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An act relating to motor vehicle insurance; repealing ss. 627.730, 627.731, 627.7311, 627.732, 627.733, 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403, and 627.7405, F.S., which comprise the Florida Motor Vehicle No-Fault Law; repealing s. 627.7407, F.S., relating to application of the Florida Motor Vehicle No-Fault Law; amending s. 316.646, F.S.; revising a requirement for proof of security on a motor vehicle and the applicability of the requirement; amending s. 318.18, F.S.; conforming a provision to changes made by the act; making technical changes; amending s. 320.02, F.S.; revising the motor vehicle insurance coverages that an applicant must show to register certain vehicles with the Department of Highway Safety and Motor Vehicles; conforming a provision to changes made by the act; revising construction; amending s. 320.0609, F.S.; conforming a provision to changes made by the act; making a technical change; amending s. 320.27, F.S.; defining the term "garage liability insurance"; revising garage liability insurance requirements for motor vehicle dealer applicants; conforming a provision to changes made by the act; amending s. 320.771, F.S.; revising garage liability insurance requirements for recreational vehicle dealer license applicants; amending ss. 322.251 and 322.34, F.S.; conforming provisions to changes made by the act; making technical changes; amending s. 324.011, F.S.; revising

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202154er

legislative intent; amending s. 324.021, F.S.; revising definitions of the terms "motor vehicle" and "proof of financial responsibility"; revising minimum coverage requirements for proof of financial responsibility for specified motor vehicles; defining the term "for-hire passenger transportation vehicle"; conforming provisions to changes made by the act; amending s. 324.022, F.S.; revising minimum liability coverage requirements for motor vehicle owners or operators; revising authorized methods for meeting such requirements; deleting a provision relating to an insurer's duty to defend certain claims; revising the vehicles that are excluded from the definition of the term "motor vehicle"; providing security requirements for certain excluded vehicles; conforming provisions to changes made by the act; conforming crossreferences; amending s. 324.0221, F.S.; revising coverages that subject a policy to certain insurer reporting and notice requirements; conforming provisions to changes made by the act; creating s. 324.0222, F.S.; providing that driver license or registration suspensions for failure to maintain required security which were in effect before a specified date remain in full force and effect; providing that such suspended licenses or registrations may be reinstated as provided in a specified section; amending s. 324.023, F.S.; conforming cross-references; making a technical change; amending s. 324.031, F.S.; specifying a method

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202154er

of proving financial responsibility by owners or operators of motor vehicles other than for-hire passenger transportation vehicles; revising the amount of a certificate of deposit required to elect a certain method of proof of financial responsibility; revising excess liability coverage requirements for a person electing to use such method; amending s. 324.032, F.S.; revising financial responsibility requirements for owners or lessees of for-hire passenger transportation vehicles; amending s. 324.051, F.S.; specifying that motor vehicles include motorcycles for purposes of the section; making technical changes; amending ss. 324.071 and 324.091, F.S.; making technical changes; amending s. 324.151, F.S.; revising requirements for motor vehicle liability insurance policies relating to coverage, and exclusion from coverage, for certain drivers and vehicles; defining terms; conforming provisions to changes made by the act; making technical changes; amending s. 324.161, F.S.; revising requirements for a certificate of deposit that is required if a person elects a certain method of proving financial responsibility; amending s. 324.171, F.S.; revising the minimum net worth requirements to qualify certain persons as self-insurers; conforming provisions to changes made by the act; amending s. 324.251, F.S.; revising the short title and an effective date; amending s. 400.9905, F.S.; revising the definition of the term "clinic"; amending ss. 400.991 and 400.9935,

