driving privileges in this state and inform the named insured of  
97 the amount of the reinstatement fees required by this section.  
98 This notice is for informational purposes only, and an insurer



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99 is not civilly liable for failing to provide this notice.

100 (2) The department shall suspend, after due notice and an  
101 opportunity to be heard, the registration and driver license of  
102 any owner or registrant of a motor vehicle for ~~with respect to~~  
103 which security is required under s. 324.022, s. 324.032, s.  
104 627.7415, or s. 627.742 ~~ss. 324.022 and 627.733~~ upon:

105 (a) The department's records showing that the owner or  
106 registrant of such motor vehicle did not have the ~~in full force~~  
107 ~~and effect when required security in full force and effect that~~  
108 ~~complies with the requirements of ss. 324.022 and 627.733; or~~

109 (b) Notification by the insurer to the department, in a  
110 form approved by the department, of cancellation or termination  
111 of the required security.

112 Section 15. Section 324.0222, Florida Statutes, is created  
113 to read:

114 324.0222 Application of suspensions for failure to maintain  
115 security; reinstatement.—All suspensions for failure to maintain  
116 required security as required by law in effect before January 1,  
117 2022, remain in full force and effect after January 1, 2022. A  
118 driver may reinstate a suspended driver license or registration  
119 as provided under s. 324.0221.

120 Section 16. Section 324.023, Florida Statutes, is amended  
121 to read:

122 324.023 Financial responsibility for bodily injury or  
123 death.—In addition to any other financial responsibility  
124 required by law, every owner or operator of a motor vehicle that  
125 is required to be registered in this state, or that is located  
126 within this state, and who, regardless of adjudication of guilt,  
127 has been found guilty of or entered a plea of guilty or nolo



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128 contendere to a charge of driving under the influence under s.  
129 316.193 after October 1, 2007, shall, by one of the methods  
130 established in s. 324.031(1)(a) or (b) ~~s. 324.031(1) or (2)~~,  
131 establish and maintain the ability to respond in damages for  
132 liability on account of accidents arising out of the use of a  
133 motor vehicle in the amount of \$100,000 because of bodily injury  
134 to, or death of, one person in any one crash and, subject to  
135 such limits for one person, in the amount of \$300,000 because of  
136 bodily injury to, or death of, two or more persons in any one  
137 crash and in the amount of \$50,000 because of property damage in  
138 any one crash. If the owner or operator chooses to establish and  
139 maintain such ability by furnishing a certificate of deposit  
140 pursuant to s. 324.031(1)(b) ~~s. 324.031(2)~~, such certificate of  
141 deposit must be at least \$350,000. Such higher limits must be  
142 carried for a minimum period of 3 years. If the owner or  
143 operator has not been convicted of driving under the influence  
144 or a felony traffic offense for a period of 3 years from the  
145 date of reinstatement of driving privileges for a violation of  
146 s. 316.193, the owner or operator is ~~shall be~~ exempt from this  
147 section.

148 Section 17. Section 324.031, Florida Statutes, is amended  
149 to read:

150 324.031 Manner of proving financial responsibility.-

151 (1) ~~The owner or operator of a taxicab, limousine, jitney,~~  
152 ~~or any other for-hire passenger transportation vehicle may prove~~  
153 ~~financial responsibility by providing satisfactory evidence of~~  
154 ~~holding a motor vehicle liability policy as defined in s.~~  
155 ~~324.021(8) or s. 324.151, which policy is issued by an insurance~~  
156 ~~carrier which is a member of the Florida Insurance Guaranty~~



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157 ~~Association.~~ The operator or owner of a motor vehicle other than  
158 a for-hire passenger transportation vehicle ~~any other vehicle~~  
159 may prove his or her financial responsibility by:

160 (a) ~~(1)~~ Furnishing satisfactory evidence of holding a motor  
161 vehicle liability policy as defined in ss. 324.021(8) and  
162 324.151 which provides liability coverage for the motor vehicle  
163 being operated;

164 (b) ~~(2)~~ Furnishing a certificate of self-insurance showing a  
165 deposit of cash in accordance with s. 324.161; or

166 (c) ~~(3)~~ Furnishing a certificate of self-insurance issued by  
167 the department in accordance with s. 324.171.

168 (2) Beginning January 1, 2022, any person, ~~including any~~  
169 ~~firm, partnership, association, corporation, or other person,~~  
170 ~~other than a natural person,~~ electing to use the method of proof  
171 specified in paragraph (1)(b) subsection ~~(2)~~ shall do both of  
172 the following:

173 (a) Furnish a certificate of deposit equal to the number of  
174 vehicles owned times \$60,000 ~~\$30,000~~, up to a maximum of  
175 \$240,000. ~~\$120,000;~~

176 (b) ~~In addition, any such person, other than a natural~~  
177 ~~person, shall~~ Maintain insurance providing coverage that meets  
178 the requirements of s. 324.151 and has limits of:

179 1. At least \$125,000 for bodily injury to, or the death of,  
180 one person in any one crash and, subject to such limits for one  
181 person, in the amount of \$250,000 for bodily injury to, or the  
182 death of, two or more persons in any one crash; and \$50,000 for  
183 damage to, or destruction of, property of others in any one  
184 crash; or

185 2. At least \$300,000 for combined bodily injury liability



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186 ~~and property damage liability for any one crash in excess of~~  
187 ~~limits of \$10,000/20,000/10,000 or \$30,000 combined single~~  
188 ~~limits, and such excess insurance shall provide minimum limits~~  
189 ~~of \$125,000/250,000/50,000 or \$300,000 combined single limits.~~  
190 ~~These increased limits shall not affect the requirements for~~  
191 ~~proving financial responsibility under s. 324.032(1).~~

192 Section 18. Section 324.032, Florida Statutes, is amended  
193 to read:

194 324.032 ~~Manner of proving~~ Financial responsibility for;  
195 ~~for-hire passenger transportation vehicles. Notwithstanding the~~  
196 ~~provisions of s. 324.031:~~

197 (1) An owner or a lessee of a for-hire passenger  
198 transportation vehicle that is required to be registered in this  
199 state shall establish and continuously maintain the ability to  
200 respond in damages for liability on account of accidents arising  
201 out of the ownership, maintenance, or use of the for-hire  
202 passenger transportation vehicle, in the amount of:

203 (a) One hundred twenty-five thousand dollars for bodily  
204 injury to, or the death of, one person in any one crash and,  
205 subject to such limits for one person, in the amount of \$250,000  
206 for bodily injury to, or the death of, two or more persons in  
207 any one crash; and ~~A person who is either the owner or a lessee~~  
208 ~~required to maintain insurance under s. 627.733(1)(b) and who~~  
209 ~~operates one or more taxicabs, limousines, jitneys, or any other~~  
210 ~~for-hire passenger transportation vehicles may prove financial~~  
211 ~~responsibility by furnishing satisfactory evidence of holding a~~  
212 ~~motor vehicle liability policy, but with minimum limits of~~  
213 ~~\$125,000/250,000/50,000.~~

214 (b) Fifty thousand dollars for damage to, or destruction





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215 ~~of, property of others in any one crash~~ ~~A person who is either~~  
216 ~~the owner or a lessee required to maintain insurance under s.~~  
217 ~~324.021(9) (b) and who operates limousines, jitneys, or any other~~  
218 ~~for-hire passenger vehicles, other than taxicabs, may prove~~  
219 ~~financial responsibility by furnishing satisfactory evidence of~~  
220 ~~holding a motor vehicle liability policy as defined in s.~~  
221 ~~324.031.~~

222 (2) Except as provided in subsection (3), the requirements  
223 of this section must be met by the owner or lessee providing  
224 satisfactory evidence of holding a motor vehicle liability  
225 policy conforming to the requirements of s. 324.151 which is  
226 issued by an insurance carrier that is a member of the Florida  
227 Insurance Guaranty Association.

228 (3) ~~(2)~~ ~~An owner or a lessee who is required to maintain~~  
229 ~~insurance under s. 324.021(9) (b) and who operates at least 300~~  
230 ~~taxicabs, limousines, jitneys, or any other for-hire passenger~~  
231 ~~transportation vehicles may provide financial responsibility by~~  
232 ~~complying with the provisions of s. 324.171, which must such~~  
233 ~~compliance to be demonstrated by maintaining at its principal~~  
234 ~~place of business an audited financial statement, prepared in~~  
235 ~~accordance with generally accepted accounting principles, and~~  
236 ~~providing to the department a certification issued by a~~  
237 ~~certified public accountant that the applicant's net worth is at~~  
238 ~~least equal to the requirements of s. 324.171 as determined by~~  
239 ~~the Office of Insurance Regulation of the Financial Services~~  
240 ~~Commission, including claims liabilities in an amount certified~~  
241 ~~as adequate by a Fellow of the Casualty Actuarial Society.~~

242  
243 Upon request by the department, the applicant shall ~~must~~ provide



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244 the department at the applicant's principal place of business in  
245 this state access to the applicant's underlying financial  
246 information and financial statements that provide the basis of  
247 the certified public accountant's certification. The applicant  
248 shall reimburse the requesting department for all reasonable  
249 costs incurred by it in reviewing the supporting information.  
250 The maximum amount of self-insurance permissible under this  
251 subsection is \$300,000 and must be stated on a per-occurrence  
252 basis, and the applicant shall maintain adequate excess  
253 insurance issued by an authorized or eligible insurer licensed  
254 or approved by the Office of Insurance Regulation. All risks  
255 self-insured shall remain with the owner or lessee providing it,  
256 and the risks are not transferable to any other person, unless a  
257 policy complying with subsections (1) and (2) ~~subsection (1)~~ is  
258 obtained.

259 Section 19. Subsection (2) of section 324.051, Florida  
260 Statutes, is amended, and subsection (4) is added to that  
261 section, to read:

262 324.051 Reports of crashes; suspensions of licenses and  
263 registrations.—

264 (2) (a) Thirty days after receipt of notice of any accident  
265 described in paragraph (1) (a) involving a motor vehicle within  
266 this state, the department shall suspend, after due notice and  
267 opportunity to be heard, the license of each operator and all  
268 registrations of the owner of the vehicles operated by such  
269 operator whether or not involved in such crash and, in the case  
270 of a nonresident owner or operator, shall suspend such  
271 nonresident's operating privilege in this state, unless such  
272 operator or owner shall, prior to the expiration of such 30



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273 days, be found by the department to be exempt from the operation  
274 of this chapter, based upon evidence satisfactory to the  
275 department that:

276 1. The motor vehicle was legally parked at the time of such  
277 crash.

278 2. The motor vehicle was owned by the United States  
279 Government, this state, or any political subdivision of this  
280 state or any municipality therein.

281 3. Such operator or owner has secured a duly acknowledged  
282 written agreement providing for release from liability by all  
283 parties injured as the result of said crash and has complied  
284 with one of the provisions of s. 324.031.

285 4. Such operator or owner has deposited with the department  
286 security to conform with s. 324.061 when applicable and has  
287 complied with one of the provisions of s. 324.031.

288 5. One year has elapsed since such owner or operator was  
289 suspended pursuant to subsection (3), the owner or operator has  
290 complied with one of the provisions of s. 324.031, and no bill  
291 of complaint of which the department has notice has been filed  
292 in a court of competent jurisdiction.

293 (b) This subsection does ~~shall~~ not apply:

294 1. To such operator or owner if such operator or owner had  
295 in effect at the time of such crash or traffic conviction a  
296 motor vehicle ~~an automobile~~ liability policy with respect to all  
297 of the registered motor vehicles owned by such operator or  
298 owner.

299 2. To such operator, if not the owner of such motor  
300 vehicle, if there was in effect at the time of such crash or  
301 traffic conviction a motor vehicle ~~an automobile~~ liability



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302 policy or bond with respect to his or her operation of motor  
303 vehicles not owned by him or her.

304 3. To such operator or owner if the liability of such  
305 operator or owner for damages resulting from such crash is, in  
306 the judgment of the department, covered by any other form of  
307 liability insurance or bond.

308 4. To any person who has obtained from the department a  
309 certificate of self-insurance, in accordance with s. 324.171, or  
310 to any person operating a motor vehicle for such self-insurer.

311

312 No such policy or bond shall be effective under this subsection  
313 unless it contains limits of not less than those specified in s.  
314 324.021(7).

315 (4) As used in this section, the term "motor vehicle"  
316 includes a motorcycle as defined in s. 320.01(26).

317 Section 20. Section 324.071, Florida Statutes, is amended  
318 to read:

319 324.071 Reinstatement; renewal of license; reinstatement  
320 fee.—~~An Any~~ operator or owner whose license or registration has  
321 been suspended pursuant to s. 324.051(2), s. 324.072, s.  
322 324.081, or s. 324.121 may effect its reinstatement upon  
323 compliance with ~~the provisions of~~ s. 324.051(2)(a)3. or 4., or  
324 s. 324.081(2) and (3), as the case may be, and with one of the  
325 provisions of s. 324.031 and upon payment to the department of a  
326 nonrefundable reinstatement fee of \$15. Only one such fee may  
327 ~~shall~~ be paid by any one person regardless irrespective of the  
328 number of licenses and registrations to be then reinstated or  
329 issued to such person. ~~All~~ Such fees must ~~shall~~ be deposited to  
330 a department trust fund. ~~If~~ When the reinstatement of any



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331 license or registration is effected by compliance with s.  
332 324.051(2)(a)3. or 4., the department may ~~shall~~ not renew the  
333 license or registration within ~~a period of~~ 3 years after ~~from~~  
334 such reinstatement, nor may ~~shall~~ any other license or  
335 registration be issued in the name of such person, unless the  
336 operator continues ~~is continuing~~ to comply with ~~one of the~~  
337 ~~provisions of~~ s. 324.031.

338 Section 21. Subsection (1) of section 324.091, Florida  
339 Statutes, is amended to read:

340 324.091 Notice to department; notice to insurer.-

341 (1) Each owner and operator involved in a crash or  
342 conviction case within the purview of this chapter shall furnish  
343 evidence of ~~automobile liability insurance or~~ motor vehicle  
344 liability insurance within 14 days after the date of the mailing  
345 of notice of crash by the department in the form and manner as  
346 it may designate. Upon receipt of evidence that a ~~an automobile~~  
347 ~~liability policy or~~ motor vehicle liability policy was in effect  
348 at the time of the crash or conviction case, the department  
349 shall forward to the insurer such information for verification  
350 in a method as determined by the department. The insurer shall  
351 respond to the department within 20 days after the notice as to  
352 whether ~~or not~~ such information is valid. If the department  
353 determines that a ~~an automobile liability policy or~~ motor  
354 vehicle liability policy was not in effect and did not provide  
355 coverage for both the owner and the operator, it must ~~shall~~ take  
356 action as it is authorized to do under this chapter.

357 Section 22. Section 324.151, Florida Statutes, is amended  
358 to read:

359 324.151 Motor vehicle liability policies; required



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360 provisions.-

361 (1) A motor vehicle liability policy that serves as to be  
362 proof of financial responsibility under s. 324.031(1)(a) must s-  
363 324.031(1), shall be issued to owners or operators of motor  
364 vehicles under the following provisions:

365 (a) A motor vehicle An owner's liability insurance policy  
366 issued to an owner of a motor vehicle required to be registered  
367 in this state must shall designate by explicit description or by  
368 appropriate reference all motor vehicles for with respect to  
369 which coverage is thereby granted. The policy must and shall  
370 insure the person or persons owner named therein and, except for  
371 a named driver excluded pursuant to s. 627.747, must insure any  
372 resident relative of a named insured other person as operator  
373 using such motor vehicle or motor vehicles with the express or  
374 implied permission of such owner against loss from the liability  
375 imposed by law for damage arising out of the ownership,  
376 maintenance, or use of any such motor vehicle or motor vehicles  
377 within the United States or the Dominion of Canada, subject to  
378 limits, exclusive of interest and costs with respect to each  
379 such motor vehicle as is provided for under s. 324.021(7).  
380 Except for a named driver excluded pursuant to s. 627.747, the  
381 policy must also insure any person operating an insured motor  
382 vehicle with the express or implied permission of a named  
383 insured against loss from the liability imposed by law for  
384 damage arising out of the use of any vehicle. However, the  
385 insurer may include provisions in its policy excluding liability  
386 coverage for a motor vehicle not designated as an insured  
387 vehicle on the policy if such motor vehicle does not qualify as  
388 a newly acquired vehicle or as a temporary substitute vehicle



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389 and was owned by the insured or was furnished for an insured's  
390 regular use for more than 30 consecutive days before the event  
391 giving rise to the claim. Insurers may make available, with  
392 respect to property damage liability coverage, a deductible  
393 amount not to exceed \$500. In the event of a property damage  
394 loss covered by a policy containing a property damage deductible  
395 provision, the insurer shall pay to the third-party claimant the  
396 amount of any property damage liability settlement or judgment,  
397 subject to policy limits, as if no deductible existed.

398 (b) A motor vehicle liability insurance policy issued to a  
399 person who does not own a motor vehicle must ~~An operator's motor~~  
400 ~~vehicle liability policy of insurance shall~~ insure the person or  
401 persons named therein against loss from the liability imposed  
402 ~~upon him or her~~ by law for damages arising out of the use ~~by the~~  
403 ~~person~~ of any motor vehicle not owned by him or her, ~~with the~~  
404 ~~same territorial limits and subject to the same limits of~~  
405 ~~liability as referred to above with respect to an owner's policy~~  
406 ~~of liability insurance.~~

407 (c) All such motor vehicle liability policies must provide  
408 liability coverage with limits, exclusive of interest and costs,  
409 as specified under s. 324.021(7) for accidents occurring within  
410 the United States or Canada. The policies must ~~shall~~ state the  
411 name and address of the named insured, the coverage afforded by  
412 the policy, the premium charged therefor, the policy period, and  
413 the limits of liability, and must ~~shall~~ contain an agreement or  
414 be endorsed that insurance is provided in accordance with the  
415 coverage defined in this chapter ~~as respects bodily injury and~~  
416 ~~death or property damage or both~~ and is subject to all  
417 ~~provisions of this chapter.~~ The ~~Said~~ policies must ~~shall~~ also



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418 contain a provision that the satisfaction by an insured of a  
419 judgment for such injury or damage may shall not be a condition  
420 precedent to the right or duty of the insurance carrier to make  
421 payment on account of such injury or damage, and must shall also  
422 contain a provision that bankruptcy or insolvency of the insured  
423 or of the insured's estate does shall not relieve the insurance  
424 carrier of any of its obligations under the said policy.

425 (2) ~~The provisions of~~ This section is shall not be  
426 applicable to any motor vehicle automobile liability policy  
427 unless and until it is furnished as proof of financial  
428 responsibility for the future pursuant to s. 324.031, and then  
429 applies only from and after the date the said policy is ~~so~~  
430 furnished.