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F.S.; conforming provisions to changes made by the act; amending s. 409.901, F.S.; revising the definition of the term "third-party benefit"; amending s. 409.910, F.S.; revising the definition of the term "medical coverage"; amending s. 456.057, F.S.; conforming a provision to changes made by the act; amending s. 456.072, F.S.; revising specified grounds for discipline for certain health professions; defining the term "upcoded"; amending s. 624.155, F.S.; providing an exception to the circumstances under which a person who is damaged may bring a civil action against an insurer; adding a cause of action against insurers in certain circumstances; providing that a person is not entitled to judgments under multiple bad faith remedies; creating s. 624.156, F.S.; providing that the section applies to bad faith failure to settle third-party claim actions against any insurer for a loss arising out of the ownership, maintenance, or use of a motor vehicle under specified circumstances; providing construction; providing that insurers have a duty of good faith; providing construction; defining the term "bad faith failure to settle"; providing circumstances under which a notice is not effective; providing that the burden is on the party bringing the bad faith claim; specifying best practices standards for insurers upon receiving actual notice of certain incidents or losses; specifying certain requirements for insurer communications to an insured; requiring an insurer to initiate settlement

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negotiations under certain circumstances; specifying requirements for the insurer when multiple claims arise out of a single occurrence under certain conditions; providing construction; requiring an insurer to attempt to settle a claim on behalf of certain insureds under certain circumstances; providing for a defense to bad faith actions; providing that insureds have a duty to cooperate; requiring an insured to take certain reasonable actions necessary to settle covered claims; providing requirements for disclosures by insureds; requiring insurers to provide certain notice to insureds within a specified timeframe; providing that insurers may terminate certain defenses under certain circumstances; providing construction; providing that a trier of fact may not attribute an insurer's failure to settle certain claims to specified causes under certain circumstances; providing construction; specifying conditions precedent for claimants filing bad faith failure to settle third-party claim actions; providing that an insurer is entitled to a reasonable opportunity to investigate and evaluate claims under certain circumstances; providing construction; providing that insurers may not be held liable for the failure to accept a settlement offer within a certain timeframe if certain conditions are met; providing that an insurer is not required to automatically tender policy limits within a certain timeframe in every case; requiring the party bringing a bad faith

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202154er

failure to settle action to prove every element by the greater weight of the evidence; specifying burdens of proof for insurers relying on specified defenses; limiting damages under certain circumstances; providing construction; amending s. 626.9541, F.S.; conforming a provision to changes made by the act; revising the type of insurance coverage applicable to a certain prohibited act; amending s. 626.989, F.S.; revising the definition of the term "fraudulent insurance act"; amending s. 627.06501, F.S.; revising coverages that may provide for a reduction in motor vehicle insurance policy premium charges under certain circumstances; amending s. 627.0651, F.S.; specifying requirements for rate filings for motor vehicle liability policies submitted to the Office of Insurance Regulation implementing requirements in effect on a specified date; requiring such filings to be approved through a certain process; amending s. 627.0652, F.S.; revising coverages that must provide a premium charge reduction under certain circumstances; amending s. 627.0653, F.S.; revising coverages that are subject to premium discounts for specified motor vehicle equipment; amending s. 627.4132, F.S.; revising coverages that are subject to a stacking prohibition; amending s. 627.4137, F.S.; requiring that insurers disclose certain information at the request of a claimant's attorney; authorizing a claimant to file an action under certain circumstances; providing for the award of reasonable

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attorney fees and costs under certain circumstances; amending s. 627.7263, F.S.; revising coverages that are deemed primary, except under certain circumstances, for the lessor of a motor vehicle for lease or rent; revising a notice that is required if the lessee's coverage is to be primary; creating s. 627.7265, F.S.; specifying persons whom medical payments coverage must protect; specifying the minimum medical expense and death benefit limits; specifying coverage options that an insurer is required and authorized to offer; providing that each motor vehicle insurance policy furnished as proof of financial responsibility is deemed to have certain coverages; requiring that certain rejections or selections be made on forms approved by the office; providing requirements for such forms; providing that certain coverage is not required to be provided in certain policies under certain circumstances; requiring insurers to provide certain notices to policyholders; providing construction relating to limits on certain other coverages; requiring insurers, upon receiving certain notice of an accident, to hold a specified reserve for certain purposes for a certain timeframe; providing that the reserve requirement does not require insurers to establish a claim reserve for accounting purposes; specifying that an insurer providing medical payments coverage benefits may not seek a lien on a certain recovery and may not bring a certain cause of action; authorizing insurers to