431 (3) As used in this section, the term:

432 (a) "Newly acquired vehicle" means a vehicle owned by a  
433 named insured or resident relative of the named insured which  
434 was acquired no more than 30 days before an accident.

435 (b) "Resident relative" means a person related to a named  
436 insured by any degree by blood, marriage, or adoption, including  
437 a ward or foster child, who usually makes his or her home in the  
438 same family unit or residence as the named insured, regardless  
439 of whether he or she temporarily lives elsewhere.

440 (c) "Temporary substitute vehicle" means any motor vehicle  
441 as defined in s. 320.01(1) which is not owned by the named  
442 insured and which is temporarily used with the permission of the  
443 owner as a substitute for the owned motor vehicle designated on  
444 the policy when the owned vehicle is withdrawn from normal use  
445 because of breakdown, repair, servicing, loss, or destruction.

446 Section 23. Section 324.161, Florida Statutes, is amended





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447 to read:

448           324.161 Proof of financial responsibility; deposit.—If a  
449 person elects to prove his or her financial responsibility under  
450 the method of proof specified in s. 324.031(1) (b), he or she  
451 annually must obtain and submit to the department proof of a  
452 certificate of deposit in the amount required under s.  
453 324.031(2) from a financial institution insured by the Federal  
454 Deposit Insurance Corporation or the National Credit Union  
455 Administration ~~Annually, before any certificate of insurance may~~  
456 ~~be issued to a person, including any firm, partnership,~~  
457 ~~association, corporation, or other person, other than a natural~~  
458 ~~person, proof of a certificate of deposit of \$30,000 issued and~~  
459 ~~held by a financial institution must be submitted to the~~  
460 ~~department. A power of attorney will be issued to and held by~~  
461 ~~the department and may be executed upon a judgment issued~~  
462 ~~against such person making the deposit, for damages for because~~  
463 ~~of bodily injury to or death of any person or for damages for~~  
464 ~~because of injury to or destruction of property resulting from~~  
465 ~~the use or operation of any motor vehicle occurring after such~~  
466 ~~deposit was made. Money so deposited is ~~shall~~ not be subject to~~  
467 ~~attachment or execution unless such attachment or execution~~  
468 ~~arises ~~shall arise~~ out of a lawsuit ~~suit~~ for such damages as~~  
469 ~~aforesaid.~~

470           Section 24. Subsections (1) and (2) of section 324.171,  
471 Florida Statutes, are amended to read:

472           324.171 Self-insurer.—

473           (1) A ~~Any~~ person may qualify as a self-insurer by obtaining  
474 a certificate of self-insurance from the department. ~~which may,~~  
475 ~~in its discretion and~~ Upon application of such a person, the



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476 department may issue a said certificate of self-insurance to an  
477 applicant who satisfies ~~when such person has satisfied~~ the  
478 requirements of this section. Effective January 1, 2022 to  
479 ~~qualify as a self-insurer under this section:~~

480 (a) A private individual with private passenger vehicles  
481 shall possess a net unencumbered worth of at least \$100,000  
482 ~~\$40,000~~.

483 (b) A person, including any firm, partnership, association,  
484 corporation, or other person, other than a natural person,  
485 shall:

486 1. Possess a net unencumbered worth of at least \$100,000  
487 ~~\$40,000~~ for the first motor vehicle and \$50,000 ~~\$20,000~~ for each  
488 additional motor vehicle; or

489 2. Maintain sufficient net worth, in an amount determined  
490 by the department, to be financially responsible for potential  
491 losses. The department annually shall determine the minimum net  
492 worth sufficient to satisfy this subparagraph as determined  
493 ~~annually by the department,~~ pursuant to rules adopted  
494 ~~promulgated~~ by the department, with the assistance of the Office  
495 of Insurance Regulation of the Financial Services Commission, ~~to~~  
496 ~~be financially responsible for potential losses. The rules must~~  
497 consider any shall take into consideration excess insurance  
498 carried by the applicant. The department's determination must  
499 ~~shall~~ be based upon reasonable actuarial principles considering  
500 the frequency, severity, and loss development of claims incurred  
501 by casualty insurers writing coverage on the type of motor  
502 vehicles for which a certificate of self-insurance is desired.

503 (c) The owner of a commercial motor vehicle, as defined in  
504 s. 207.002 or s. 320.01, may qualify as a self-insurer subject



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505 to the standards provided ~~for~~ in subparagraph (b)2.

506 (2) The self-insurance certificate must ~~shall~~ provide  
507 limits of liability insurance in the amounts specified under s.  
508 324.021(7) ~~or s. 627.7415 and shall provide personal injury~~  
509 ~~protection coverage under s. 627.733(3)(b).~~

510 Section 25. Section 324.251, Florida Statutes, is amended  
511 to read:

512 324.251 Short title.—This chapter may be cited as the  
513 “Financial Responsibility Law of 2021 1955” and is ~~shall become~~  
514 effective at 12:01 a.m., January 1, 2022 ~~October 1, 1955~~.

515 Section 26. Subsection (4) of section 400.9905, Florida  
516 Statutes, is amended to read:

517 400.9905 Definitions.—

518 (4) (a) “Clinic” means an entity where health care services  
519 are provided to individuals and which tenders charges for  
520 reimbursement for such services, including a mobile clinic and a  
521 portable equipment provider. As used in this part, the term does  
522 not include and the licensure requirements of this part do not  
523 apply to:

524 1.(a) Entities licensed or registered by the state under  
525 chapter 395; entities licensed or registered by the state and  
526 providing only health care services within the scope of services  
527 authorized under their respective licenses under ss. 383.30-  
528 383.332, chapter 390, chapter 394, chapter 397, this chapter  
529 except part X, chapter 429, chapter 463, chapter 465, chapter  
530 466, chapter 478, chapter 484, or chapter 651; end-stage renal  
531 disease providers authorized under 42 C.F.R. part 494; providers  
532 certified and providing only health care services within the  
533 scope of services authorized under their respective



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534 certifications under 42 C.F.R. part 485, subpart B, subpart H,  
535 or subpart J; providers certified and providing only health care  
536 services within the scope of services authorized under their  
537 respective certifications under 42 C.F.R. part 486, subpart C;  
538 providers certified and providing only health care services  
539 within the scope of services authorized under their respective  
540 certifications under 42 C.F.R. part 491, subpart A; providers  
541 certified by the Centers for Medicare and Medicaid Services  
542 under the federal Clinical Laboratory Improvement Amendments and  
543 the federal rules adopted thereunder; or any entity that  
544 provides neonatal or pediatric hospital-based health care  
545 services or other health care services by licensed practitioners  
546 solely within a hospital licensed under chapter 395.

547 2.~~(b)~~ Entities that own, directly or indirectly, entities  
548 licensed or registered by the state pursuant to chapter 395;  
549 entities that own, directly or indirectly, entities licensed or  
550 registered by the state and providing only health care services  
551 within the scope of services authorized pursuant to their  
552 respective licenses under ss. 383.30-383.332, chapter 390,  
553 chapter 394, chapter 397, this chapter except part X, chapter  
554 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
555 484, or chapter 651; end-stage renal disease providers  
556 authorized under 42 C.F.R. part 494; providers certified and  
557 providing only health care services within the scope of services  
558 authorized under their respective certifications under 42 C.F.R.  
559 part 485, subpart B, subpart H, or subpart J; providers  
560 certified and providing only health care services within the  
561 scope of services authorized under their respective  
562 certifications under 42 C.F.R. part 486, subpart C; providers



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563 certified and providing only health care services within the  
564 scope of services authorized under their respective  
565 certifications under 42 C.F.R. part 491, subpart A; providers  
566 certified by the Centers for Medicare and Medicaid Services  
567 under the federal Clinical Laboratory Improvement Amendments and  
568 the federal rules adopted thereunder; or any entity that  
569 provides neonatal or pediatric hospital-based health care  
570 services by licensed practitioners solely within a hospital  
571 licensed under chapter 395.

572 3.(e) Entities that are owned, directly or indirectly, by  
573 an entity licensed or registered by the state pursuant to  
574 chapter 395; entities that are owned, directly or indirectly, by  
575 an entity licensed or registered by the state and providing only  
576 health care services within the scope of services authorized  
577 pursuant to their respective licenses under ss. 383.30-383.332,  
578 chapter 390, chapter 394, chapter 397, this chapter except part  
579 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
580 478, chapter 484, or chapter 651; end-stage renal disease  
581 providers authorized under 42 C.F.R. part 494; providers  
582 certified and providing only health care services within the  
583 scope of services authorized under their respective  
584 certifications under 42 C.F.R. part 485, subpart B, subpart H,  
585 or subpart J; providers certified and providing only health care  
586 services within the scope of services authorized under their  
587 respective certifications under 42 C.F.R. part 486, subpart C;  
588 providers certified and providing only health care services  
589 within the scope of services authorized under their respective  
590 certifications under 42 C.F.R. part 491, subpart A; providers  
591 certified by the Centers for Medicare and Medicaid Services



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592 under the federal Clinical Laboratory Improvement Amendments and  
593 the federal rules adopted thereunder; or any entity that  
594 provides neonatal or pediatric hospital-based health care  
595 services by licensed practitioners solely within a hospital  
596 under chapter 395.

597 4.(d) Entities that are under common ownership, directly  
598 or indirectly, with an entity licensed or registered by the  
599 state pursuant to chapter 395; entities that are under common  
600 ownership, directly or indirectly, with an entity licensed or  
601 registered by the state and providing only health care services  
602 within the scope of services authorized pursuant to their  
603 respective licenses under ss. 383.30-383.332, chapter 390,  
604 chapter 394, chapter 397, this chapter except part X, chapter  
605 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
606 484, or chapter 651; end-stage renal disease providers  
607 authorized under 42 C.F.R. part 494; providers certified and  
608 providing only health care services within the scope of services  
609 authorized under their respective certifications under 42 C.F.R.  
610 part 485, subpart B, subpart H, or subpart J; providers  
611 certified and providing only health care services within the  
612 scope of services authorized under their respective  
613 certifications under 42 C.F.R. part 486, subpart C; providers  
614 certified and providing only health care services within the  
615 scope of services authorized under their respective  
616 certifications under 42 C.F.R. part 491, subpart A; providers  
617 certified by the Centers for Medicare and Medicaid Services  
618 under the federal Clinical Laboratory Improvement Amendments and  
619 the federal rules adopted thereunder; or any entity that  
620 provides neonatal or pediatric hospital-based health care



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621 services by licensed practitioners solely within a hospital  
622 licensed under chapter 395.

623 5.~~(e)~~ An entity that is exempt from federal taxation under  
624 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan  
625 under 26 U.S.C. s. 409 that has a board of trustees at least  
626 two-thirds of which are Florida-licensed health care  
627 practitioners and provides only physical therapy services under  
628 physician orders, any community college or university clinic,  
629 and any entity owned or operated by the federal or state  
630 government, including agencies, subdivisions, or municipalities  
631 thereof.

632 6.~~(f)~~ A sole proprietorship, group practice, partnership,  
633 or corporation that provides health care services by physicians  
634 covered by s. 627.419, that is directly supervised by one or  
635 more of such physicians, and that is wholly owned by one or more  
636 of those physicians or by a physician and the spouse, parent,  
637 child, or sibling of that physician.

638 7.~~(g)~~ A sole proprietorship, group practice, partnership,  
639 or corporation that provides health care services by licensed  
640 health care practitioners under chapter 457, chapter 458,  
641 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
642 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
643 chapter 490, chapter 491, or part I, part III, part X, part  
644 XIII, or part XIV of chapter 468, or s. 464.012, and that is  
645 wholly owned by one or more licensed health care practitioners,  
646 or the licensed health care practitioners set forth in this  
647 subparagraph ~~paragraph~~ and the spouse, parent, child, or sibling  
648 of a licensed health care practitioner if one of the owners who  
649 is a licensed health care practitioner is supervising the



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650 business activities and is legally responsible for the entity's  
651 compliance with all federal and state laws. However, a health  
652 care practitioner may not supervise services beyond the scope of  
653 the practitioner's license, except that, for the purposes of  
654 this part, a clinic owned by a licensee in s. 456.053(3)(b)  
655 which provides only services authorized pursuant to s.  
656 456.053(3)(b) may be supervised by a licensee specified in s.  
657 456.053(3)(b).

658 8.~~(h)~~ Clinical facilities affiliated with an accredited  
659 medical school at which training is provided for medical  
660 students, residents, or fellows.

661 9.~~(i)~~ Entities that provide only oncology or radiation  
662 therapy services by physicians licensed under chapter 458 or  
663 chapter 459 or entities that provide oncology or radiation  
664 therapy services by physicians licensed under chapter 458 or  
665 chapter 459 which are owned by a corporation whose shares are  
666 publicly traded on a recognized stock exchange.

667 10.~~(j)~~ Clinical facilities affiliated with a college of  
668 chiropractic accredited by the Council on Chiropractic Education  
669 at which training is provided for chiropractic students.

670 11.~~(k)~~ Entities that provide licensed practitioners to  
671 staff emergency departments or to deliver anesthesia services in  
672 facilities licensed under chapter 395 and that derive at least  
673 90 percent of their gross annual revenues from the provision of  
674 such services. Entities claiming an exemption from licensure  
675 under this subparagraph ~~paragraph~~ must provide documentation  
676 demonstrating compliance.

677 12.~~(l)~~ Orthotic, prosthetic, pediatric cardiology, or  
678 perinatology clinical facilities or anesthesia clinical





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679 facilities that are not otherwise exempt under subparagraph 1.  
680 or subparagraph 11. ~~paragraph (a) or paragraph (k)~~ and that are  
681 a publicly traded corporation or are wholly owned, directly or  
682 indirectly, by a publicly traded corporation. As used in this  
683 subparagraph ~~paragraph~~, a publicly traded corporation is a  
684 corporation that issues securities traded on an exchange  
685 registered with the United States Securities and Exchange  
686 Commission as a national securities exchange.

687 13.~~(m)~~ Entities that are owned by a corporation that has  
688 \$250 million or more in total annual sales of health care  
689 services provided by licensed health care practitioners where  
690 one or more of the persons responsible for the operations of the  
691 entity is a health care practitioner who is licensed in this  
692 state and who is responsible for supervising the business  
693 activities of the entity and is responsible for the entity's  
694 compliance with state law for purposes of this part.

695 14.~~(n)~~ Entities that employ 50 or more licensed health care  
696 practitioners licensed under chapter 458 or chapter 459 where  
697 the billing for medical services is under a single tax  
698 identification number. The application for exemption under this  
699 subsection must include ~~shall contain information that includes:~~  
700 the name, residence, and business address and telephone ~~phone~~  
701 number of the entity that owns the practice; a complete list of  
702 the names and contact information of all the officers and  
703 directors of the corporation; the name, residence address,  
704 business address, and medical license number of each licensed  
705 Florida health care practitioner employed by the entity; the  
706 corporate tax identification number of the entity seeking an  
707 exemption; a listing of health care services to be provided by



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708 the entity at the health care clinics owned or operated by the  
709 entity; and a certified statement prepared by an independent  
710 certified public accountant which states that the entity and the  
711 health care clinics owned or operated by the entity have not  
712 received payment for health care services under medical payments  
713 ~~personal injury protection insurance~~ coverage for the preceding  
714 year. If the agency determines that an entity that ~~which~~ is  
715 exempt under this subsection has received payments for medical  
716 services under medical payments ~~personal injury protection~~  
717 ~~insurance~~ coverage, the agency may deny or revoke the exemption  
718 from licensure under this subsection.

719 15.~~(e)~~ Entities that are, directly or indirectly, under the  
720 common ownership of or that are subject to common control by a  
721 mutual insurance holding company, as defined in s. 628.703, with  
722 an entity issued a certificate of authority under chapter 624 or  
723 chapter 641 which has \$1 billion or more in total annual sales  
724 in this state.

725 16.~~(p)~~ Entities that are owned by an entity that is a  
726 behavioral health care service provider in at least five other  
727 states; that, together with its affiliates, have \$90 million or  
728 more in total annual revenues associated with the provision of  
729 behavioral health care services; and wherein one or more of the  
730 persons responsible for the operations of the entity is a health  
731 care practitioner who is licensed in this state, who is  
732 responsible for supervising the business activities of the  
733 entity, and who is responsible for the entity's compliance with  
734 state law for purposes of this part.

735 17.~~(q)~~ Medicaid providers.

736 (b) Notwithstanding paragraph (a) ~~this subsection~~, an



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737 entity is shall be deemed a clinic and must be licensed under  
738 this part in order to receive medical payments coverage  
739 reimbursement under s. 627.7265 unless the entity is:

740 1. Wholly owned by a physician licensed under chapter 458  
741 or chapter 459 or by the physician and the spouse, parent,  
742 child, or sibling of the physician;

743 2. Wholly owned by a dentist licensed under chapter 466 or  
744 by the dentist and the spouse, parent, child, or sibling of the  
745 dentist;

746 3. Wholly owned by a chiropractic physician licensed under  
747 chapter 460 or by the chiropractic physician and the spouse,  
748 parent, child, or sibling of the chiropractic physician;

749 4. A hospital or ambulatory surgical center licensed under  
750 chapter 395;

751 5. An entity that wholly owns or is wholly owned, directly  
752 or indirectly, by a hospital or hospitals licensed under chapter  
753 395;

754 6. A clinical facility affiliated with an accredited  
755 medical school at which training is provided for medical  
756 students, residents, or fellows;

757 7. Certified under 42 C.F.R. part 485, subpart H; or

758 8. Owned by a publicly traded corporation, either directly  
759 or indirectly through its subsidiaries, which has \$250 million  
760 or more in total annual sales of health care services provided  
761 by licensed health care practitioners, if one or more of the  
762 persons responsible for the operations of the entity are health  
763 care practitioners who are licensed in this state and are  
764 responsible for supervising the business activities of the  
765 entity and the entity's compliance with state law for purposes



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766 ~~of this subsection the Florida Motor Vehicle No-Fault Law, ss.~~  
767 ~~627.730-627.7405, unless exempted under s. 627.736(5)(h).~~

768 Section 27. Subsection (5) of section 400.991, Florida  
769 Statutes, is amended to read:

770 400.991 License requirements; background screenings;  
771 prohibitions.—

772 (5) All agency forms for licensure application or exemption  
773 from licensure under this part must contain the following  
774 statement:

775

776 INSURANCE FRAUD NOTICE.—A person commits a fraudulent insurance  
777 act, as defined in s. 626.989, Florida Statutes, if the person  
778 ~~who~~ knowingly submits a false, misleading, or fraudulent  
779 application or other document when applying for licensure as a  
780 health care clinic, seeking an exemption from licensure as a  
781 health care clinic, or demonstrating compliance with part X of  
782 chapter 400, Florida Statutes, with the intent to use the  
783 license, exemption from licensure, or demonstration of  
784 compliance to provide services or seek reimbursement under a  
785 motor vehicle liability insurance policy's medical payments  
786 coverage ~~the Florida Motor Vehicle No-Fault Law, commits a~~  
787 ~~fraudulent insurance act, as defined in s. 626.989, Florida~~  
788 ~~Statutes.~~ A person who presents a claim for benefits under  
789 medical payments coverage ~~personal injury protection benefits~~  
790 knowing that the payee knowingly submitted such health care  
791 clinic application or document, commits insurance fraud, as  
792 defined in s. 817.234, Florida Statutes.

793 Section 28. Paragraph (g) of subsection (1) of section  
794 400.9935, Florida Statutes, is amended to read:



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795 400.9935 Clinic responsibilities.-

796 (1) Each clinic shall appoint a medical director or clinic  
797 director who shall agree in writing to accept legal  
798 responsibility for the following activities on behalf of the  
799 clinic. The medical director or the clinic director shall:

800 (g) Conduct systematic reviews of clinic billings to ensure  
801 that the billings are not fraudulent or unlawful. Upon discovery  
802 of an unlawful charge, the medical director or clinic director  
803 shall take immediate corrective action. If the clinic performs  
804 only the technical component of magnetic resonance imaging,  
805 static radiographs, computed tomography, or positron emission  
806 tomography, and provides the professional interpretation of such  
807 services, in a fixed facility that is accredited by a national  
808 accrediting organization that is approved by the Centers for  
809 Medicare and Medicaid Services for magnetic resonance imaging  
810 and advanced diagnostic imaging services and if, in the  
811 preceding quarter, the percentage of scans performed by that  
812 clinic which was billed to motor vehicle ~~all personal injury~~  
813 ~~protection~~ insurance carriers under medical payments coverage  
814 was less than 15 percent, the chief financial officer of the  
815 clinic may, in a written acknowledgment provided to the agency,  
816 assume the responsibility for the conduct of the systematic  
817 reviews of clinic billings to ensure that the billings are not  
818 fraudulent or unlawful.

819 Section 29. Subsection (28) of section 409.901, Florida  
820 Statutes, is amended to read:

821 409.901 Definitions; ss. 409.901-409.920.-As used in ss.  
822 409.901-409.920, except as otherwise specifically provided, the  
823 term:



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824 (28) "Third-party benefit" means any benefit that is or may  
825 be available at any time through contract, court award,  
826 judgment, settlement, agreement, or any arrangement between a  
827 third party and any person or entity, including, without  
828 limitation, a Medicaid recipient, a provider, another third  
829 party, an insurer, or the agency, for any Medicaid-covered  
830 injury, illness, goods, or services, including costs of medical  
831 services related thereto, for bodily personal injury or for  
832 death of the recipient, but specifically excluding ~~policies of~~  
833 life insurance policies on the recipient, unless available under  
834 terms of the policy to pay medical expenses before ~~prior to~~  
835 death. The term includes, without limitation, collateral, as  
836 defined in this section; ~~health insurance;~~ any benefit under a  
837 health maintenance organization, a preferred provider  
838 arrangement, a prepaid health clinic, liability insurance,  
839 uninsured motorist insurance, or medical payments coverage; or  
840 ~~personal injury protection coverage,~~ medical benefits under  
841 workers' compensation, and any obligation under law or equity to  
842 provide medical support.

843 Section 30. Paragraph (f) of subsection (11) of section  
844 409.910, Florida Statutes, is amended to read:

845 409.910 Responsibility for payments on behalf of Medicaid-  
846 eligible persons when other parties are liable.-

847 (11) The agency may, as a matter of right, in order to  
848 enforce its rights under this section, institute, intervene in,  
849 or join any legal or administrative proceeding in its own name  
850 in one or more of the following capacities: individually, as  
851 subrogee of the recipient, as assignee of the recipient, or as  
852 lienholder of the collateral.



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853 (f) Notwithstanding any provision in this section to the  
854 contrary, in the event of an action in tort against a third  
855 party in which the recipient or his or her legal representative  
856 is a party which results in a judgment, award, or settlement  
857 from a third party, the amount recovered shall be distributed as  
858 follows:

859 1. After attorney ~~attorney's~~ fees and taxable costs as  
860 defined by the Florida Rules of Civil Procedure, one-half of the  
861 remaining recovery shall be paid to the agency up to the total  
862 amount of medical assistance provided by Medicaid.

863 2. The remaining amount of the recovery shall be paid to  
864 the recipient.

865 3. For purposes of calculating the agency's recovery of  
866 medical assistance benefits paid, the fee for services of an  
867 attorney retained by the recipient or his or her legal  
868 representative shall be calculated at 25 percent of the  
869 judgment, award, or settlement.

870 4. Notwithstanding any other provision of this section to  
871 the contrary, the agency shall be entitled to all medical  
872 coverage benefits up to the total amount of medical assistance  
873 provided by Medicaid. For purposes of this paragraph, the term  
874 "medical coverage" means any benefits under health insurance, a  
875 health maintenance organization, a preferred provider  
876 arrangement, or a prepaid health clinic, and the portion of  
877 benefits designated for medical payments under ~~coverage for~~  
878 workers' compensation coverage, motor vehicle insurance  
879 coverage, personal injury protection, and casualty coverage.

880 Section 31. Paragraph (k) of subsection (2) of section  
881 456.057, Florida Statutes, is amended to read:



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882 456.057 Ownership and control of patient records; report or  
883 copies of records to be furnished; disclosure of information.—

884 (2) As used in this section, the terms "records owner,"  
885 "health care practitioner," and "health care practitioner's  
886 employer" do not include any of the following persons or  
887 entities; furthermore, the following persons or entities are not  
888 authorized to acquire or own medical records, but are authorized  
889 under the confidentiality and disclosure requirements of this  
890 section to maintain those documents required by the part or  
891 chapter under which they are licensed or regulated:

892 (k) Persons or entities practicing under s. 627.7265 ~~s.~~  
893 ~~627.736(7)~~.

894 Section 32. Paragraphs (ee) and (ff) of subsection (1) of  
895 section 456.072, Florida Statutes, are amended to read:

896 456.072 Grounds for discipline; penalties; enforcement.—

897 (1) The following acts shall constitute grounds for which  
898 the disciplinary actions specified in subsection (2) may be  
899 taken:

900 (ee) With respect to making a medical payments coverage  
901 personal injury protection claim under s. 627.7265 as required  
902 by s. 627.736, intentionally submitting a claim, statement, or  
903 bill that has been upcoded. As used in this paragraph, the term  
904 "upcoded" means an action that submits a billing code that would  
905 result in a greater payment amount than would be paid using a  
906 billing code that accurately describes the services performed.  
907 The term does not include an otherwise lawful bill by a magnetic  
908 resonance imaging facility which globally combines both  
909 technical and professional components, if the amount of the  
910 global bill is not more than the components if billed





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911 separately; however, payment of such a bill constitutes payment  
912 in full for all components of such service ~~“unpeoded” as defined~~  
913 ~~in s. 627.732.~~

914 (ff) With respect to making a medical payments coverage  
915 ~~personal injury protection~~ claim pursuant to s. 627.7265 as  
916 ~~required by s. 627.736~~, intentionally submitting a claim,  
917 statement, or bill for payment of services that were not  
918 rendered.

919 Section 33. Paragraph (b) of subsection (1) and subsection  
920 (8) of section 624.155, Florida Statutes, are amended to read:

921 624.155 Civil remedy.—

922 (1) Any person may bring a civil action against an insurer  
923 when such person is damaged:

924 (b) By the commission of any of the following acts by the  
925 insurer:

926 1. Except for a civil action for bad faith failure to  
927 settle a third-party claim subject to s. 624.156, not attempting  
928 in good faith to settle claims when, under all the  
929 circumstances, it could and should have done so, had it acted  
930 fairly and honestly toward its insured and with due regard for  
931 her or his interests;

932 2. Making claims payments to insureds or beneficiaries not  
933 accompanied by a statement setting forth the coverage under  
934 which payments are being made; ~~or~~

935 3. Except as to liability coverages, failing to promptly  
936 settle claims, when the obligation to settle a claim has become  
937 reasonably clear, under one portion of the insurance policy  
938 coverage in order to influence settlements under other portions  
939 of the insurance policy coverage; or



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940           4. When handling a first-party claim under a motor vehicle  
941 insurance policy, not attempting in good faith to settle such  
942 claim pursuant to subparagraph 1. when such failure is caused by  
943 a failure to communicate to an insured:

944           a. The name, telephone number, e-mail address, and mailing  
945 address of the person who is adjusting the claim;

946           b. Any issues that may impair the insured's coverage;

947           c. Information that might resolve the coverage issue in a  
948 prompt manner;

949           d. Any basis for the insurer's rejection or nonacceptance  
950 of any settlement demand or offer; or

951           e. Any needed extensions to respond to a time-limited  
952 settlement offer.

953  
954 Notwithstanding the provisions of the above to the contrary, a  
955 person pursuing a remedy under this section need not prove that  
956 such act was committed or performed with such frequency as to  
957 indicate a general business practice.

958           (8) The civil remedy specified in this section does not  
959 preempt any other remedy or cause of action provided for  
960 pursuant to any other statute or pursuant to the common law of  
961 this state. ~~A Any person is may obtain a judgment under either~~  
962 ~~the common-law remedy of bad faith or this statutory remedy, but~~  
963 ~~shall not be~~ entitled to a judgment under multiple bad faith  
964 ~~both~~ remedies. This section shall not be construed to create a  
965 common-law cause of action. The damages recoverable pursuant to  
966 this section shall include those damages which are a reasonably  
967 foreseeable result of a specified violation of this section by  
968 the authorized insurer and may include an award or judgment in



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969 an amount that exceeds the policy limits.

970 Section 34. Section 624.156, Florida Statutes, is created  
971 to read:

972 624.156 Actions against motor vehicle insurers for bad  
973 faith failure to settle third-party claims.-

974 (1) SCOPE.-This section applies in all actions against any  
975 insurer for bad faith failure to settle a third-party claim for  
976 a loss arising out of the ownership, maintenance, or use of a  
977 motor vehicle operated or principally garaged in this state at  
978 the time of an incident or a loss, regardless of whether the  
979 insurer is authorized to do business in this state or issued a  
980 policy in this state. This section governs in any conflict with  
981 common law or any other statute.

982 (2) DUTY OF GOOD FAITH.-In handling claims, an insurer has  
983 a duty to its insured to handle claims in good faith by  
984 complying with the best practices standards of subsection (4).  
985 An insurer's negligence does not constitute bad faith. However,  
986 negligence is relevant to whether an insurer acted in bad faith.

987 (3) BAD FAITH FAILURE TO SETTLE.-"Bad faith failure to  
988 settle" means an insurer's failure to meet its duty of good  
989 faith, as described in subsection (2), which is a proximate  
990 cause of the insurer not settling a third-party claim when,  
991 under all the circumstances, the insurer could and should have  
992 done so, had it acted fairly and honestly toward its insured and  
993 with due regard for the insured's interests.

994 (4) BEST PRACTICES STANDARDS.-An insurer must meet the best  
995 practices standards of this subsection. The insurer's duty  
996 begins upon receiving actual notice of an incident or a loss  
997 that could give rise to a covered liability claim and continues



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998 until the claim is resolved. Notice may be communicated to the  
999 insurer or an agent of the insurer by any means. However, if  
1000 actual notice is communicated by means other than through any  
1001 manner permitted by the policy or other documents provided to  
1002 the insured by the insurer, through the insurer's website, or  
1003 through the e-mail address designated by the insurer under s.  
1004 624.422, the notice will not be effective under this subsection  
1005 if that variation causes actual prejudice to the insurer's  
1006 ability to settle the claim. The burden is on the party bringing  
1007 the bad faith claim to prove that the insurer had actual notice  
1008 of the incident or loss giving rise to the claim that resulted  
1009 in an excess judgment and when such notice was received. After  
1010 receipt of actual notice an insurer:

1011 (a) Must assign a duly licensed and appointed insurance  
1012 adjuster to investigate the extent of the insured's probable  
1013 exposure and diligently attempt to resolve any questions  
1014 concerning the existence or extent of the insured's coverage.

1015 (b) Based on available information, must ethically evaluate  
1016 every claim fairly, honestly, and with due regard for the  
1017 interests of the insured; consider the extent of the claimant's  
1018 recoverable damages; and consider the information in a  
1019 reasonable and prudent manner.

1020 (c) Must request from the insured or claimant additional  
1021 relevant information the insurer reasonably deems necessary to  
1022 evaluate whether to settle a claim.

1023 (d) Must conduct all verbal and written communications with  
1024 the insured with the utmost honesty and complete candor.

1025 (e) Must make reasonable efforts to explain to persons not  
1026 represented by counsel matters requiring expertise beyond the



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1027 level normally expected of a layperson with no training in  
1028 insurance or claims-handling issues.

1029 (f) Must retain all written communications and note and  
1030 retain a summary of all verbal communications in a reasonable  
1031 manner for a period of not less than 5 years after the later of:

1032 1. The entry of a judgment against the insured in excess of  
1033 policy limits becomes final; or

1034 2. The conclusion of the extracontractual claim, if any,  
1035 including any related appeals.

1036 (g) Must provide the insured, upon request, with all  
1037 nonprivileged communications related to the insurer's handling  
1038 of the claim which are not privileged as to the insured.

1039 (h) Must provide, at the insurer's expense, reasonable  
1040 accommodations necessary to communicate effectively with an  
1041 insured covered under the Americans with Disabilities Act.

1042 (i) In handling third-party claims, must communicate to an  
1043 insured all of the following:

1044 1. The identity of any other person or entity the insurer  
1045 has reason to believe may be liable.

1046 2. The insurer's evaluation of the claim.

1047 3. The likelihood and possible extent of an excess  
1048 judgment.

1049 4. Steps the insured can take to avoid exposure to an  
1050 excess judgment, including the right to secure personal counsel  
1051 at the insured's expense.

1052 5. The insured's duty to cooperate with the insurer,  
1053 including any specific requests required because of a settlement  
1054 opportunity or by the insurer for the insured's cooperation  
1055 under subsection (5), the purpose of the required cooperation,



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1056 and the consequences of refusing to cooperate.

1057 6. Any settlement demands or offers.

1058 (j) If, after the expiration of the safe harbor periods in  
1059 subsection (8), the facts available to the insurer indicate that  
1060 the insured's liability is likely to exceed the policy limits,  
1061 must initiate settlement negotiations by tendering its policy  
1062 limits to the claimant in exchange for a general release of the  
1063 insured.

1064 (k)1. Must give fair consideration to a settlement offer  
1065 that is not unreasonable under the facts available to the  
1066 insurer and settle, if possible, when a reasonably prudent  
1067 person, faced with the prospect of paying the total probable  
1068 exposure of the insured, would do so. The insurer shall provide  
1069 reasonable assistance to the insured to comply with the  
1070 insured's obligations to cooperate and shall act reasonably to  
1071 attempt to satisfy any conditions of a claimant's settlement  
1072 offer. If it is not possible to settle a liability claim within  
1073 the available policy limits, the insurer shall act reasonably to  
1074 attempt to minimize the excess exposure to the insured.

1075 2. When multiple claims arise out of a single occurrence,  
1076 the combined value of all claims exceeds the total of all  
1077 applicable policy limits, and the claimants are unwilling to  
1078 globally settle within the policy limits, must attempt to  
1079 minimize the magnitude of possible excess judgments against the  
1080 insured. Thereafter, the insurer is entitled to great discretion  
1081 to decide how much to offer each respective claimant in its  
1082 attempt to protect the insured. The insurer may, in its effort  
1083 to minimize the excess liability of the insured, use its  
1084 discretion to offer the full available policy limits to one or



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1085 more claimants to the exclusion of other claimants and may leave  
1086 the insured exposed to some liability after all the policy  
1087 limits are paid. An insurer does not act in bad faith simply  
1088 because it is unable to settle all claims in a multiple claimant  
1089 case. It is a defense to a bad faith action if the insurer  
1090 establishes that it used its discretion for the benefit of its  
1091 insureds and complied with the other best practices standards of  
1092 this subsection.

1093 (l) When a loss creates the potential for a third-party  
1094 claim against more than one insured, must attempt to settle the  
1095 claim on behalf of all insureds against whom a claim may be  
1096 presented. If it is not possible to settle on behalf of all  
1097 insureds, the insurer may, in consultation with the insureds,  
1098 enter into reasonable settlements of claims against certain  
1099 insureds to the exclusion of other insureds.

1100 (m) Must respond to any request for insurance information  
1101 in compliance with s. 627.4137 or s. 626.9372, as applicable.

1102 (n) Where it appears the insured's probable exposure is  
1103 greater than policy limits, must take reasonable measures to  
1104 preserve evidence, for a reasonable period of time, which is  
1105 needed for the defense of the liability claim.

1106 (o) Must comply with s. 627.426, if applicable.

1107 (p) May not commit or perform with such frequency as to  
1108 indicate a general business practice, any of the following:

1109 1. Failing to adopt and implement standards for the proper  
1110 investigation of claims.

1111 2. Misrepresenting pertinent facts or insurance policy  
1112 provisions relating to coverages at issue.

1113 3. Failing to acknowledge and act promptly upon



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1114 communications with respect to claims.

1115 4. Denying claims without conducting reasonable  
1116 investigations based upon available information.

1117 (5) INSURED'S DUTY TO COOPERATE.-

1118 (a) Insureds have a duty to cooperate with their insurer in  
1119 the defense of the claim and in making settlements. Accordingly,  
1120 the insured must take any reasonable action requested by the  
1121 injured claimant or provided in the policy which is necessary to  
1122 assist the insurer in settling a covered claim, including:

1123 1. Executing affidavits regarding the facts within the  
1124 insured's knowledge regarding the covered loss; and

1125 2. Providing documents, including those requested pursuant  
1126 to paragraph (b).

1127 (b) When it is reasonably necessary to settle a covered  
1128 claim valued in excess of all applicable policy limits, upon the  
1129 request of the injured claimant, an insured must disclose on a  
1130 form adopted by the department or provided by the claimant a  
1131 summary of the following:

1132 1. The insured's assets at the time of the loss, including:

1133 a. Cash, stocks, bonds, and nonretirement-based mutual  
1134 funds;

1135 b. Nonhomestead real property;

1136 c. All registered vehicles;

1137 d. All bank accounts;

1138 e. An estimated net accounting of all other assets; and

1139 f. Any additional information included by the department.