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include policy provisions allowing for subrogation, under certain circumstances, for medical payments benefits paid; providing construction; specifying a requirement for an insured for repayment of medical payments benefits under certain circumstances; prohibiting insurers from including policy provisions allowing for subrogation for death benefits paid; amending s. 627.727, F.S.; revising the legal liability of an uninsured motorist coverage insurer; conforming provisions to changes made by the act; amending s. 627.7275, F.S.; revising required coverages for a motor vehicle insurance policy; conforming provisions to changes made by the act; creating s. 627.72761, F.S.; requiring motor vehicle insurance policies to provide death benefits; specifying requirements for and persons to whom such benefits may and may not be paid; creating s. 627.7278, F.S.; defining the term "minimum security requirements"; providing requirements, applicability, and construction relating to motor vehicle insurance policies as of a certain date; requiring insurers to allow certain insureds to make certain coverage changes, subject to certain conditions; requiring an insurer to provide, by a specified date, a specified notice to policyholders relating to requirements under the act; amending s. 627.728, F.S.; conforming a provision to changes made by the act; making a technical change; amending s. 627.7295, F.S.; revising the definitions of the terms "policy" and "binder";

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202154er

revising the coverages of a motor vehicle insurance policy for which a licensed general lines agent may charge a specified fee; conforming provisions to changes made by the act; amending s. 627.7415, F.S.; revising additional liability insurance requirements for commercial motor vehicles; creating s. 627.747, F.S.; providing that private passenger motor vehicle policies may exclude specified coverages for all claims or suits resulting from the operation of a motor vehicle by an identified individual under certain circumstances; providing that such policies may not exclude coverage under certain circumstances; providing that an excluded driver must establish, maintain, and show proof of financial ability to respond for damages arising out of the ownership, maintenance, or use of a motor vehicle as required by law; providing that a valid named driver exclusion will not be invalidated if the excluded driver fails to show such proof; amending s. 627.748, F.S.; revising insurance requirements for transportation network company drivers; conforming provisions to changes made by the act; amending s. 627.749, F.S.; conforming a provision to changes made by the act; amending s. 627.8405, F.S.; revising coverages in a policy sold in combination with an accidental death and dismemberment policy which a premium finance company may not finance; revising rulemaking authority of the Financial Services Commission; amending ss. 627.915, 628.909, 705.184, and 713.78, F.S.;

202154er

conforming provisions to changes made by the act; making technical changes; creating s. 768.852, F.S.; providing for a setoff on certain damages that may be recovered by a person operating certain motor vehicles who is not in compliance with financial responsibility laws; providing exceptions; amending s. 817.234, F.S.; revising coverages that are the basis of specified prohibited false and fraudulent insurance claims; conforming provisions to changes made by the act; providing an appropriation; providing effective dates.

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

Section 1. <u>Sections 627.730, 627.731, 627.7311, 627.732,</u> 627.733, 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403, and 627.7405, Florida Statutes, are repealed.

Section 2. <u>Section 627.7407</u>, Florida Statutes, is repealed. Section 3. Subsection (1) of section 316.646, Florida Statutes, is amended to read:

316.646 Security required; proof of security and display thereof.— $\,$

(1) Any person required by s. 324.022 to maintain <u>liability</u> security for property damage, <u>liability</u> security, required by s. 324.023 to maintain <u>liability</u> security for bodily injury, or death, or required by s. 627.733 to maintain personal injury protection security on a motor vehicle shall have in his or her immediate possession at all times while operating <u>a</u> such motor vehicle proper proof of maintenance of the required security required under s. 324.021(7).

202154er

- (a) Such proof <u>must</u> shall be in a uniform paper or electronic format, as prescribed by the department, a valid insurance policy, an insurance policy binder, a certificate of insurance, or such other proof as may be prescribed by the department.
- (b)1. The act of presenting to a law enforcement officer an electronic device displaying proof of insurance in an electronic format does not constitute consent for the officer to access any information on the device other than the displayed proof of insurance.
- 2. The person who presents the device to the officer assumes the liability for any resulting damage to the device.
- Section 4. Paragraph (b) of subsection (2) of section 318.18, Florida Statutes, is amended to read:
- 318.18 Amount of penalties.—The penalties required for a noncriminal disposition pursuant to s. 318.14 or a criminal offense listed in s. 318.17 are as follows:
- (2) Thirty dollars for all nonmoving traffic violations and:
- (b) For all violations of ss. 320.0605, 320.07(1), 322.065, and 322.15(1). \underline{A} Any person who is cited for a violation of s. 320.07(1) shall be charged a delinquent fee pursuant to s. 320.07(4).
- 1. If a person who is cited for a violation of s. 320.0605 or s. 320.07 can show proof of having a valid registration at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$10, from which the clerk shall remit \$2.50 to the Department of Revenue for deposit into the General Revenue Fund. A person who finds it impossible