1140 2. The insured's liabilities, including:

1141 a. Mortgage debt;

1142 b. Credit card debt;





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1143        c. Child support and alimony payments;  
1144        d. Other liabilities; and  
1145        e. Any additional information included by the department.  
1146        3. For a corporate entity, information on its balance  
1147 sheet, including the corporate entity's:  
1148        a. Cash, property, equipment, and inventory;  
1149        b. Liabilities, including obligations, rent, money owed to  
1150 vendors, payroll, and taxes;  
1151        c. Other information relevant to understanding the entity's  
1152 capital and net worth; and  
1153        d. Any additional information included by the department.  
1154        4. A list of all insurance policies that may provide  
1155 coverage for the claim, stating the name of the insurer and  
1156 policy number of each policy.  
1157        5. For natural persons, a statement of whether the insured  
1158 was acting in the course and scope of employment at the time of  
1159 the incident or loss giving rise to the claim and, if so,  
1160 providing the name and contact information for the insured's  
1161 employer.  
1162        (c) No later than 14 days following actual notice of an  
1163 incident or a loss that could give rise to a covered liability  
1164 claim, the insurer must notify the insured of the insured's  
1165 duties under this subsection. The burden is on the insurer to  
1166 prove it provided notice to the insured of the insured's duty to  
1167 cooperate; otherwise, a presumption arises that the insured met  
1168 its duty to cooperate under this subsection.  
1169        (d) An insurer may terminate the defense as to any insured  
1170 who unreasonably fails to meet its duties under this subsection  
1171 when:



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1172 1. The insurer exercised diligence and met its duties under  
1173 subparagraph (4) (i)5.;

1174 2. The insurer provided reasonable assistance to the  
1175 insured to comply with the obligations of this subsection;

1176 3. The insurer gave the insured written notice of any  
1177 failure to cooperate and a reasonable opportunity for the  
1178 insured to cure the lack of cooperation, consistent with any  
1179 deadlines imposed by settlement negotiations;

1180 4. The insured's failure to cooperate causes the insurer to  
1181 be unable to settle the claim; and

1182 5. The insurer unconditionally tenders its available  
1183 coverage policy limits directly to the claimant or the  
1184 claimant's attorney.

1185 (e) When an insured's defense is terminated in compliance  
1186 with this subsection, the insurer is not liable for any damages  
1187 caused by a failure to settle or defend the liability claim  
1188 against that insured.

1189 (6) CLAIMANT COMMUNICATIONS.—The trier of fact may not  
1190 attribute the insurer's failure to settle a covered third-party  
1191 claim to a claimant's lack of communication with the insurer  
1192 when the claimant truthfully complies with all applicable  
1193 standards of this subsection by:

1194 (a) Contemporaneously with or before making a claim with  
1195 the insurer, communicating in writing to the insurer:

1196 1. The date and location of loss;

1197 2. The name, address, and date of birth of the claimant;

1198 and

1199 3. A physical address, an e-mail address, and a facsimile  
1200 number for further communications, including, but not limited



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1201 to, responses to any settlement demand.

1202 (b) Presenting the following in writing:

1203 1. The legal and factual basis of the claim; and

1204 2. A reasonably detailed description of the claimant's:

1205 a. Known injuries caused or aggravated by the incident or

1206 loss on which the claim is based;

1207 b. Medical treatment causally related to the incident or

1208 loss on which the claim is based;

1209 c. Relevant pre-accident medical conditions, if known; and

1210 d. Type and amount of known damages incurred and, if any,

1211 the damages the claimant reasonably anticipates incurring in the

1212 future.

1213 (c) Providing any settlement demand in writing and stating

1214 within such demand:

1215 1. The name of each insured to whom the demand for

1216 settlement is directed;

1217 2. The amount of the demand for settlement; and

1218 3. Any conditions the claimant is placing on acceptance of

1219 the demand for settlement.

1220

1221 This subsection does not reduce an insurer's duty of good faith,

1222 which is owed solely to its insured. The claimant owes no duty

1223 to the insured or the insurer, and the duties of the claimant's

1224 attorney are owed solely to their client. The claimant and the

1225 claimant's attorneys do not have a duty to comply with this

1226 subsection.

1227 (7) CONDITIONS PRECEDENT.—It is a condition precedent to

1228 filing an action against an insurer for bad faith failure to

1229 settle a third-party claim that:



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1230           (a) A third-party claimant obtained a final judgment in  
1231 excess of the policy limits against the insured or the insured's  
1232 estate, bankruptcy trustee, or successor in interest, unless the  
1233 insurer expressly waived the requirement of a final excess  
1234 judgment or wrongfully breached its duty to defend the insured;  
1235 and

1236           (b) The insurer or an agent of the insurer received actual  
1237 notice effective under subsection (4).

1238           (8) SAFE HARBORS.—

1239           (a) After an insurer receives actual notice of an incident  
1240 or a loss that could give rise to a covered liability claim, the  
1241 insurer is entitled to a reasonable opportunity to investigate  
1242 and evaluate the claim. The amount of time required for the  
1243 insurer's investigation and evaluation will vary depending on  
1244 the circumstances of the claim. The safe harbors provided in  
1245 this subsection are available to an insurer that complies with  
1246 the best practices standards of subsection (4).

1247           (b) When one claim arises out of a single occurrence, and  
1248 an insurer initiates settlement negotiations by tendering the  
1249 applicable policy limits in exchange for a general release of  
1250 the insured within 45 days after receiving actual notice of the  
1251 loss, the failure to tender the policy limits sooner does not  
1252 constitute bad faith.

1253           (c) When multiple claims arise out of a single occurrence,  
1254 the combined value of all claims exceeds the total of all  
1255 applicable policy limits, and an insurer initiates settlement  
1256 negotiations by globally tendering the applicable policy limits  
1257 in exchange for a general release of the insured within 45 days  
1258 after receiving actual notice of the loss, the failure to tender



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1259 policy limits sooner does not constitute bad faith.

1260 (d) An insurer is not under any circumstances liable for  
1261 the failure to accept a settlement offer within 45 days after  
1262 receiving actual notice of the loss if:

1263 1. The settlement offer provides the insurer fewer than 15  
1264 days for acceptance; or

1265 2. The settlement offer provides the insurer fewer than 30  
1266 days for acceptance where the offer contains conditions for  
1267 acceptance other than the insurer's disclosure of its policy  
1268 limits.

1269 (e) This subsection does not require that an insurer  
1270 automatically tender policy limits within 45 days in every case.

1271 (9) BURDEN OF PROOF.—In any action for bad faith failure to  
1272 settle as defined in subsection (3):

1273 (a) The party bringing the bad faith claim must prove every  
1274 element of the claim by the greater weight of the evidence,  
1275 taking into account the totality of the circumstances.

1276 (b) An insurer that relies upon paragraph (5) (d) as a  
1277 defense to a claim for bad faith failure to settle must prove  
1278 the elements of that paragraph by the greater weight of the  
1279 evidence.

1280 (c) An insurer that relies upon a safe harbor provision of  
1281 subsection (8) must prove the elements of the safe harbor by the  
1282 greater weight of the evidence.

1283 (10) DAMAGES.—If the trier of fact finds that a claimant  
1284 has met its burden of proof, the insurer is liable for the  
1285 amount of any excess judgment, together with court costs and, if  
1286 the claimant is the insured or an assignee of the insured, the  
1287 reasonable attorney fees incurred by the claimant. Punitive



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1288 damages may not be awarded.

1289 (11) ENFORCEMENT.—If a judgment creditor obtains a judgment  
1290 that exceeds the insured's limits of liability, the judgment  
1291 creditor must be subrogated to the rights of the insured against  
1292 the insurer for bad faith under this section.

1293 (12) LIMITATION ON MULTIPLE REMEDIES.—A person is not  
1294 entitled to a judgment under multiple bad faith remedies.

1295 Section 35. Paragraphs (i) and (o) of subsection (1) of  
1296 section 626.9541, Florida Statutes, are amended to read:

1297 626.9541 Unfair methods of competition and unfair or  
1298 deceptive acts or practices defined.—

1299 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE  
1300 ACTS.—The following are defined as unfair methods of competition  
1301 and unfair or deceptive acts or practices:

1302 (i) *Unfair claim settlement practices.*—

1303 1. Attempting to settle claims on the basis of an  
1304 application, when serving as a binder or intended to become a  
1305 part of the policy, or any other material document which was  
1306 altered without notice to, or knowledge or consent of, the  
1307 insured;

1308 2. Making a material misrepresentation ~~made~~ to an insured  
1309 or any other person having an interest in the proceeds payable  
1310 under such contract or policy, for the purpose and with the  
1311 intent of effecting settlement of such claims, loss, or damage  
1312 under such contract or policy on less favorable terms than those  
1313 provided in, and contemplated by, such contract or policy; ~~or~~

1314 3. Committing or performing with such frequency as to  
1315 indicate a general business practice any of the following:

1316 a. Failing to adopt and implement standards for the proper



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1317 investigation of claims;  
1318       b. Misrepresenting pertinent facts or insurance policy  
1319 provisions relating to coverages at issue;  
1320       c. Failing to acknowledge and act promptly upon  
1321 communications with respect to claims;  
1322       d. Denying claims without conducting reasonable  
1323 investigations based upon available information;  
1324       e. Failing to affirm or deny full or partial coverage of  
1325 claims, and, as to partial coverage, the dollar amount or extent  
1326 of coverage, or failing to provide a written statement that the  
1327 claim is being investigated, upon the written request of the  
1328 insured within 30 days after proof-of-loss statements have been  
1329 completed;  
1330       f. Failing to promptly provide a reasonable explanation in  
1331 writing to the insured of the basis in the insurance policy, in  
1332 relation to the facts or applicable law, for denial of a claim  
1333 or for the offer of a compromise settlement;  
1334       g. Failing to promptly notify the insured of any additional  
1335 information necessary for the processing of a claim; or  
1336       h. Failing to clearly explain the nature of the requested  
1337 information and the reasons why such information is necessary.  
1338       ~~i. Failing to pay personal injury protection insurance~~  
1339 ~~claims within the time periods required by s. 627.736(4)(b). The~~  
1340 ~~office may order the insurer to pay restitution to a~~  
1341 ~~policyholder, medical provider, or other claimant, including~~  
1342 ~~interest at a rate consistent with the amount set forth in s.~~  
1343 ~~55.03(1), for the time period within which an insurer fails to~~  
1344 ~~pay claims as required by law. Restitution is in addition to any~~  
1345 ~~other penalties allowed by law, including, but not limited to,~~



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1346 ~~the suspension of the insurer's certificate of authority.~~

1347         4. Failing to pay undisputed amounts of partial or full  
1348 benefits owed under first-party property insurance policies  
1349 within 90 days after an insurer receives notice of a residential  
1350 property insurance claim, determines the amounts of partial or  
1351 full benefits, and agrees to coverage, unless payment of the  
1352 undisputed benefits is prevented by an act of God, prevented by  
1353 the impossibility of performance, or due to actions by the  
1354 insured or claimant that constitute fraud, lack of cooperation,  
1355 or intentional misrepresentation regarding the claim for which  
1356 benefits are owed.

1357         (o) *Illegal dealings in premiums; excess or reduced charges*  
1358 *for insurance.*—

1359         1. Knowingly collecting any sum as a premium or charge for  
1360 insurance, which is not then provided, or is not in due course  
1361 to be provided, subject to acceptance of the risk by the  
1362 insurer, by an insurance policy issued by an insurer as  
1363 permitted by this code.

1364         2. Knowingly collecting as a premium or charge for  
1365 insurance any sum in excess of or less than the premium or  
1366 charge applicable to such insurance, in accordance with the  
1367 applicable classifications and rates as filed with and approved  
1368 by the office, and as specified in the policy; or, in cases when  
1369 classifications, premiums, or rates are not required by this  
1370 code to be so filed and approved, premiums and charges collected  
1371 from a Florida resident in excess of or less than those  
1372 specified in the policy and as fixed by the insurer.

1373 Notwithstanding any other provision of law, this provision shall  
1374 not be deemed to prohibit the charging and collection, by





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1375 surplus lines agents licensed under part VIII of this chapter,  
1376 of the amount of applicable state and federal taxes, or fees as  
1377 authorized by s. 626.916(4), in addition to the premium required  
1378 by the insurer or the charging and collection, by licensed  
1379 agents, of the exact amount of any discount or other such fee  
1380 charged by a credit card facility in connection with the use of  
1381 a credit card, as authorized by subparagraph (q)3., in addition  
1382 to the premium required by the insurer. This subparagraph shall  
1383 not be construed to prohibit collection of a premium for a  
1384 universal life or a variable or indeterminate value insurance  
1385 policy made in accordance with the terms of the contract.

1386 3.a. Imposing or requesting an additional premium for  
1387 bodily injury liability coverage, property damage liability  
1388 coverage a policy of motor vehicle liability, personal injury  
1389 protection, medical payments coverage payment, or collision  
1390 coverage in a motor vehicle liability insurance policy insurance  
1391 or any combination thereof or refusing to renew the policy  
1392 solely because the insured was involved in a motor vehicle  
1393 accident unless the insurer's file contains information from  
1394 which the insurer in good faith determines that the insured was  
1395 substantially at fault in the accident.

1396 b. An insurer which imposes and collects such a surcharge  
1397 or which refuses to renew such policy shall, in conjunction with  
1398 the notice of premium due or notice of nonrenewal, notify the  
1399 named insured that he or she is entitled to reimbursement of  
1400 such amount or renewal of the policy under the conditions listed  
1401 below and will subsequently reimburse him or her or renew the  
1402 policy, if the named insured demonstrates that the operator  
1403 involved in the accident was:



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1404 (I) Lawfully parked;

1405 (II) Reimbursed by, or on behalf of, a person responsible  
1406 for the accident or has a judgment against such person;

1407 (III) Struck in the rear by another vehicle headed in the  
1408 same direction and was not convicted of a moving traffic  
1409 violation in connection with the accident;

1410 (IV) Hit by a "hit-and-run" driver, if the accident was  
1411 reported to the proper authorities within 24 hours after  
1412 discovering the accident;

1413 (V) Not convicted of a moving traffic violation in  
1414 connection with the accident, but the operator of the other  
1415 automobile involved in such accident was convicted of a moving  
1416 traffic violation;

1417 (VI) Finally adjudicated not to be liable by a court of  
1418 competent jurisdiction;

1419 (VII) In receipt of a traffic citation which was dismissed  
1420 or nolle prossed; or

1421 (VIII) Not at fault as evidenced by a written statement  
1422 from the insured establishing facts demonstrating lack of fault  
1423 which are not rebutted by information in the insurer's file from  
1424 which the insurer in good faith determines that the insured was  
1425 substantially at fault.

1426 c. In addition to the other provisions of this  
1427 subparagraph, an insurer may not fail to renew a policy if the  
1428 insured has had only one accident in which he or she was at  
1429 fault within the current 3-year period. However, an insurer may  
1430 nonrenew a policy for reasons other than accidents in accordance  
1431 with s. 627.728. This subparagraph does not prohibit nonrenewal  
1432 of a policy under which the insured has had three or more



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1433 accidents, regardless of fault, during the most recent 3-year  
1434 period.

1435 4. Imposing or requesting an additional premium for, or  
1436 refusing to renew, a policy for motor vehicle insurance solely  
1437 because the insured committed a noncriminal traffic infraction  
1438 as described in s. 318.14 unless the infraction is:

1439 a. A second infraction committed within an 18-month period,  
1440 or a third or subsequent infraction committed within a 36-month  
1441 period.

1442 b. A violation of s. 316.183, when such violation is a  
1443 result of exceeding the lawful speed limit by more than 15 miles  
1444 per hour.

1445 5. Upon the request of the insured, the insurer and  
1446 licensed agent shall supply to the insured the complete proof of  
1447 fault or other criteria which justifies the additional charge or  
1448 cancellation.

1449 6. No insurer shall impose or request an additional premium  
1450 for motor vehicle insurance, cancel or refuse to issue a policy,  
1451 or refuse to renew a policy because the insured or the applicant  
1452 is a handicapped or physically disabled person, so long as such  
1453 handicap or physical disability does not substantially impair  
1454 such person's mechanically assisted driving ability.

1455 7. No insurer may cancel or otherwise terminate any  
1456 insurance contract or coverage, or require execution of a  
1457 consent to rate endorsement, during the stated policy term for  
1458 the purpose of offering to issue, or issuing, a similar or  
1459 identical contract or coverage to the same insured with the same  
1460 exposure at a higher premium rate or continuing an existing  
1461 contract or coverage with the same exposure at an increased



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1462 premium.

1463           8. No insurer may issue a nonrenewal notice on any  
1464 insurance contract or coverage, or require execution of a  
1465 consent to rate endorsement, for the purpose of offering to  
1466 issue, or issuing, a similar or identical contract or coverage  
1467 to the same insured at a higher premium rate or continuing an  
1468 existing contract or coverage at an increased premium without  
1469 meeting any applicable notice requirements.

1470           9. No insurer shall, with respect to premiums charged for  
1471 motor vehicle insurance, unfairly discriminate solely on the  
1472 basis of age, sex, marital status, or scholastic achievement.

1473           10. Imposing or requesting an additional premium for motor  
1474 vehicle comprehensive or uninsured motorist coverage solely  
1475 because the insured was involved in a motor vehicle accident or  
1476 was convicted of a moving traffic violation.

1477           11. No insurer shall cancel or issue a nonrenewal notice on  
1478 any insurance policy or contract without complying with any  
1479 applicable cancellation or nonrenewal provision required under  
1480 the Florida Insurance Code.

1481           12. No insurer shall impose or request an additional  
1482 premium, cancel a policy, or issue a nonrenewal notice on any  
1483 insurance policy or contract because of any traffic infraction  
1484 when adjudication has been withheld and no points have been  
1485 assessed pursuant to s. 318.14(9) and (10). However, this  
1486 subparagraph does not apply to traffic infractions involving  
1487 accidents in which the insurer has incurred a loss due to the  
1488 fault of the insured.

1489           Section 36. Paragraph (a) of subsection (1) of section  
1490 626.989, Florida Statutes, is amended to read:



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1491           626.989 Investigation by department or Division of  
1492 Investigative and Forensic Services; compliance; immunity;  
1493 confidential information; reports to division; division  
1494 investigator's power of arrest.-

1495           (1) For the purposes of this section:

1496           (a) A person commits a "fraudulent insurance act" if the  
1497 person:

1498           1. Knowingly and with intent to defraud presents, causes to  
1499 be presented, or prepares with knowledge or belief that it will  
1500 be presented, to or by an insurer, self-insurer, self-insurance  
1501 fund, servicing corporation, purported insurer, broker, or any  
1502 agent thereof, any written statement as part of, or in support  
1503 of, an application for the issuance of, or the rating of, any  
1504 insurance policy, or a claim for payment or other benefit  
1505 pursuant to any insurance policy, which the person knows to  
1506 contain materially false information concerning any fact  
1507 material thereto or if the person conceals, for the purpose of  
1508 misleading another, information concerning any fact material  
1509 thereto.

1510           2. Knowingly submits:

1511           a. A false, misleading, or fraudulent application or other  
1512 document when applying for licensure as a health care clinic,  
1513 seeking an exemption from licensure as a health care clinic, or  
1514 demonstrating compliance with part X of chapter 400 with an  
1515 intent to use the license, exemption from licensure, or  
1516 demonstration of compliance to provide services or seek  
1517 reimbursement under a motor vehicle liability insurance policy's  
1518 medical payments coverage ~~the Florida Motor Vehicle No-Fault~~  
1519 ~~Law.~~



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1520           b. A claim for payment or other benefit under medical  
1521 payments coverage, ~~pursuant to a personal injury protection~~  
1522 ~~insurance policy under the Florida Motor Vehicle No-Fault Law~~ if  
1523 the person knows that the payee knowingly submitted a false,  
1524 misleading, or fraudulent application or other document when  
1525 applying for licensure as a health care clinic, seeking an  
1526 exemption from licensure as a health care clinic, or  
1527 demonstrating compliance with part X of chapter 400.

1528           Section 37. Subsection (1) of section 627.06501, Florida  
1529 Statutes, is amended to read:

1530           627.06501 Insurance discounts for certain persons  
1531 completing driver improvement course.—

1532           (1) Any rate, rating schedule, or rating manual for the  
1533 liability, medical payments ~~personal injury protection~~, and  
1534 collision coverages of a motor vehicle insurance policy filed  
1535 with the office may provide for an appropriate reduction in  
1536 premium charges as to such coverages if ~~when~~ the principal  
1537 operator on the covered vehicle has successfully completed a  
1538 driver improvement course approved and certified by the  
1539 Department of Highway Safety and Motor Vehicles which is  
1540 effective in reducing crash or violation rates, or both, as  
1541 determined pursuant to s. 318.1451(5). Any discount, not to  
1542 exceed 10 percent, used by an insurer is presumed to be  
1543 appropriate unless credible data demonstrates otherwise.

1544           Section 38. Subsection (15) is added to section 627.0651,  
1545 Florida Statutes, to read:

1546           627.0651 Making and use of rates for motor vehicle  
1547 insurance.—

1548           (15) Rate filings for motor vehicle liability policies that



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1549 implement the financial responsibility requirements of s.  
1550 324.022 in effect January 1, 2022, except for commercial motor  
1551 vehicle insurance policies exempt under paragraph (14) (a), must  
1552 reflect such financial responsibility requirements and may be  
1553 approved only through the file and use process under paragraph  
1554 (1) (a).

1555 Section 39. Subsection (1) of section 627.0652, Florida  
1556 Statutes, is amended to read:

1557 627.0652 Insurance discounts for certain persons completing  
1558 safety course.—

1559 (1) Any rates, rating schedules, or rating manuals for the  
1560 liability, medical payments ~~personal injury protection~~, and  
1561 collision coverages of a motor vehicle insurance policy filed  
1562 with the office must ~~shall~~ provide for an appropriate reduction  
1563 in premium charges as to such coverages if ~~when~~ the principal  
1564 operator on the covered vehicle is an insured 55 years of age or  
1565 older who has successfully completed a motor vehicle accident  
1566 prevention course approved by the Department of Highway Safety  
1567 and Motor Vehicles. Any discount used by an insurer is presumed  
1568 to be appropriate unless credible data demonstrates otherwise.

1569 Section 40. Subsections (1), (3), and (6) of section  
1570 627.0653, Florida Statutes, are amended to read:

1571 627.0653 Insurance discounts for specified motor vehicle  
1572 equipment.—

1573 (1) Any rates, rating schedules, or rating manuals for the  
1574 liability, medical payments ~~personal injury protection~~, and  
1575 collision coverages of a motor vehicle insurance policy filed  
1576 with the office must ~~shall~~ provide a premium discount if the  
1577 insured vehicle is equipped with factory-installed, four-wheel



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1578 antilock brakes.

1579 (3) Any rates, rating schedules, or rating manuals for  
1580 ~~personal injury protection coverage and~~ medical payments  
1581 ~~coverage, if offered,~~ of a motor vehicle insurance policy filed  
1582 with the office ~~must shall~~ provide a premium discount if the  
1583 insured vehicle is equipped with one or more air bags that ~~which~~  
1584 are factory installed.

1585 (6) The Office of Insurance Regulation may approve a  
1586 premium discount to any rates, rating schedules, or rating  
1587 manuals for the liability, medical payments ~~personal injury~~  
1588 ~~protection,~~ and collision coverages of a motor vehicle insurance  
1589 policy filed with the office if the insured vehicle is equipped  
1590 with an automated driving system or electronic vehicle collision  
1591 avoidance technology that is factory installed or a retrofitted  
1592 system and that complies with National Highway Traffic Safety  
1593 Administration standards.

1594 Section 41. Section 627.4132, Florida Statutes, is amended  
1595 to read:

1596 627.4132 Stacking of coverages prohibited.—If an insured or  
1597 named insured is protected by any type of motor vehicle  
1598 insurance policy for bodily injury and property damage  
1599 ~~liability, personal injury protection, or other coverage,~~ the  
1600 policy ~~must shall~~ provide that the insured or named insured is  
1601 protected only to the extent of the coverage she or he has on  
1602 the vehicle involved in the accident. However, if none of the  
1603 insured's or named insured's vehicles are ~~is~~ involved in the  
1604 accident, coverage is available only to the extent of coverage  
1605 on any one of the vehicles with applicable coverage. Coverage on  
1606 any other vehicles may ~~shall~~ not be added to or stacked upon





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1607 that coverage. This section does not ~~apply~~:

1608 (1) Apply to uninsured motorist coverage that ~~which~~ is  
1609 separately governed by s. 627.727.

1610 (2) ~~To~~ Reduce the coverage available by reason of insurance  
1611 policies insuring different named insureds.

1612 Section 42. Subsection (1) of section 627.4137, Florida  
1613 Statutes, is amended to read:

1614 627.4137 Disclosure of certain information required.—

1615 (1) Each insurer which does or may provide liability  
1616 insurance coverage to pay all or a portion of any claim which  
1617 might be made shall provide, within 30 days of the written  
1618 request of the claimant or the claimant's attorney, a statement,  
1619 under oath, of a corporate officer or the insurer's claims  
1620 manager or superintendent setting forth the following  
1621 information with regard to each known policy of insurance,  
1622 including excess or umbrella insurance:

1623 (a) The name of the insurer.

1624 (b) The name of each insured.

1625 (c) The limits of the liability coverage.

1626 (d) A statement of any policy or coverage defense which  
1627 such insurer reasonably believes is available to such insurer at  
1628 the time of filing such statement.

1629 (e) A copy of the policy.

1630

1631 In addition, the insured, or her or his insurance agent, upon  
1632 written request of the claimant or the claimant's attorney,  
1633 shall disclose the name and coverage of each known insurer to  
1634 the claimant and shall forward such request for information as  
1635 required by this subsection to all affected insurers. The



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1636 insurer shall then supply the information required in this  
1637 subsection to the claimant within 30 days of receipt of such  
1638 request. If an insurer fails to timely comply with this section,  
1639 the claimant may file an action in a court of competent  
1640 jurisdiction to enforce this section. If the court determines  
1641 that the insurer violated this section, the claimant is entitled  
1642 to an award of reasonable attorney fees and costs to be paid by  
1643 the insurer.

1644 Section 43. Section 627.7263, Florida Statutes, is amended  
1645 to read:

1646 627.7263 Rental and leasing driver's insurance to be  
1647 primary; exception.—

1648 (1) The valid and collectible liability insurance and  
1649 medical payments coverage ~~or personal injury protection~~  
1650 ~~insurance providing coverage~~ for the lessor of a motor vehicle  
1651 for rent or lease is primary unless otherwise stated in at least  
1652 10-point type on the face of the rental or lease agreement. Such  
1653 insurance is primary for the limits of liability ~~and personal~~  
1654 ~~injury protection~~ coverage as required by s. 324.021(7) and the  
1655 medical payments coverage limit specified under s. 627.7265 ss.  
1656 ~~324.021(7) and 627.736.~~

1657 (2) If the lessee's coverage is to be primary, the rental  
1658 or lease agreement must contain the following language, in at  
1659 least 10-point type:

1660  
1661 "The valid and collectible liability insurance and medical  
1662 payments coverage ~~personal injury protection insurance~~ of an any  
1663 authorized rental or leasing driver is primary for the limits of  
1664 liability ~~and personal injury protection~~ coverage required under



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1665 section 324.021(7), Florida Statutes, and the medical payments  
1666 coverage limit specified under section 627.7265 by ss.  
1667 324.021(7) and 627.736, Florida Statutes."

1668 Section 44. Section 627.7265, Florida Statutes, is created  
1669 to read:

1670 627.7265 Motor vehicle insurance; medical payments  
1671 coverage.-

1672 (1) Medical payments coverage must protect the named  
1673 insured, resident relatives, persons operating the insured motor  
1674 vehicle, passengers in the insured motor vehicle, and persons  
1675 who are struck by the insured motor vehicle and suffer bodily  
1676 injury while not an occupant of a self-propelled motor vehicle  
1677 at a limit of at least \$5,000 for medical expenses incurred due  
1678 to bodily injury, sickness, or disease arising out of the  
1679 ownership, maintenance, or use of a motor vehicle. The coverage  
1680 must provide an additional death benefit of at least \$5,000.

1681 (a) Before issuing a motor vehicle liability insurance  
1682 policy that is furnished as proof of financial responsibility  
1683 under s. 324.031, the insurer must offer medical payments  
1684 coverage at limits of \$5,000 and \$10,000. The insurer may also  
1685 offer medical payments coverage at any limit greater than  
1686 \$5,000.

1687 (b) The insurer must offer medical payments coverage with  
1688 no deductible. The insurer may also offer medical payments  
1689 coverage with a deductible not to exceed \$500.

1690 (c) Each motor vehicle liability insurance policy furnished  
1691 as proof of financial responsibility under s. 324.031 is deemed  
1692 to have:

1693 1. Medical payments coverage to a limit of \$10,000, unless



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1694 the insurer obtains a named insured's written refusal of medical  
1695 payments coverage or written selection of medical payments  
1696 coverage at a limit other than \$10,000. The rejection or  
1697 selection of coverage at a limit other than \$10,000 must be made  
1698 on a form approved by the office.

1699 2. No medical payments coverage deductible, unless the  
1700 insurer obtains a named insured's written selection of a  
1701 deductible up to \$500. The selection of a deductible must be  
1702 made on a form approved by the office.

1703 (d)1. The forms referenced in subparagraphs (c)1. and 2.  
1704 must fully advise the applicant of the nature of the coverage  
1705 being rejected or the policy limit or deductible being selected.  
1706 If the form is signed by a named insured, it is conclusively  
1707 presumed that there was an informed, knowing rejection of the  
1708 coverage or election of the policy limit or deductible.

1709 2. Unless a named insured requests in writing the coverage  
1710 specified in this section, it need not be provided in or  
1711 supplemental to any other policy that renews, insures, extends,  
1712 changes, supersedes, or replaces an existing policy if a named  
1713 insured has rejected the coverage specified in this section or  
1714 has selected an alternative coverage limit or deductible. At  
1715 least annually, the insurer shall provide to the named insured a  
1716 notice of the availability of such coverage in a form approved  
1717 by the office. The notice must be part of, and attached to, the  
1718 notice of premium and must provide for a means to allow a named  
1719 insured to request medical payments coverage at the limits and  
1720 deductibles required to be offered under this section. The  
1721 notice must be given in a manner approved by the office. Receipt  
1722 of this notice does not constitute an affirmative waiver of the



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1723 insured's right to medical payments coverage if a named insured  
1724 has not signed a selection or rejection form.

1725 (e) This section may not be construed to limit any other  
1726 coverage made available by an insurer.

1727 (2) Upon receiving notice of an accident that is  
1728 potentially covered by medical payments coverage benefits, the  
1729 insurer must reserve \$5,000 of medical payments coverage  
1730 benefits for payment to physicians licensed under chapter 458 or  
1731 chapter 459 or dentists licensed under chapter 466 who provide  
1732 emergency services and care, as defined in s. 395.002, or who  
1733 provide hospital inpatient care. The amount required to be held  
1734 in reserve may be used only to pay claims from such physicians  
1735 or dentists until 30 days after the date the insurer receives  
1736 notice of the accident. After the 30-day period, any amount of  
1737 the reserve for which the insurer has not received notice of  
1738 such claims may be used by the insurer to pay other claims. This  
1739 subsection does not require an insurer to establish a claim  
1740 reserve for insurance accounting purposes.

1741 (3) An insurer providing medical payments coverage benefits  
1742 may not:

1743 (a) Seek a lien on any recovery in tort by judgment,  
1744 settlement, or otherwise for medical payments coverage benefits,  
1745 regardless of whether suit has been filed or settlement has been  
1746 reached without suit; or

1747 (b) Bring a cause of action against a person to whom or for  
1748 whom medical payments coverage benefits were paid, except when  
1749 medical payments coverage benefits were paid by reason of fraud  
1750 committed by that person.

1751 (4) An insurer providing medical payments coverage may



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1752 include provisions in its policy allowing for subrogation for  
1753 medical payments coverage benefits paid if the expenses giving  
1754 rise to the payments were caused by the wrongful act or omission  
1755 of another who is not also an insured under the policy paying  
1756 the medical payments coverage benefits. However, this  
1757 subrogation right is inferior to the rights of the injured  
1758 insured and is available only after all the insured's damages  
1759 are recovered and the insured is made whole. An insured who  
1760 obtains a recovery from a third party of the full amount of the  
1761 damages sustained and delivers a release or satisfaction that  
1762 impairs a medical payments insurer's subrogation right is liable  
1763 to the insurer for repayment of medical payments coverage  
1764 benefits less any expenses of acquiring the recovery, including  
1765 a prorated share of attorney fees and costs, and shall hold that  
1766 net recovery in trust to be delivered to the medical payments  
1767 insurer. The insurer may not include any provision in its policy  
1768 allowing for subrogation for any death benefit paid.

1769 Section 45. Subsections (1) and (7) of section 627.727,  
1770 Florida Statutes, are amended to read:

1771 627.727 Motor vehicle insurance; uninsured and underinsured  
1772 vehicle coverage; insolvent insurer protection.—

1773 (1) ~~A~~ ~~Ne~~ motor vehicle liability insurance policy that  
1774 ~~which~~ provides bodily injury liability coverage may not shall be  
1775 delivered or issued for delivery in this state with respect to  
1776 any specifically insured or identified motor vehicle registered  
1777 or principally garaged in this state, unless uninsured motor  
1778 vehicle coverage is provided therein or supplemental thereto for  
1779 the protection of persons insured thereunder who are legally  
1780 entitled to recover damages from owners or operators of



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1781 uninsured motor vehicles because of bodily injury, sickness, or  
1782 disease, including death, resulting therefrom. However, the  
1783 coverage required under this section is not applicable if ~~when~~,  
1784 or to the extent that, an insured named in the policy makes a  
1785 written rejection of the coverage on behalf of all insureds  
1786 under the policy. If ~~When~~ a motor vehicle is leased for ~~a period~~  
1787 ~~of~~ 1 year or longer and the lessor of such vehicle, by the terms  
1788 of the lease contract, provides liability coverage on the leased  
1789 vehicle, the lessee of such vehicle has ~~shall have~~ the sole  
1790 privilege to reject uninsured motorist coverage or to select  
1791 lower limits than the bodily injury liability limits, regardless  
1792 of whether the lessor is qualified as a self-insurer pursuant to  
1793 s. 324.171. Unless an insured, or a lessee having the privilege  
1794 of rejecting uninsured motorist coverage, requests such coverage  
1795 or requests higher uninsured motorist limits in writing, the  
1796 coverage or such higher uninsured motorist limits need not be  
1797 provided in or supplemental to any other policy that ~~which~~  
1798 renews, extends, changes, supersedes, or replaces an existing  
1799 policy with the same bodily injury liability limits when an  
1800 insured or lessee had rejected the coverage. When an insured or  
1801 lessee has initially selected limits of uninsured motorist  
1802 coverage lower than her or his bodily injury liability limits,  
1803 higher limits of uninsured motorist coverage need not be  
1804 provided in or supplemental to any other policy that ~~which~~  
1805 renews, extends, changes, supersedes, or replaces an existing  
1806 policy with the same bodily injury liability limits unless an  
1807 insured requests higher uninsured motorist coverage in writing.  
1808 The rejection or selection of lower limits must ~~shall~~ be made on  
1809 a form approved by the office. The form must ~~shall~~ fully advise



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1810 the applicant of the nature of the coverage and must ~~shall~~ state  
1811 that the coverage is equal to bodily injury liability limits  
1812 unless lower limits are requested or the coverage is rejected.  
1813 The heading of the form must ~~shall~~ be in 12-point bold type and  
1814 must ~~shall~~ state: "You are electing not to purchase certain  
1815 valuable coverage that ~~which~~ protects you and your family or you  
1816 are purchasing uninsured motorist limits less than your bodily  
1817 injury liability limits when you sign this form. Please read  
1818 carefully." If this form is signed by a named insured, it will  
1819 be conclusively presumed that there was an informed, knowing  
1820 rejection of coverage or election of lower limits on behalf of  
1821 all insureds. The insurer shall notify the named insured at  
1822 least annually of her or his options as to the coverage required  
1823 by this section. Such notice must ~~shall~~ be part of, and attached  
1824 to, the notice of premium, must ~~shall~~ provide for a means to  
1825 allow the insured to request such coverage, and must ~~shall~~ be  
1826 given in a manner approved by the office. Receipt of this notice  
1827 does not constitute an affirmative waiver of the insured's right  
1828 to uninsured motorist coverage if ~~where~~ the insured has not  
1829 signed a selection or rejection form. The coverage described  
1830 under this section must ~~shall~~ be over and above, but may ~~shall~~  
1831 not duplicate, the benefits available to an insured under any  
1832 workers' compensation law, ~~personal injury protection benefits,~~  
1833 disability benefits law, or similar law; under any automobile  
1834 medical payments ~~expense~~ coverage; under any motor vehicle  
1835 liability insurance coverage; or from the owner or operator of  
1836 the uninsured motor vehicle or any other person or organization  
1837 jointly or severally liable together with such owner or operator  
1838 for the accident, ~~+~~ and such coverage must ~~shall~~ cover the





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1839 difference, if any, between the sum of such benefits and the  
1840 damages sustained, up to the maximum amount of such coverage  
1841 provided under this section. The amount of coverage available  
1842 under this section may ~~shall~~ not be reduced by a setoff against  
1843 any coverage, including liability insurance. Such coverage does  
1844 ~~shall~~ not inure directly or indirectly to the benefit of any  
1845 workers' compensation or disability benefits carrier or any  
1846 person or organization qualifying as a self-insurer under any  
1847 workers' compensation or disability benefits law or similar law.