202154er

or impractical to obtain a valid registration certificate must submit an affidavit detailing the reasons for the impossibility or impracticality. The reasons may include, but are not limited to, the fact that the vehicle was sold, stolen, or destroyed; that the state in which the vehicle is registered does not issue a certificate of registration; or that the vehicle is owned by another person.

- 2. If a person who is cited for a violation of s. 322.03, s. 322.065, or s. 322.15 can show a driver license issued to him or her and valid at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$10, from which the clerk shall remit \$2.50 to the Department of Revenue for deposit into the General Revenue Fund.
- 3. If a person who is cited for a violation of s. 316.646 can show proof of security as required by s. 324.021(7) s. 627.733, issued to the person and valid at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$10, from which the clerk shall remit \$2.50 to the Department of Revenue for deposit into the General Revenue Fund. A person who finds it impossible or impractical to obtain proof of security must submit an affidavit detailing the reasons for the impracticality. The reasons may include, but are not limited to, the fact that the vehicle has since been sold, stolen, or destroyed; that the owner or registrant of the vehicle is not required by s. 627.733 to maintain personal injury protection insurance; or that the vehicle is owned by another person.

Section 5. Paragraphs (a) and (d) of subsection (5) of section 320.02, Florida Statutes, are amended to read:

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202154er

320.02 Registration required; application for registration; forms.—

(5)(a) Proof that bodily injury liability coverage and property damage liability coverage personal injury protection benefits have been purchased if required under s. 324.022, s. 324.032, or s. 627.742 s. 627.733, that property damage liability coverage has been purchased as required under s. 324.022, that bodily injury liability or death coverage has been purchased if required under s. 324.023, and that combined bodily liability insurance and property damage liability insurance have been purchased if required under s. 627.7415 must shall be provided in the manner prescribed by law by the applicant at the time of application for registration of any motor vehicle that is subject to such requirements. The issuing agent may not shall refuse to issue registration if such proof of purchase is not provided. Insurers shall furnish uniform proof-of-purchase cards in a paper or electronic format in a form prescribed by the department and include the name of the insured's insurance company, the coverage identification number, and the make, year, and vehicle identification number of the vehicle insured. The card must contain a statement notifying the applicant of the penalty specified under s. 316.646(4). The card or insurance policy, insurance policy binder, or certificate of insurance or a photocopy of any of these; an affidavit containing the name of the insured's insurance company, the insured's policy number, and the make and year of the vehicle insured; or such other proof as may be prescribed by the department constitutes shall constitute sufficient proof of purchase. If an affidavit is provided as proof, it must be in substantially the following

202154er

378 form: 379 380 Under penalty of perjury, I ... (Name of insured) ... do hereby 381 certify that I have ... (bodily injury liability and Personal 382 Injury Protection, property damage liability, and, if required, 383 Bodily Injury Liability)... insurance currently in effect with 384 ... (Name of insurance company) ... under ... (policy number) ... 385 covering ... (make, year, and vehicle identification number of 386 vehicle) (Signature of Insured) ... 387 388 Such affidavit must include the following warning: 389 390 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE 391 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS 392 393 SUBJECT TO PROSECUTION. 394 395 If an application is made through a licensed motor vehicle 396 dealer as required under s. 319.23, the original or a photocopy 397 photostatic copy of such card, insurance policy, insurance 398 policy binder, or certificate of insurance or the original affidavit from the insured must shall be forwarded by the dealer 399 400 to the tax collector of the county or the Department of Highway 401 Safety and Motor Vehicles for processing. By executing the 402 aforesaid affidavit, a no licensed motor vehicle dealer is not 403 will be liable in damages for any inadequacy, insufficiency, or 404 falsification of any statement contained therein. A card must 405 also indicate the existence of any bodily injury liability 406 insurance voluntarily purchased.