1848 (7) The legal liability of an uninsured motorist coverage  
1849 insurer includes ~~does not include~~ damages in tort for pain,  
1850 suffering, disability or physical impairment, disfigurement,  
1851 mental anguish, and inconvenience, and the loss of capacity for  
1852 the enjoyment of life experienced in the past and to be  
1853 experienced in the future unless the injury or disease is  
1854 described in one or more of paragraphs (a)-(d) of s. 627.737(2).

1855 Section 46. Section 627.7275, Florida Statutes, is amended  
1856 to read:

1857 627.7275 Motor vehicle liability.-

1858 (1) A motor vehicle insurance policy ~~providing personal~~  
1859 ~~injury protection as set forth in s. 627.736~~ may not be  
1860 delivered or issued for delivery in this state for a with  
1861 ~~respect to any~~ specifically insured or identified motor vehicle  
1862 registered or principally garaged in this state must provide  
1863 bodily injury liability coverage and unless the policy also  
1864 ~~provides coverage for~~ property damage liability coverage as  
1865 required under ~~by~~ s. 324.022.

1866 (2) (a) Insurers writing motor vehicle insurance in this  
1867 state shall make available, subject to the insurers' usual



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1868 underwriting restrictions:

1869       1. Coverage under policies as described in subsection (1)  
1870 to an applicant for private passenger motor vehicle insurance  
1871 coverage who is seeking the coverage in order to reinstate the  
1872 applicant's driving privileges in this state if the driving  
1873 privileges were revoked or suspended pursuant to s. 316.646 or  
1874 s. 324.0221 due to the failure of the applicant to maintain  
1875 required security.

1876       2. Coverage under policies as described in subsection (1),  
1877 which includes bodily injury ~~also provides~~ liability coverage  
1878 and property damage liability coverage, ~~for bodily injury,~~  
1879 ~~death, and property damage arising out of the ownership,~~  
1880 ~~maintenance, or use of the motor vehicle~~ in an amount not less  
1881 than the minimum limits required under ~~described in~~ s.  
1882 324.021(7) or s. 324.023 and which conforms to the requirements  
1883 of s. 324.151, to an applicant for private passenger motor  
1884 vehicle insurance coverage who is seeking the coverage in order  
1885 to reinstate the applicant's driving privileges in this state  
1886 after such privileges were revoked or suspended under s. 316.193  
1887 or s. 322.26(2) for driving under the influence.

1888       (b) The policies described in paragraph (a) must ~~shall~~ be  
1889 issued for at least 6 months and, as to the minimum coverages  
1890 required under this section, may not be canceled by the insured  
1891 for any reason or by the insurer after 60 days, during which  
1892 period the insurer is completing the underwriting of the policy.  
1893 After the insurer has completed underwriting the policy, the  
1894 insurer shall notify the Department of Highway Safety and Motor  
1895 Vehicles that the policy is in full force and effect and is not  
1896 cancelable for the remainder of the policy period. A premium



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1897 ~~must shall~~ be collected and the coverage is in effect for the  
1898 60-day period during which the insurer is completing the  
1899 underwriting of the policy, whether or not the person's driver  
1900 license, motor vehicle tag, and motor vehicle registration are  
1901 in effect. Once the noncancelable provisions of the policy  
1902 become effective, the bodily injury liability and property  
1903 damage liability coverages ~~for bodily injury, property damage,~~  
1904 ~~and personal injury protection~~ may not be reduced below the  
1905 minimum limits required under s. 324.021 or s. 324.023 during  
1906 the policy period.

1907 (c) This subsection controls to the extent of any conflict  
1908 with any other section.

1909 (d) An insurer issuing a policy subject to this section may  
1910 cancel the policy if, during the policy term, the named insured,  
1911 or any other operator who resides in the same household or  
1912 customarily operates an automobile insured under the policy, has  
1913 his or her driver license suspended or revoked.

1914 (e) This subsection does not require an insurer to offer a  
1915 policy of insurance to an applicant if such offer would be  
1916 inconsistent with the insurer's underwriting guidelines and  
1917 procedures.

1918 Section 47. Effective upon this act becoming a law, section  
1919 627.7278, Florida Statutes, is created to read:

1920 627.7278 Applicability and construction; notice to  
1921 policyholders.-

1922 (1) As used in this section, the term "minimum security  
1923 requirements" means security that enables a person to respond in  
1924 damages for liability on account of crashes arising out of the  
1925 ownership, maintenance, or use of a motor vehicle, in the



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1926 amounts required by s. 324.022(1), as amended by this act.

1927 (2) Effective January 1, 2022:

1928 (a) Motor vehicle insurance policies issued or renewed on  
1929 or after that date may not include personal injury protection.

1930 (b) All persons subject to s. 324.022, s. 324.032, s.  
1931 627.7415, or s. 627.742 must maintain at least minimum security  
1932 requirements.

1933 (c) Any new or renewal motor vehicle insurance policy  
1934 delivered or issued for delivery in this state must provide  
1935 coverage that complies with minimum security requirements.

1936 (d) An existing motor vehicle insurance policy issued  
1937 before that date which provides personal injury protection and  
1938 property damage liability coverage that meets the requirements  
1939 of s. 324.022 on December 31, 2021, but which does not meet  
1940 minimum security requirements on or after January 1, 2022, is  
1941 deemed to meet minimum security requirements until such policy  
1942 is renewed, nonrenewed, or canceled on or after January 1, 2022.

1943 Sections 627.730-627.7405, 400.9905, 400.991, 456.057, 456.072,  
1944 627.7263, 627.727, 627.748, 626.9541(1)(i), and 817.234, Florida  
1945 Statutes 2020, remain in full force and effect for motor vehicle  
1946 accidents covered under a policy issued under the Florida Motor  
1947 Vehicle No-Fault Law before January 1, 2022, until the policy is  
1948 renewed, nonrenewed, or canceled on or after January 1, 2022.

1949 (3) Each insurer shall allow each insured who has a new or  
1950 renewal policy providing personal injury protection which  
1951 becomes effective before January 1, 2022, and whose policy does  
1952 not meet minimum security requirements on or after January 1,  
1953 2022, to change coverages so as to eliminate personal injury  
1954 protection and obtain coverage providing minimum security



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1955 requirements, which shall be effective on or after January 1,  
1956 2022. The insurer is not required to provide coverage complying  
1957 with minimum security requirements in such policies if the  
1958 insured does not pay the required premium, if any, by January 1,  
1959 2022, or such later date as the insurer may allow. The insurer  
1960 also shall offer each insured medical payments coverage pursuant  
1961 to s. 627.7265. Any reduction in the premium must be refunded by  
1962 the insurer. The insurer may not impose on the insured an  
1963 additional fee or charge that applies solely to a change in  
1964 coverage; however, the insurer may charge an additional required  
1965 premium that is actuarially indicated.

1966 (4) By September 1, 2021, each motor vehicle insurer shall  
1967 provide notice of this section to each motor vehicle  
1968 policyholder who is subject to this section. The notice is  
1969 subject to approval by the office and must clearly inform the  
1970 policyholder that:

1971 (a) The Florida Motor Vehicle No-Fault Law is repealed  
1972 effective January 1, 2022, and that on or after that date, the  
1973 insured is no longer required to maintain personal injury  
1974 protection insurance coverage, that personal injury protection  
1975 coverage is no longer available for purchase in this state, and  
1976 that all new or renewal policies issued on or after that date  
1977 will not contain that coverage.

1978 (b) Effective January 1, 2022, a person subject to the  
1979 financial responsibility requirements of s. 324.022 must  
1980 maintain minimum security requirements that enable the person to  
1981 respond to damages for liability on account of accidents arising  
1982 out of the use of a motor vehicle in the following amounts:

1983 1. Twenty-five thousand dollars for bodily injury to, or



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1984 the death of, one person in any one crash and, subject to such  
1985 limits for one person, in the amount of \$50,000 for bodily  
1986 injury to, or the death of, two or more persons in any one  
1987 crash; and

1988 2. Ten thousand dollars for damage to, or destruction of,  
1989 the property of others in any one crash.

1990 (c) Bodily injury liability coverage protects the insured,  
1991 up to the coverage limits, against loss if the insured is  
1992 legally responsible for the death of or bodily injury to others  
1993 in a motor vehicle accident.

1994 (d) Effective January 1, 2022, each policyholder of motor  
1995 vehicle liability insurance purchased as proof of financial  
1996 responsibility must be offered medical payments coverage  
1997 benefits that comply with s. 627.7265. The insurer must offer  
1998 medical payments coverage at limits of \$5,000 and \$10,000  
1999 without a deductible. The insurer may also offer medical  
2000 payments coverage at other limits greater than \$5,000 and may  
2001 offer coverage with a deductible of up to \$500. Medical payments  
2002 coverage pays covered medical expenses incurred due to bodily  
2003 injury, sickness, or disease arising out of the ownership,  
2004 maintenance, or use of the motor vehicle, up to the limits of  
2005 such coverage, for injuries sustained in a motor vehicle crash  
2006 by the named insured, resident relatives, any person operating  
2007 the insured motor vehicle, passengers in the insured motor  
2008 vehicle, and persons who are struck by the insured motor vehicle  
2009 and suffer bodily injury while not an occupant of a self-  
2010 propelled motor vehicle as provided in s. 627.7265. Medical  
2011 payments coverage also provides a death benefit of at least  
2012 \$5,000.



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2013           (e) The policyholder may obtain uninsured and underinsured  
2014 motorist coverage that provides benefits, up to the limits of  
2015 such coverage, to a policyholder or other insured entitled to  
2016 recover damages for bodily injury, sickness, disease, or death  
2017 resulting from a motor vehicle accident with an uninsured or  
2018 underinsured owner or operator of a motor vehicle.

2019           (f) If the policyholder's new or renewal motor vehicle  
2020 insurance policy is effective before January 1, 2022, and  
2021 contains personal injury protection and property damage  
2022 liability coverage as required by state law before January 1,  
2023 2022, but does not meet minimum security requirements on or  
2024 after January 1, 2022, the policy is deemed to meet minimum  
2025 security requirements until it is renewed, nonrenewed, or  
2026 canceled on or after January 1, 2022.

2027           (g) A policyholder whose new or renewal policy becomes  
2028 effective before January 1, 2022, but does not meet minimum  
2029 security requirements on or after January 1, 2022, may change  
2030 coverages under the policy so as to eliminate personal injury  
2031 protection and to obtain coverage providing minimum security  
2032 requirements, including bodily injury liability coverage, which  
2033 are effective on or after January 1, 2022.

2034           (h) If the policyholder has any questions, he or she should  
2035 contact the person named at the telephone number provided in the  
2036 notice.

2037           Section 48. Paragraph (a) of subsection (1) of section  
2038 627.728, Florida Statutes, is amended to read:

2039           627.728 Cancellations; nonrenewals.—

2040           (1) As used in this section, the term:

2041           (a) "Policy" means the bodily injury and property damage



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2042 liability, ~~personal injury protection~~, medical payments,  
2043 comprehensive, collision, and uninsured motorist coverage  
2044 portions of a policy of motor vehicle insurance delivered or  
2045 issued for delivery in this state:

2046 1. Insuring a natural person as named insured or one or  
2047 more related individuals who are residents ~~resident~~ of the same  
2048 household; and

2049 2. Insuring only a motor vehicle of the private passenger  
2050 type or station wagon type which is not used as a public or  
2051 livery conveyance for passengers or rented to others; or  
2052 insuring any other four-wheel motor vehicle having a load  
2053 capacity of 1,500 pounds or less which is not used in the  
2054 occupation, profession, or business of the insured other than  
2055 farming; other than any policy issued under an automobile  
2056 insurance assigned risk plan or covering garage, automobile  
2057 sales agency, repair shop, service station, or public parking  
2058 place operation hazards.

2059  
2060 The term "policy" does not include a binder as defined in s.  
2061 627.420 unless the duration of the binder period exceeds 60  
2062 days.

2063 Section 49. Subsection (1), paragraph (a) of subsection  
2064 (5), and subsections (6) and (7) of section 627.7295, Florida  
2065 Statutes, are amended to read:

2066 627.7295 Motor vehicle insurance contracts.—

2067 (1) As used in this section, the term:

2068 (a) "Policy" means a motor vehicle insurance policy that  
2069 provides bodily injury liability ~~personal injury protection~~  
2070 coverage and, ~~property damage liability coverage, or both.~~





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2071 (b) "Binder" means a binder that provides motor vehicle  
2072 bodily injury liability coverage ~~personal injury protection~~ and  
2073 property damage liability coverage.

2074 (5) (a) A licensed general lines agent may charge a per-  
2075 policy fee of up to not to exceed \$10 to cover the  
2076 administrative costs of the agent associated with selling the  
2077 motor vehicle insurance policy if the policy covers only bodily  
2078 injury liability coverage ~~personal injury protection coverage as~~  
2079 ~~provided by s. 627.736~~ and property damage liability coverage as  
2080 provided by s. 627.7275 and if no other insurance is sold or  
2081 issued in conjunction with or collateral to the policy. The fee  
2082 is not ~~considered~~ part of the premium.

2083 (6) If a motor vehicle owner's driver license, license  
2084 plate, and registration have previously been suspended pursuant  
2085 to s. 316.646 ~~or s. 627.733~~, an insurer may cancel a new policy  
2086 only as provided in s. 627.7275.

2087 (7) A policy of private passenger motor vehicle insurance  
2088 or a binder for such a policy may be initially issued in this  
2089 state only if, before the effective date of such binder or  
2090 policy, the insurer or agent has collected from the insured an  
2091 amount equal to at least 1 month's premium. An insurer, agent,  
2092 or premium finance company may not, directly or indirectly, take  
2093 any action that results ~~resulting~~ in the insured paying ~~having~~  
2094 ~~paid~~ from the insured's own funds an amount less than the 1  
2095 month's premium required by this subsection. This subsection  
2096 applies without regard to whether the premium is financed by a  
2097 premium finance company or is paid pursuant to a periodic  
2098 payment plan of an insurer or an insurance agent.

2099 (a) This subsection does not apply:



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2100           1. If an insured or member of the insured's family is  
2101 renewing or replacing a policy or a binder for such policy  
2102 written by the same insurer or a member of the same insurer  
2103 group. ~~This subsection does not apply~~

2104           2. To an insurer that issues private passenger motor  
2105 vehicle coverage primarily to active duty or former military  
2106 personnel or their dependents. ~~This subsection does not apply~~

2107           3. If all policy payments are paid pursuant to a payroll  
2108 deduction plan, an automatic electronic funds transfer payment  
2109 plan from the policyholder, or a recurring credit card or debit  
2110 card agreement with the insurer.

2111           (b) This subsection and subsection (4) do not apply if:

2112           1. All policy payments to an insurer are paid pursuant to  
2113 an automatic electronic funds transfer payment plan from an  
2114 agent, a managing general agent, or a premium finance company  
2115 and if the policy includes, at a minimum, bodily injury  
2116 liability coverage and personal injury protection pursuant to  
2117 ~~ss. 627.730-627.7405; motor vehicle property damage liability~~  
2118 coverage pursuant to s. 627.7275; or and bodily injury liability  
2119 ~~in at least the amount of \$10,000 because of bodily injury to,~~  
2120 ~~or death of, one person in any one accident and in the amount of~~  
2121 ~~\$20,000 because of bodily injury to, or death of, two or more~~  
2122 ~~persons in any one accident. This subsection and subsection (4)~~  
2123 ~~do not apply if~~

2124           2. An insured has had a policy in effect for at least 6  
2125 months, the insured's agent is terminated by the insurer that  
2126 issued the policy, and the insured obtains coverage on the  
2127 policy's renewal date with a new company through the terminated  
2128 agent.



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2129 Section 50. Section 627.7415, Florida Statutes, is amended  
2130 to read:

2131 627.7415 Commercial motor vehicles; additional liability  
2132 insurance coverage.—Beginning January 1, 2022, commercial motor  
2133 vehicles, as defined in s. 207.002 or s. 320.01, operated upon  
2134 the roads and highways of this state must ~~shall~~ be insured with  
2135 the following minimum levels of combined bodily liability  
2136 insurance and property damage liability insurance in addition to  
2137 any other insurance requirements:

2138 (1) Sixty ~~Fifty~~ thousand dollars per occurrence for a  
2139 commercial motor vehicle with a gross vehicle weight of 26,000  
2140 pounds or more, but less than 35,000 pounds.

2141 (2) One hundred twenty thousand dollars per occurrence for  
2142 a commercial motor vehicle with a gross vehicle weight of 35,000  
2143 pounds or more, but less than 44,000 pounds.

2144 (3) Three hundred thousand dollars per occurrence for a  
2145 commercial motor vehicle with a gross vehicle weight of 44,000  
2146 pounds or more.

2147 (4) All commercial motor vehicles subject to regulations of  
2148 the United States Department of Transportation, 49 C.F.R. part  
2149 387, subpart A, and as may be hereinafter amended, shall be  
2150 insured in an amount equivalent to the minimum levels of  
2151 financial responsibility as set forth in such regulations.

2152  
2153 A violation of this section is a noncriminal traffic infraction,  
2154 punishable as a nonmoving violation as provided in chapter 318.

2155 Section 51. Section 627.747, Florida Statutes, is created  
2156 to read:

2157 627.747 Named driver exclusion.—



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2158           (1) A private passenger motor vehicle policy may exclude an  
2159 identified individual from the following coverages while the  
2160 identified individual is operating a motor vehicle, provided  
2161 that the identified individual is specifically excluded by name  
2162 on the declarations page or by endorsement and the policyholder  
2163 consents in writing to the exclusion:

2164           (a) Property damage liability coverage.

2165           (b) Bodily injury liability coverage.

2166           (c) Uninsured motorist coverage for any damages sustained  
2167 by the identified excluded individual, if the policyholder has  
2168 purchased such coverage.

2169           (d) Medical payments coverage, if the policyholder has  
2170 purchased such coverage.

2171           (e) Any coverage the policyholder is not required by law to  
2172 purchase.

2173           (2) A private passenger motor vehicle policy may not  
2174 exclude coverage when:

2175           (a) The identified excluded individual is injured while not  
2176 operating a motor vehicle;

2177           (b) The exclusion is unfairly discriminatory under the  
2178 Florida Insurance Code, as determined by the office; or

2179           (c) The exclusion is inconsistent with the underwriting  
2180 rules filed by the insurer pursuant to s. 627.0651(13)(a).

2181           Section 52. Paragraphs (b), (c), and (g) of subsection (7),  
2182 paragraphs (a) and (b) of subsection (8), and paragraph (b) of  
2183 subsection (16) of section 627.748, Florida Statutes, are  
2184 amended to read:

2185           627.748 Transportation network companies.—

2186           (7) TRANSPORTATION NETWORK COMPANY AND TNC DRIVER INSURANCE



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2187 REQUIREMENTS.—

2188 (b) The following automobile insurance requirements apply  
2189 while a participating TNC driver is logged on to the digital  
2190 network but is not engaged in a prearranged ride:

2191 1. Automobile insurance that provides:

2192 a. A primary automobile liability coverage of at least  
2193 \$50,000 for death and bodily injury per person, \$100,000 for  
2194 death and bodily injury per incident, and \$25,000 for property  
2195 damage; and

2196 ~~b. Personal injury protection benefits that meet the~~  
2197 ~~minimum coverage amounts required under ss. 627.730-627.7405;~~  
2198 ~~and~~

2199 ~~e.~~ Uninsured and underinsured vehicle coverage as required  
2200 by s. 627.727.