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202154er

(d) The verifying of proof of personal injury protection insurance, proof of property damage liability insurance, proof of combined bodily liability insurance and property damage liability insurance, or proof of financial responsibility insurance and the issuance or failure to issue the motor vehicle registration under the provisions of this chapter may not be construed in any court as a warranty of the reliability or accuracy of the evidence of such proof or as meaning that the provisions of any insurance policy furnished as proof of financial responsibility comply with state law. Neither the department nor any tax collector is liable in damages for any inadequacy, insufficiency, falsification, or unauthorized modification of any item of the proof of personal injury protection insurance, proof of property damage liability insurance, proof of combined bodily liability insurance and property damage liability insurance, or proof of financial responsibility before insurance prior to, during, or subsequent to the verification of the proof. The issuance of a motor vehicle registration does not constitute prima facie evidence or a presumption of insurance coverage.

Section 6. Paragraph (b) of subsection (1) of section 320.0609, Florida Statutes, is amended to read:

320.0609 Transfer and exchange of registration license plates; transfer fee.—

(1)

(b) The transfer of a license plate from a vehicle disposed of to a newly acquired vehicle does not constitute a new registration. The application for transfer <u>must</u> shall be accepted without requiring proof of <u>personal injury protection</u>

202154er

or liability insurance.

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Section 7. Subsection (3) of section 320.27, Florida Statutes, is amended, and paragraph (g) is added to subsection (1) of that section, to read:

320.27 Motor vehicle dealers.-

- (1) DEFINITIONS.—The following words, terms, and phrases when used in this section have the meanings respectively ascribed to them in this subsection, except where the context clearly indicates a different meaning:
- (g) "Garage liability insurance" means, beginning January 1, 2022, combined single-limit liability coverage, including property damage and bodily injury liability coverage, in the amount of at least \$60,000.
- (3) APPLICATION AND FEE.—The application for the license application must shall be in such form as may be prescribed by the department and is shall be subject to such rules with respect thereto as may be so prescribed by the department it. Such application must shall be verified by oath or affirmation and must shall contain a full statement of the name and birth date of the person or persons applying for the license therefor; the name of the firm or copartnership, with the names and places of residence of all members thereof, if such applicant is a firm or copartnership; the names and places of residence of the principal officers, if the applicant is a body corporate or other artificial body; the name of the state under whose laws the corporation is organized; the present and former place or places of residence of the applicant; and the prior business in which the applicant has been engaged and its the location thereof. The Such application must shall describe the exact

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202154er

location of the place of business and must shall state whether the place of business is owned by the applicant and when acquired, or, if leased, a true copy of the lease must shall be attached to the application. The applicant shall certify that the location provides an adequately equipped office and is not a residence; that the location affords sufficient unoccupied space upon and within which adequately to store all motor vehicles offered and displayed for sale; and that the location is a suitable place where the applicant can in good faith carry on such business and keep and maintain books, records, and files necessary to conduct such business, which must shall be available at all reasonable hours to inspection by the department or any of its inspectors or other employees. The applicant shall certify that the business of a motor vehicle dealer is the principal business that will which shall be conducted at that location. The application must shall contain a statement that the applicant is either franchised by a manufacturer of motor vehicles, in which case the name of each motor vehicle that the applicant is franchised to sell must shall be included, or an independent (nonfranchised) motor vehicle dealer. The application must shall contain other relevant information as may be required by the department. The applicant shall furnish, including evidence, in a form approved by the department, that the applicant is insured under a garage liability insurance policy or a general liability insurance policy coupled with a business automobile policy having the coverages and limits of the garage liability insurance coverage in accordance with paragraph (1)(g), which shall include, at a minimum, \$25,000 combined single-limit liability coverage

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202154er

including bodily injury and property damage protection and \$10,000 personal injury protection. However, a salvage motor vehicle dealer as defined in subparagraph (1)(c)5. is exempt from the requirements for garage liability insurance and personal injury protection insurance on those vehicles that cannot be legally operated on roads, highways, or streets in this state. Franchise dealers must submit a garage liability insurance policy, and all other dealers must submit a garage liability insurance policy or a general liability insurance policy coupled with a business automobile policy. Such policy must shall be for the license period, and evidence of a new or continued policy must shall be delivered to the department at the beginning of each license period. Upon making an initial application, the applicant shall pay to the department a fee of \$300 in addition to any other fees required by law. Applicants may choose to extend the licensure period for 1 additional year for a total of 2 years. An initial applicant shall pay to the department a fee of \$300 for the first year and \$75 for the second year, in addition to any other fees required by law. An applicant for renewal shall pay to the department \$75 for a 1year renewal or \$150 for a 2-year renewal, in addition to any other fees required by law. Upon making an application for a change of location, the applicant person shall pay a fee of \$50 in addition to any other fees now required by law. The department shall, in the case of every application for initial licensure, verify whether certain facts set forth in the application are true. Each applicant, general partner in the case of a partnership, or corporate officer and director in the case of a corporate applicant shall, must file a set of

202154er

fingerprints with the department for the purpose of determining any prior criminal record or any outstanding warrants. The department shall submit the fingerprints to the Department of Law Enforcement for state processing and forwarding to the Federal Bureau of Investigation for federal processing. The actual cost of state and federal processing must shall be borne by the applicant and is in addition to the fee for licensure. The department may issue a license to an applicant pending the results of the fingerprint investigation, which license is fully revocable if the department subsequently determines that any facts set forth in the application are not true or correctly represented.

Section 8. Paragraph (j) of subsection (3) of section 320.771, Florida Statutes, is amended to read:

- 320.771 License required of recreational vehicle dealers.-
- (3) APPLICATION.—The application for such license shall be in the form prescribed by the department and subject to such rules as may be prescribed by it. The application shall be verified by oath or affirmation and shall contain:
- (j) A statement that the applicant is insured under a garage liability insurance policy in accordance with s.

 320.27(1)(g), which shall include, at a minimum, \$25,000 combined single-limit liability coverage, including bodily injury and property damage protection, and \$10,000 personal injury protection, if the applicant is to be licensed as a dealer in, or intends to sell, recreational vehicles. However, a garage liability policy is not required for the licensure of a mobile home dealer who sells only park trailers.

202154er

The department shall, if it deems necessary, cause an investigation to be made to ascertain if the facts set forth in the application are true and $\underline{\text{may shall}}$ not issue a license to the applicant until it is satisfied that the facts set forth in the application are true.

Section 9. Subsections (1) and (2) of section 322.251, Florida Statutes, are amended to read:

322.251 Notice of cancellation, suspension, revocation, or disqualification of license.—

- (1) All orders of cancellation, suspension, revocation, or disqualification issued under the provisions of this chapter, chapter 318, or chapter 324 must, or ss. 627.732-627.734 shall be given either by personal delivery thereof to the licensee whose license is being canceled, suspended, revoked, or disqualified or by deposit in the United States mail in an envelope, first class, postage prepaid, addressed to the licensee at his or her last known mailing address furnished to the department. Such mailing by the department constitutes notification, and any failure by the person to receive the mailed order will not affect or stay the effective date or term of the cancellation, suspension, revocation, or disqualification of the licensee's driving privilege.
- (2) The giving of notice and an order of cancellation, suspension, revocation, or disqualification by mail is complete upon expiration of 20 days after deposit in the United States mail for all notices except those issued under chapter 324 or ss. 627.732-627.734, which are complete 15 days after deposit in the United States mail. Proof of the giving of notice and an order of cancellation, suspension, revocation, or

202154er

disqualification in either manner $\underline{\text{must}}$ shall be made by entry in the records of the department that such notice was given. The entry is admissible in the courts of this state and constitutes sufficient proof that such notice was given.