2201 2. The coverage requirements of this paragraph may be  
2202 satisfied by any of the following:

2203 a. Automobile insurance maintained by the TNC driver or the  
2204 TNC vehicle owner;

2205 b. Automobile insurance maintained by the TNC; or

2206 c. A combination of sub-subparagraphs a. and b.

2207 (c) The following automobile insurance requirements apply  
2208 while a TNC driver is engaged in a prearranged ride:

2209 1. Automobile insurance that provides:

2210 a. A primary automobile liability coverage of at least \$1  
2211 million for death, bodily injury, and property damage; and

2212 ~~b. Personal injury protection benefits that meet the~~  
2213 ~~minimum coverage amounts required of a limousine under ss.~~  
2214 ~~627.730-627.7405; and~~

2215 ~~e.~~ Uninsured and underinsured vehicle coverage as required



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2216 by s. 627.727.

2217 2. The coverage requirements of this paragraph may be  
2218 satisfied by any of the following:

2219 a. Automobile insurance maintained by the TNC driver or the  
2220 TNC vehicle owner;

2221 b. Automobile insurance maintained by the TNC; or

2222 c. A combination of sub-subparagraphs a. and b.

2223 (g) Insurance satisfying the requirements under this  
2224 subsection is deemed to satisfy the financial responsibility  
2225 requirement for a motor vehicle under chapter 324 ~~and the~~  
2226 ~~security required under s. 627.733~~ for any period when the TNC  
2227 driver is logged onto the digital network or engaged in a  
2228 prearranged ride.

2229 (8) TRANSPORTATION NETWORK COMPANY AND INSURER; DISCLOSURE;  
2230 EXCLUSIONS.—

2231 (a) Before a TNC driver is allowed to accept a request for  
2232 a prearranged ride on the digital network, the TNC must disclose  
2233 in writing to the TNC driver:

2234 1. The insurance coverage, including the types of coverage  
2235 and the limits for each coverage, which the TNC provides while  
2236 the TNC driver uses a TNC vehicle in connection with the TNC's  
2237 digital network.

2238 2. That the TNC driver's own automobile insurance policy  
2239 might not provide any coverage while the TNC driver is logged on  
2240 to the digital network or is engaged in a prearranged ride,  
2241 depending on the terms of the TNC driver's own automobile  
2242 insurance policy.

2243 3. That the provision of rides for compensation which are  
2244 not prearranged rides subjects the driver to the coverage



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2245 requirements imposed under s. 324.032(1) and (2) and that  
2246 failure to meet such coverage requirements subjects the TNC  
2247 driver to penalties provided in s. 324.221, up to and including  
2248 a misdemeanor of the second degree.

2249 (b)1. An insurer that provides an automobile liability  
2250 insurance policy under this part may exclude any and all  
2251 coverage afforded under the policy issued to an owner or  
2252 operator of a TNC vehicle while driving that vehicle for any  
2253 loss or injury that occurs while a TNC driver is logged on to a  
2254 digital network or while a TNC driver provides a prearranged  
2255 ride. Exclusions imposed under this subsection are limited to  
2256 coverage while a TNC driver is logged on to a digital network or  
2257 while a TNC driver provides a prearranged ride. This right to  
2258 exclude all coverage may apply to any coverage included in an  
2259 automobile insurance policy, including, but not limited to:

2260 a. Liability coverage for bodily injury and property  
2261 damage;

2262 b. Uninsured and underinsured motorist coverage;

2263 c. Medical payments coverage;

2264 d. Comprehensive physical damage coverage; and

2265 e. Collision physical damage coverage; ~~and~~

2266 ~~f. Personal injury protection.~~

2267 2. The exclusions described in subparagraph 1. apply  
2268 notwithstanding any requirement under chapter 324. These  
2269 exclusions do not affect or diminish coverage otherwise  
2270 available for permissive drivers or resident relatives under the  
2271 personal automobile insurance policy of the TNC driver or owner  
2272 of the TNC vehicle who are not occupying the TNC vehicle at the  
2273 time of loss. This section does not require that a personal



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2274 automobile insurance policy provide coverage while the TNC  
2275 driver is logged on to a digital network, while the TNC driver  
2276 is engaged in a prearranged ride, or while the TNC driver  
2277 otherwise uses a vehicle to transport riders for compensation.

2278 3. This section must not be construed to require an insurer  
2279 to use any particular policy language or reference to this  
2280 section in order to exclude any and all coverage for any loss or  
2281 injury that occurs while a TNC driver is logged on to a digital  
2282 network or while a TNC driver provides a prearranged ride.

2283 4. This section does not preclude an insurer from providing  
2284 primary or excess coverage for the TNC driver's vehicle by  
2285 contract or endorsement.

2286 (16) LUXURY GROUND TRANSPORTATION NETWORK COMPANIES.—

2287 (b) An entity may elect, upon written notification to the  
2288 department, to be regulated as a luxury ground TNC. A luxury  
2289 ground TNC must:

2290 1. Comply with all of the requirements of this section  
2291 applicable to a TNC, including subsection (17), which do not  
2292 conflict with subparagraph 2. or which do not prohibit the  
2293 company from connecting riders to drivers who operate for-hire  
2294 vehicles as defined in s. 320.01(15), including limousines and  
2295 luxury sedans and excluding taxicabs.

2296 2. Maintain insurance coverage as required by subsection  
2297 (7). However, if a prospective luxury ground TNC satisfies  
2298 minimum financial responsibility through compliance with s.  
2299 324.032(3) ~~s. 324.032(2)~~ by using self-insurance when it gives  
2300 the department written notification of its election to be  
2301 regulated as a luxury ground TNC, the luxury ground TNC may use  
2302 self-insurance to meet the insurance requirements of subsection





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2303 (7), so long as such self-insurance complies with s. 324.032(3)  
2304 ~~s. 324.032(2)~~ and provides the limits of liability required by  
2305 subsection (7).

2306 Section 53. Paragraph (a) of subsection (2) of section  
2307 627.749, Florida Statutes, is amended to read:

2308 627.749 Autonomous vehicles; insurance requirements.—

2309 (2) INSURANCE REQUIREMENTS.—

2310 (a) A fully autonomous vehicle with the automated driving  
2311 system engaged while logged on to an on-demand autonomous  
2312 vehicle network or engaged in a prearranged ride must be covered  
2313 by a policy of automobile insurance which provides:

2314 1. Primary liability coverage of at least \$1 million for  
2315 death, bodily injury, and property damage.

2316 2. ~~Personal injury protection benefits that meet the~~  
2317 ~~minimum coverage amounts required under ss. 627.730-627.7405.~~

2318 3. ~~Uninsured and underinsured vehicle coverage as required~~  
2319 ~~by s. 627.727.~~

2320 Section 54. Section 627.8405, Florida Statutes, is amended  
2321 to read:

2322 627.8405 Prohibited acts; financing companies.—~~A~~ ~~No~~ premium  
2323 finance company ~~shall~~, in a premium finance agreement or other  
2324 agreement, may not finance the cost of or otherwise provide for  
2325 the collection or remittance of dues, assessments, fees, or  
2326 other periodic payments of money for the cost of:

2327 (1) A membership in an automobile club. The term  
2328 "automobile club" means a legal entity that ~~which~~, in  
2329 consideration of dues, assessments, or periodic payments of  
2330 money, promises its members or subscribers to assist them in  
2331 matters relating to the ownership, operation, use, or



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2332 maintenance of a motor vehicle; however, the term ~~this~~  
2333 ~~definition of "automobile club"~~ does not include persons,  
2334 associations, or corporations ~~which are~~ organized and operated  
2335 solely for the purpose of conducting, sponsoring, or sanctioning  
2336 motor vehicle races, exhibitions, or contests upon racetracks,  
2337 or upon racecourses established and marked as such for the  
2338 duration of such particular events. As used in this subsection,  
2339 the term ~~words~~ "motor vehicle" has ~~used herein have~~ the same  
2340 meaning as ~~defined~~ in chapter 320.

2341 (2) An accidental death and dismemberment policy sold in  
2342 combination with a policy providing only bodily injury liability  
2343 coverage ~~personal injury protection~~ and property damage  
2344 liability coverage ~~only policy~~.

2345 (3) Any product not regulated under ~~the provisions of~~ this  
2346 insurance code.

2347  
2348 This section also applies to premium financing by any insurance  
2349 agent or insurance company under part XVI. The commission shall  
2350 adopt rules to assure disclosure, at the time of sale, of  
2351 coverages financed ~~with personal injury protection~~ and shall  
2352 prescribe the form of such disclosure.

2353 Section 55. Subsection (1) of section 627.915, Florida  
2354 Statutes, is amended to read:

2355 627.915 Insurer experience reporting.-

2356 (1) Each insurer transacting private passenger automobile  
2357 insurance in this state shall report certain information  
2358 annually to the office. The information will be due on or before  
2359 July 1 of each year. The information must ~~shall~~ be divided into  
2360 the following categories: bodily injury liability; property



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2361 damage liability; uninsured motorist; ~~personal injury protection~~  
2362 ~~benefits~~; medical payments; and comprehensive and collision. The  
2363 information given must ~~shall~~ be on direct insurance writings in  
2364 the state alone and ~~shall~~ represent total limits data. The  
2365 information set forth in paragraphs (a)-(f) is applicable to  
2366 voluntary private passenger and Joint Underwriting Association  
2367 private passenger writings and must ~~shall~~ be reported for each  
2368 of the latest 3 calendar-accident years, with an evaluation date  
2369 of March 31 of the current year. The information set forth in  
2370 paragraphs (g)-(j) is applicable to voluntary private passenger  
2371 writings and must ~~shall~~ be reported on a calendar-accident year  
2372 basis ultimately seven times at seven different stages of  
2373 development.

2374 (a) Premiums earned for the latest 3 calendar-accident  
2375 years.

2376 (b) Loss development factors and the historic development  
2377 of those factors.

2378 (c) Policyholder dividends incurred.

2379 (d) Expenses for other acquisition and general expense.

2380 (e) Expenses for agents' commissions and taxes, licenses,  
2381 and fees.

2382 (f) Profit and contingency factors as utilized in the  
2383 insurer's automobile rate filings for the applicable years.

2384 (g) Losses paid.

2385 (h) Losses unpaid.

2386 (i) Loss adjustment expenses paid.

2387 (j) Loss adjustment expenses unpaid.

2388 Section 56. Subsections (2) and (3) of section 628.909,  
2389 Florida Statutes, are amended to read:



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2390           628.909 Applicability of other laws.—  
2391           (2) The following provisions of the Florida Insurance Code  
2392 apply to captive insurance companies that ~~who~~ are not industrial  
2393 insured captive insurance companies to the extent that such  
2394 provisions are not inconsistent with this part:  
2395           (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,  
2396 624.40851, 624.4095, 624.411, 624.425, and 624.426.  
2397           (b) Chapter 625, part II.  
2398           (c) Chapter 626, part IX.  
2399           (d) ~~Sections 627.730-627.7405, when no-fault coverage is~~  
2400 ~~provided.~~  
2401           ~~(e) Chapter 628.~~  
2402           (3) The following provisions of the Florida Insurance Code  
2403 ~~shall~~ apply to industrial insured captive insurance companies to  
2404 the extent that such provisions are not inconsistent with this  
2405 part:  
2406           (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,  
2407 624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).  
2408           (b) Chapter 625, part II, if the industrial insured captive  
2409 insurance company is incorporated in this state.  
2410           (c) Chapter 626, part IX.  
2411           (d) ~~Sections 627.730-627.7405 when no-fault coverage is~~  
2412 ~~provided.~~  
2413           ~~(e) Chapter 628, except for ss. 628.341, 628.351, and~~  
2414 ~~628.6018.~~  
2415           Section 57. Subsections (2), (6), and (7) of section  
2416 705.184, Florida Statutes, are amended to read:  
2417           705.184 Derelict or abandoned motor vehicles on the  
2418 premises of public-use airports.—



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2419 (2) The airport director or the director's designee shall  
2420 contact the Department of Highway Safety and Motor Vehicles to  
2421 notify that department that the airport has possession of the  
2422 abandoned or derelict motor vehicle and to determine the name  
2423 and address of the owner of the motor vehicle, the insurance  
2424 company insuring the motor vehicle, ~~notwithstanding the~~  
2425 ~~provisions of s. 627.736,~~ and any person who has filed a lien on  
2426 the motor vehicle. Within 7 business days after receipt of the  
2427 information, the director or the director's designee shall send  
2428 notice by certified mail, return receipt requested, to the owner  
2429 of the motor vehicle, the insurance company insuring the motor  
2430 vehicle, ~~notwithstanding the provisions of s. 627.736,~~ and all  
2431 persons of record claiming a lien against the motor vehicle. The  
2432 notice must ~~shall~~ state the fact of possession of the motor  
2433 vehicle, that charges for reasonable towing, storage, and  
2434 parking fees, if any, have accrued and the amount thereof, that  
2435 a lien as provided in subsection (6) will be claimed, that the  
2436 lien is subject to enforcement pursuant to law, that the owner  
2437 or lienholder, if any, has the right to a hearing as set forth  
2438 in subsection (4), and that any motor vehicle which, at the end  
2439 of 30 calendar days after receipt of the notice, has not been  
2440 removed from the airport upon payment in full of all accrued  
2441 charges for reasonable towing, storage, and parking fees, if  
2442 any, may be disposed of as provided in s. 705.182(2)(a), (b),  
2443 (d), or (e), including, but not limited to, the motor vehicle  
2444 being sold free of all prior liens after 35 calendar days after  
2445 the time the motor vehicle is stored if any prior liens on the  
2446 motor vehicle are more than 5 years of age or after 50 calendar  
2447 days after the time the motor vehicle is stored if any prior



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2448 liens on the motor vehicle are 5 years of age or less.

2449         (6) The airport pursuant to this section or, if used, a  
2450 licensed independent wrecker company pursuant to s. 713.78 shall  
2451 have a lien on an abandoned or derelict motor vehicle for all  
2452 reasonable towing, storage, and accrued parking fees, if any,  
2453 except that no storage fee may ~~shall~~ be charged if the motor  
2454 vehicle is stored less than 6 hours. As a prerequisite to  
2455 perfecting a lien under this section, the airport director or  
2456 the director's designee must serve a notice in accordance with  
2457 subsection (2) on the owner of the motor vehicle, the insurance  
2458 company insuring the motor vehicle, ~~notwithstanding the~~  
2459 ~~provisions of s. 627.736,~~ and all persons of record claiming a  
2460 lien against the motor vehicle. If attempts to notify the owner,  
2461 the insurance company insuring the motor vehicle,  
2462 ~~notwithstanding the provisions of s. 627.736,~~ or lienholders are  
2463 not successful, the requirement of notice by mail shall be  
2464 considered met. Serving of the notice does not dispense with  
2465 recording the claim of lien.

2466         (7) (a) For the purpose of perfecting its lien under this  
2467 section, the airport shall record a claim of lien which states  
2468 ~~shall state:~~

2469             1. The name and address of the airport.

2470             2. The name of the owner of the motor vehicle, the  
2471 insurance company insuring the motor vehicle, ~~notwithstanding~~  
2472 ~~the provisions of s. 627.736,~~ and all persons of record claiming  
2473 a lien against the motor vehicle.

2474             3. The costs incurred from reasonable towing, storage, and  
2475 parking fees, if any.

2476             4. A description of the motor vehicle sufficient for



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2477 identification.

2478 (b) The claim of lien must ~~shall~~ be signed and sworn to or  
2479 affirmed by the airport director or the director's designee.

2480 (c) The claim of lien is ~~shall be~~ sufficient if it is in  
2481 substantially the following form:

2482

2483 CLAIM OF LIEN

2484 State of .....

2485 County of .....

2486 Before me, the undersigned notary public, personally appeared  
2487 ....., who was duly sworn and says that he/she is the  
2488 ..... of ....., whose address is.....; and that the  
2489 following described motor vehicle:

2490 ...(Description of motor vehicle)...

2491 owned by ....., whose address is ....., has accrued  
2492 \$..... in fees for a reasonable tow, for storage, and for  
2493 parking, if applicable; that the lienor served its notice to the  
2494 owner, the insurance company insuring the motor vehicle  
2495 ~~notwithstanding the provisions of s. 627.736, Florida Statutes,~~  
2496 and all persons of record claiming a lien against the motor  
2497 vehicle on ....., ...(year)...., by.....

2498 ...(Signature)...

2499 Sworn to (or affirmed) and subscribed before me this .... day of  
2500 ....., ...(year)...., by ...(name of person making statement)....

2501 ...(Signature of Notary Public).....(Print, Type, or Stamp

2502 Commissioned name of Notary Public)...

2503 Personally Known....OR Produced....as identification.

2504

2505 However, the negligent inclusion or omission of any information



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2506 in this claim of lien which does not prejudice the owner does  
2507 not constitute a default that operates to defeat an otherwise  
2508 valid lien.

2509 (d) The claim of lien must ~~shall~~ be served on the owner of  
2510 the motor vehicle, the insurance company insuring the motor  
2511 vehicle, ~~notwithstanding the provisions of s. 627.736,~~ and all  
2512 persons of record claiming a lien against the motor vehicle. If  
2513 attempts to notify the owner, the insurance company insuring the  
2514 motor vehicle ~~notwithstanding the provisions of s. 627.736,~~ or  
2515 lienholders are not successful, the requirement of notice by  
2516 mail shall be considered met. The claim of lien must ~~shall~~ be so  
2517 served before recordation.

2518 (e) The claim of lien must ~~shall~~ be recorded with the clerk  
2519 of court in the county where the airport is located. The  
2520 recording of the claim of lien shall be constructive notice to  
2521 all persons of the contents and effect of such claim. The lien  
2522 attaches ~~shall attach~~ at the time of recordation and takes ~~shall~~  
2523 ~~take~~ priority as of that time.

2524 Section 58. Subsection (4) of section 713.78, Florida  
2525 Statutes, is amended to read:

2526 713.78 Liens for recovering, towing, or storing vehicles  
2527 and vessels.—

2528 (4) (a) A person regularly engaged in the business of  
2529 recovering, towing, or storing vehicles or vessels who comes  
2530 into possession of a vehicle or vessel pursuant to subsection  
2531 (2), and who claims a lien for recovery, towing, or storage  
2532 services, shall give notice, by certified mail, to the  
2533 registered owner, the insurance company insuring the vehicle  
2534 ~~notwithstanding s. 627.736,~~ and all persons claiming a lien





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2535 thereon, as disclosed by the records in the Department of  
2536 Highway Safety and Motor Vehicles or as disclosed by the records  
2537 of any corresponding agency in any other state in which the  
2538 vehicle is identified through a records check of the National  
2539 Motor Vehicle Title Information System or an equivalent  
2540 commercially available system as being titled or registered.