Section 10. Paragraph (a) of subsection (8) of section 322.34, Florida Statutes, is amended to read:

322.34 Driving while license suspended, revoked, canceled, or disqualified.—

- (8) (a) Upon the arrest of a person for the offense of driving while the person's driver license or driving privilege is suspended or revoked, the arresting officer shall determine:
- 1. Whether the person's driver license is suspended or revoked, or the person is under suspension or revocation equivalent status.
- 2. Whether the person's driver license has remained suspended or revoked, or the person has been under suspension or revocation equivalent status, since a conviction for the offense of driving with a suspended or revoked license.
- 3. Whether the suspension, revocation, or suspension or revocation equivalent status was made under s. 316.646 or s. 627.733, relating to failure to maintain required security, or under s. 322.264, relating to habitual traffic offenders.
- 4. Whether the driver is the registered owner or co-owner of the vehicle.
- Section 11. Section 324.011, Florida Statutes, is amended to read:
- 324.011 <u>Legislative intent;</u> purpose of chapter.—It is the intent of <u>the Legislature that</u> this chapter <u>ensure that the</u> privilege of owning or operating a motor vehicle in this state

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is exercised to recognize the existing privilege to own or operate a motor vehicle on the public streets and highways of this state when such vehicles are used with due consideration for others' safety others and their property, promoting and to promote safety, and providing provide financial security requirements for such owners and or operators whose responsibility it is to recompense others for injury to person or property caused by the operation of a motor vehicle. Therefore, the purpose of this chapter is to require that every owner or operator of a motor vehicle required to be registered in this state establish, maintain, and it is required herein that the operator of a motor vehicle involved in a crash or convicted of certain traffic offenses meeting the operative provisions of s. 324.051(2) shall respond for such damages and show proof of financial ability to respond for damages arising out of the ownership, maintenance, or use of a motor vehicle in future accidents as a requisite to owning or operating a motor vehicle in this state his or her future exercise of such privileges.

Section 12. Subsections (1) and (7) and paragraph (c) of subsection (9) of section 324.021, Florida Statutes, are amended, and subsection (12) is added to that section, to read:

324.021 Definitions; minimum insurance required.—The following words and phrases when used in this chapter shall, for the purpose of this chapter, have the meanings respectively ascribed to them in this section, except in those instances where the context clearly indicates a different meaning:

(1) MOTOR VEHICLE.—Every self-propelled vehicle that is designed and required to be licensed for use upon a highway,

202154er

including trailers and semitrailers designed for use with such vehicles, except traction engines, road rollers, farm tractors, power shovels, and well drillers, and every vehicle that is propelled by electric power obtained from overhead wires but not operated upon rails, but not including any personal delivery device or mobile carrier as defined in s. 316.003, bicycle, electric bicycle, or moped. However, the term "motor vehicle" does not include a motor vehicle as defined in s. 627.732(3) when the owner of such vehicle has complied with the requirements of ss. 627.730-627.7405, inclusive, unless the provisions of s. 324.051 apply; and, in such case, the applicable proof of insurance provisions of s. 320.02 apply.

- (7) PROOF OF FINANCIAL RESPONSIBILITY.—<u>Beginning January 1, 2022, That proof of ability to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle:</u>
- (a) With respect to a motor vehicle other than a commercial motor vehicle, nonpublic sector bus, or for-hire passenger transportation vehicle, in the amounts specified in s.

 324.022(1). in the amount of \$10,000 because of bodily injury to, or death of, one person in any one crash;
- (b) Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one crash;
- (c) In the amount of \$10,000 because of injury to, or destruction of, property of others in any one crash; and
- $\underline{\text{(b)}}$ With respect to commercial motor vehicles and nonpublic sector buses, in the amounts specified in $\underline{\text{s. 627.7415}}$ ss. 627.7415 and 627.742, respectively.

202154er

- (c) With respect to nonpublic sector buses, in the amounts specified in s. 627.742.
- (d) With respect to for-hire passenger transportation vehicles, in the amounts specified in s. 324.032.
 - (9) OWNER; OWNER/LESSOR.-
 - (c) Application.
- 1. The limits on liability in subparagraphs (b)2. and 3. do not apply to an owner of motor vehicles that are used for commercial activity in the owner's ordinary course of business, other than a rental company that rents or leases motor vehicles. For purposes of this paragraph, the term "rental company" includes only an entity that is engaged in the business of renting or leasing motor vehicles to the general public and that rents or leases a majority of its motor vehicles to persons with no direct or indirect affiliation with the rental company. The term "rental company" also includes:
- a. A related rental or leasing company that is a subsidiary of the same parent company as that of the renting or leasing company that rented or leased the vehicle.
- b. The holder of a motor vehicle title or an equity interest in a motor vehicle title if the title or equity interest is held pursuant to or to facilitate an asset-backed securitization of a fleet of motor vehicles used solely in the business of renting or leasing motor vehicles to the general public and under the dominion and control of a rental company, as described in this subparagraph, in the operation of such rental company's business.
- 2. Furthermore, with respect to commercial motor vehicles as defined in $\underline{s.\ 207.002}$ or $\underline{s.\ 320.01}$ $\underline{s.\ 627.732}$, the limits on