2541 (b) Whenever a law enforcement agency authorizes the  
2542 removal of a vehicle or vessel or whenever a towing service,  
2543 garage, repair shop, or automotive service, storage, or parking  
2544 place notifies the law enforcement agency of possession of a  
2545 vehicle or vessel pursuant to s. 715.07(2)(a)2., the law  
2546 enforcement agency of the jurisdiction where the vehicle or  
2547 vessel is stored shall contact the Department of Highway Safety  
2548 and Motor Vehicles, or the appropriate agency of the state of  
2549 registration, if known, within 24 hours through the medium of  
2550 electronic communications, giving the full description of the  
2551 vehicle or vessel. Upon receipt of the full description of the  
2552 vehicle or vessel, the department shall search its files to  
2553 determine the owner's name, the insurance company insuring the  
2554 vehicle or vessel, and whether any person has filed a lien upon  
2555 the vehicle or vessel as provided in s. 319.27(2) and (3) and  
2556 notify the applicable law enforcement agency within 72 hours.  
2557 The person in charge of the towing service, garage, repair shop,  
2558 or automotive service, storage, or parking place shall obtain  
2559 such information from the applicable law enforcement agency  
2560 within 5 days after the date of storage and shall give notice  
2561 pursuant to paragraph (a). The department may release the  
2562 insurance company information to the requestor notwithstanding  
2563 ~~s. 627.736.~~



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2564 (c) The notice of lien must be sent by certified mail to  
2565 the registered owner, the insurance company insuring the vehicle  
2566 notwithstanding ~~s. 627.736~~, and all other persons claiming a  
2567 lien thereon within 7 business days, excluding Saturday and  
2568 Sunday, after the date of storage of the vehicle or vessel.

2569 However, in no event shall the notice of lien be sent less than  
2570 30 days before the sale of the vehicle or vessel. The notice  
2571 must state:

2572 1. If the claim of lien is for a vehicle, the last 8 digits  
2573 of the vehicle identification number of the vehicle subject to  
2574 the lien, or, if the claim of lien is for a vessel, the hull  
2575 identification number of the vessel subject to the lien, clearly  
2576 printed in the delivery address box and on the outside of the  
2577 envelope sent to the registered owner and all other persons  
2578 claiming an interest therein or lien thereon.

2579 2. The name, physical address, and telephone number of the  
2580 lienor, and the entity name, as registered with the Division of  
2581 Corporations, of the business where the towing and storage  
2582 occurred, which must also appear on the outside of the envelope  
2583 sent to the registered owner and all other persons claiming an  
2584 interest in or lien on the vehicle or vessel.

2585 3. The fact of possession of the vehicle or vessel.

2586 4. The name of the person or entity that authorized the  
2587 lienor to take possession of the vehicle or vessel.

2588 5. That a lien as provided in subsection (2) is claimed.

2589 6. That charges have accrued and include an itemized  
2590 statement of the amount thereof.

2591 7. That the lien is subject to enforcement under law and  
2592 that the owner or lienholder, if any, has the right to a hearing



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2593 as set forth in subsection (5).

2594 8. That any vehicle or vessel that remains unclaimed, or  
2595 for which the charges for recovery, towing, or storage services  
2596 remain unpaid, may be sold free of all prior liens 35 days after  
2597 the vehicle or vessel is stored by the lienor if the vehicle or  
2598 vessel is more than 3 years of age or 50 days after the vehicle  
2599 or vessel is stored by the lienor if the vehicle or vessel is 3  
2600 years of age or less.

2601 9. The address at which the vehicle or vessel is physically  
2602 located.

2603 (d) The notice of lien may not be sent to the registered  
2604 owner, the insurance company insuring the vehicle or vessel, and  
2605 all other persons claiming a lien thereon less than 30 days  
2606 before the sale of the vehicle or vessel.

2607 (e) If attempts to locate the name and address of the owner  
2608 or lienholder prove unsuccessful, the towing-storage operator  
2609 shall, after 7 business days, excluding Saturday and Sunday,  
2610 after the initial tow or storage, notify the public agency of  
2611 jurisdiction where the vehicle or vessel is stored in writing by  
2612 certified mail or acknowledged hand delivery that the towing-  
2613 storage company has been unable to locate the name and address  
2614 of the owner or lienholder and a physical search of the vehicle  
2615 or vessel has disclosed no ownership information and a good  
2616 faith effort has been made, including records checks of the  
2617 Department of Highway Safety and Motor Vehicles database and the  
2618 National Motor Vehicle Title Information System or an equivalent  
2619 commercially available system. For purposes of this paragraph  
2620 and subsection (9), the term "good faith effort" means that the  
2621 following checks have been performed by the company to establish



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2622 the prior state of registration and for title:

2623 1. A check of the department's database for the owner and  
2624 any lienholder.

2625 2. A check of the electronic National Motor Vehicle Title  
2626 Information System or an equivalent commercially available  
2627 system to determine the state of registration when there is not  
2628 a current registration record for the vehicle or vessel on file  
2629 with the department.

2630 3. A check of the vehicle or vessel for any type of tag,  
2631 tag record, temporary tag, or regular tag.

2632 4. A check of the law enforcement report for a tag number  
2633 or other information identifying the vehicle or vessel, if the  
2634 vehicle or vessel was towed at the request of a law enforcement  
2635 officer.

2636 5. A check of the trip sheet or tow ticket of the tow truck  
2637 operator to determine whether a tag was on the vehicle or vessel  
2638 at the beginning of the tow, if a private tow.

2639 6. If there is no address of the owner on the impound  
2640 report, a check of the law enforcement report to determine  
2641 whether an out-of-state address is indicated from driver license  
2642 information.

2643 7. A check of the vehicle or vessel for an inspection  
2644 sticker or other stickers and decals that may indicate a state  
2645 of possible registration.

2646 8. A check of the interior of the vehicle or vessel for any  
2647 papers that may be in the glove box, trunk, or other areas for a  
2648 state of registration.

2649 9. A check of the vehicle for a vehicle identification  
2650 number.



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2651 10. A check of the vessel for a vessel registration number.

2652 11. A check of the vessel hull for a hull identification  
2653 number which should be carved, burned, stamped, embossed, or  
2654 otherwise permanently affixed to the outboard side of the  
2655 transom or, if there is no transom, to the outmost seaboard side  
2656 at the end of the hull that bears the rudder or other steering  
2657 mechanism.

2658 Section 59. Section 768.852, Florida Statutes, is created  
2659 to read:

2660 768.852 Setoff on damages as a result of a motor vehicle  
2661 crash while uninsured.-

2662 (1) Except as provided in subsection (2), for any award of  
2663 noneconomic damages, a defendant is entitled to a setoff equal  
2664 to \$10,000 if a person suffers injury while operating a motor  
2665 vehicle as defined in s. 324.022(2) which lacked the coverage  
2666 required by s. 324.022(1) and the person was not in compliance  
2667 with s. 324.022(1) for more than 30 days immediately preceding  
2668 the crash.

2669 (2) The setoff on noneconomic damages in subsection (1)  
2670 does not apply if the person who is liable for the injury:

2671 (a) Was driving while under the influence of an alcoholic  
2672 beverage, an inhalant, or a controlled substance;

2673 (b) Acted intentionally, recklessly, or with gross  
2674 negligence;

2675 (c) Fled from the scene of the crash; or

2676 (d) Was acting in furtherance of an offense or in immediate  
2677 flight from an offense that constituted a felony at the time of  
2678 the crash.

2679 (3) This section does not apply to any wrongful death



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2680 claim.

2681

2682 ===== T I T L E A M E N D M E N T =====

2683 And the title is amended as follows:

2684 Delete lines 41 - 282

2685 and insert:

2686 insurer's duty to defend certain claims; revising the  
2687 vehicles excluded from the definition of the term  
2688 "motor vehicle"; providing security requirements for  
2689 certain excluded vehicles; specifying circumstances  
2690 when motorcycles are subject to financial  
2691 responsibility requirements; conforming provisions to  
2692 changes made by the act; conforming cross-references;  
2693 amending s. 324.0221, F.S.; revising coverages that  
2694 subject a policy to certain insurer reporting and  
2695 notice requirements; conforming provisions to changes  
2696 made by the act; creating s. 324.0222, F.S.; providing  
2697 that driver license or registration suspensions for  
2698 failure to maintain required security which were in  
2699 effect before a specified date remain in full force  
2700 and effect; providing that such suspended licenses or  
2701 registrations may be reinstated as provided in a  
2702 specified section; amending s. 324.023, F.S.;

2703 conforming cross-references; making technical changes;  
2704 amending s. 324.031, F.S.; specifying a method of  
2705 proving financial responsibility; revising the amount  
2706 of a certificate of deposit required to elect a  
2707 certain method of proof of financial responsibility;  
2708 revising excess liability coverage requirements for a



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2709 person electing to use such method; amending s.  
2710 324.032, F.S.; revising financial responsibility  
2711 requirements for owners or lessees of for-hire  
2712 passenger transportation vehicles; amending s.  
2713 324.051, F.S.; specifying that motor vehicles include  
2714 motorcycles for purposes of the section; making  
2715 technical changes; amending ss. 324.071 and 324.091,  
2716 F.S.; making technical changes; amending s. 324.151,  
2717 F.S.; revising requirements for motor vehicle  
2718 liability insurance policies relating to coverage, and  
2719 exclusion from coverage, for certain drivers and  
2720 vehicles; defining terms; conforming provisions to  
2721 changes made by the act; making technical changes;  
2722 amending s. 324.161, F.S.; revising requirements for a  
2723 certificate of deposit that is required if a person  
2724 elects a certain method of proving financial  
2725 responsibility; amending s. 324.171, F.S.; revising  
2726 the minimum net worth requirements to qualify certain  
2727 persons as self-insurers; conforming provisions to  
2728 changes made by the act; amending s. 324.251, F.S.;  
2729 revising the short title and an effective date;  
2730 amending s. 400.9905, F.S.; revising the definition of  
2731 the term "clinic"; amending ss. 400.991 and 400.9935,  
2732 F.S.; conforming provisions to changes made by the  
2733 act; amending s. 409.901, F.S.; revising the  
2734 definition of the term "third-party benefit"; amending  
2735 s. 409.910, F.S.; revising the definition of the term  
2736 "medical coverage"; amending s. 456.057, F.S.;  
2737 conforming a provision to changes made by the act;



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2738 amending s. 456.072, F.S.; revising specified grounds  
2739 for discipline for certain health professions;  
2740 defining the term "upcoded"; amending s. 624.155,  
2741 F.S.; providing an exception to the circumstances  
2742 under which a person who is damaged may bring a civil  
2743 action against an insurer; adding a cause of action  
2744 against insurers in certain circumstances; providing  
2745 that a person is not entitled to judgments under  
2746 multiple bad faith remedies; creating s. 624.156,  
2747 F.S.; providing that the section applies to bad faith  
2748 failure to settle third-party claim actions against  
2749 any insurer for a loss arising out of the ownership,  
2750 maintenance, or use of a motor vehicle under specified  
2751 circumstances; providing construction; providing that  
2752 insurers have a duty of good faith; providing  
2753 construction; defining the term "bad faith failure to  
2754 settle"; specifying best practices standards for  
2755 insurers upon receiving actual notice of certain  
2756 incidents or losses; providing construction;  
2757 specifying certain requirements for insurer  
2758 communications to an insured; requiring an insurer to  
2759 initiate settlement negotiations under certain  
2760 circumstances; specifying requirements for the insurer  
2761 when multiple claims arise out of a single occurrence  
2762 under certain conditions; providing construction;  
2763 requiring an insurer to attempt to settle a claim on  
2764 behalf of certain insureds under certain  
2765 circumstances; providing for a defense to bad faith  
2766 actions; providing that insureds have a duty to





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2767 cooperate; requiring an insured to take certain  
2768 reasonable actions necessary to settle covered claims;  
2769 providing requirements for disclosures by insureds;  
2770 requiring insurers to provide certain notice to  
2771 insureds within a specified timeframe; providing that  
2772 insurers may terminate certain defenses under certain  
2773 circumstances; providing construction; providing that  
2774 a trier of fact may not attribute an insurer's failure  
2775 to settle certain claims to specified causes under  
2776 certain circumstances; providing construction;  
2777 specifying conditions precedent for claimants filing  
2778 bad faith failure to settle third-party claim actions;  
2779 providing that an insurer is entitled to a reasonable  
2780 opportunity to investigate and evaluate claims under  
2781 certain circumstances; providing construction;  
2782 providing that insurers may not be held liable for the  
2783 failure to accept a settlement offer within a certain  
2784 timeframe if certain conditions are met; providing  
2785 that an insurer is not required to automatically  
2786 tender policy limits within a certain timeframe in  
2787 every case; requiring the party bringing a bad faith  
2788 failure to settle action to prove every element by the  
2789 greater weight of the evidence; specifying burdens of  
2790 proof for insurers relying on specified defenses;  
2791 limiting damages under certain circumstances;  
2792 providing that judgment creditors must be subrogated  
2793 to the rights of the insured under certain  
2794 circumstances; prohibiting multiple bad faith  
2795 remedies; amending s. 626.9541, F.S.; conforming a



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2796 provision to changes made by the act; revising the  
2797 type of insurance coverage applicable to a certain  
2798 prohibited act; amending s. 626.989, F.S.; revising  
2799 the definition of the term "fraudulent insurance act";  
2800 amending s. 627.06501, F.S.; revising coverages that  
2801 may provide for a reduction in motor vehicle insurance  
2802 policy premium charges under certain circumstances;  
2803 amending s. 627.0651, F.S.; specifying requirements  
2804 for rate filings for motor vehicle liability policies  
2805 submitted to the Office of Insurance Regulation  
2806 implementing requirements in effect on a specified  
2807 date; requiring such filings to be approved through a  
2808 certain process; amending s. 627.0652, F.S.; revising  
2809 coverages that must provide a premium charge reduction  
2810 under certain circumstances; amending s. 627.0653,  
2811 F.S.; revising coverages subject to premium discounts  
2812 for specified motor vehicle equipment; amending s.  
2813 627.4132, F.S.; revising coverages that are subject to  
2814 a stacking prohibition; amending s. 627.4137, F.S.;  
2815 requiring that insurers disclose certain information  
2816 at the request of a claimant's attorney; authorizing a  
2817 claimant to file an action under certain  
2818 circumstances; providing for the award of reasonable  
2819 attorney fees and costs under certain circumstances;  
2820 amending s. 627.7263, F.S.; revising coverages that  
2821 are deemed primary, except under certain  
2822 circumstances, for the lessor of a motor vehicle for  
2823 lease or rent; revising a notice that is required if  
2824 the lessee's coverage is to be primary; creating s.



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2825 627.7265, F.S.; specifying persons whom medical  
2826 payments coverage must protect; specifying the minimum  
2827 medical expense and death benefit limits; specifying  
2828 coverage options an insurer is required and authorized  
2829 to offer; providing that each motor vehicle insurance  
2830 policy furnished as proof of financial responsibility  
2831 is deemed to have certain coverages; requiring that  
2832 certain rejections or selections be made on forms  
2833 approved by the office; providing requirements for  
2834 such forms; providing that certain coverage is not  
2835 required to be provided in certain policies under  
2836 certain circumstances; requiring insurers to provide  
2837 certain notices to policyholders; providing  
2838 construction relating to limits on certain other  
2839 coverages; requiring insurers, upon receiving certain  
2840 notice of an accident, to hold a specified reserve for  
2841 certain purposes for a certain timeframe; providing  
2842 that the reserve requirement does not require insurers  
2843 to establish a claim reserve for accounting purposes;  
2844 specifying that an insurer providing medical payments  
2845 coverage benefits may not seek a lien on a certain  
2846 recovery and may not bring a certain cause of action;  
2847 authorizing insurers to include policy provisions  
2848 allowing for subrogation, under certain circumstances,  
2849 for medical payments benefits paid; providing  
2850 construction; specifying a requirement for an insured  
2851 for repayment of medical payments benefits under  
2852 certain circumstances; prohibiting insurers from  
2853 including policy provisions allowing for subrogation



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2854 for death benefits paid; amending s. 627.727, F.S.;

2855 revising the legal liability of an uninsured motorist

2856 coverage insurer; conforming provisions to changes

2857 made by the act; amending s. 627.7275, F.S.; revising

2858 required coverages for a motor vehicle insurance

2859 policy; conforming provisions to changes made by the

2860 act; creating s. 627.7278, F.S.; defining the term

2861 "minimum security requirements"; providing

2862 requirements, applicability, and construction relating

2863 to motor vehicle insurance policies as of a certain

2864 date; requiring insurers to allow certain insureds to

2865 make certain coverage changes, subject to certain

2866 conditions; requiring an insurer to provide, by a

2867 specified date, a specified notice to policyholders

2868 relating to requirements under the act; amending s.

2869 627.728, F.S.; conforming a provision to changes made

2870 by the act; making technical changes; amending s.

2871 627.7295, F.S.; revising the definitions of the terms

2872 "policy" and "binder"; revising the coverages of a

2873 motor vehicle insurance policy for which a licensed

2874 general lines agent may charge a specified fee;

2875 conforming provisions to changes made by the act;

2876 amending s. 627.7415, F.S.; revising additional

2877 liability insurance requirements for commercial motor

2878 vehicles; creating s. 627.747, F.S.; providing that

2879 private passenger motor vehicle policies may exclude

2880 certain identified individuals from specified

2881 coverages under certain circumstances; providing that

2882 such policies may not exclude coverage under certain



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2883 circumstances; amending s. 627.748, F.S.; revising  
2884 insurance requirements for transportation network  
2885 company drivers; conforming provisions to changes made  
2886 by the act; amending s. 627.749, F.S.; conforming a  
2887 provision to changes made by the act; amending s.  
2888 627.8405, F.S.; revising coverages in a policy sold in  
2889 combination with an accidental death and dismemberment  
2890 policy which a premium finance company may not  
2891 finance; revising rulemaking authority of the  
2892 Financial Services Commission; amending ss. 627.915,  
2893 628.909, 705.184, and 713.78, F.S.; conforming  
2894 provisions to changes made by the act; making  
2895 technical changes; creating s. 768.852, F.S.;  
2896 providing for a setoff on certain damages that may be  
2897 recovered by a person operating certain motor vehicles  
2898 who is not in compliance with financial responsibility  
2899 laws; providing exceptions; amending s. 817.234, F.S.;  
2900 revising