202154er

liability in subparagraphs (b) 2. and 3. do not apply if, at the time of the incident, the commercial motor vehicle is being used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is required pursuant to such act to carry placards warning others of the hazardous cargo, unless at the time of lease or rental either:

- a. The lessee indicates in writing that the vehicle will not be used to transport materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq.; or
- b. The lessee or other operator of the commercial motor vehicle has in effect insurance with limits of at least $\frac{\$5}{1}$ million $\frac{\$5,000,000}{1}$ combined property damage and bodily injury liability.
- 3.a. A motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate, that provides a temporary replacement vehicle at no charge or at a reasonable daily charge to a service customer whose vehicle is being held for repair, service, or adjustment by the motor vehicle dealer is immune from any cause of action and is not liable, vicariously or directly, under general law solely by reason of being the owner of the temporary replacement vehicle for harm to persons or property that arises out of the use, or operation, of the temporary replacement vehicle by any person during the period the temporary replacement vehicle has been entrusted to the motor vehicle dealer's service customer if there is no negligence or criminal wrongdoing on the part of the motor

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vehicle owner, or its leasing or rental affiliate.

- b. For purposes of this section, and notwithstanding any other provision of general law, a motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate, that gives possession, control, or use of a temporary replacement vehicle to a motor vehicle dealer's service customer may not be adjudged liable in a civil proceeding absent negligence or criminal wrongdoing on the part of the motor vehicle dealer, or the motor vehicle dealer's leasing or rental affiliate, if the motor vehicle dealer or the motor vehicle dealer's leasing or rental affiliate executes a written rental or use agreement and obtains from the person receiving the temporary replacement vehicle a copy of the person's driver license and insurance information reflecting at least the minimum motor vehicle insurance coverage required in the state. Any subsequent determination that the driver license or insurance information provided to the motor vehicle dealer, or the motor vehicle dealer's leasing or rental affiliate, was in any way false, fraudulent, misleading, nonexistent, canceled, not in effect, or invalid does not alter or diminish the protections provided by this section, unless the motor vehicle dealer, or the motor vehicle dealer's leasing or rental affiliate, had actual knowledge thereof at the time possession of the temporary replacement vehicle was provided.
- c. For purposes of this subparagraph, the term "service customer" does not include an agent or a principal of a motor vehicle dealer or a motor vehicle dealer's leasing or rental affiliate, and does not include an employee of a motor vehicle dealer or a motor vehicle dealer's leasing or rental affiliate unless the employee was provided a temporary replacement

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- (I) While the employee's personal vehicle was being held for repair, service, or adjustment by the motor vehicle dealer;
- (II) In the same manner as other customers who are provided a temporary replacement vehicle while the customer's vehicle is being held for repair, service, or adjustment; and
- (III) The employee was not acting within the course and scope of their employment.
- (12) FOR-HIRE PASSENGER TRANSPORTATION VEHICLE.—Every forhire vehicle as defined in s. 320.01(15) which is offered or used to provide transportation for persons, including taxicabs, limousines, and jitneys.

Section 13. Section 324.022, Florida Statutes, is amended to read:

- 324.022 Financial responsibility $\underline{\text{requirements}}$ $\underline{\text{for property}}$ $\underline{\text{damage.}}$
- (1) (a) Beginning January 1, 2022, every owner or operator of a motor vehicle required to be registered in this state shall establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the use of the motor vehicle in the amount of:
- 1. Twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$50,000 for bodily injury to, or the death of, two or more persons in any one crash; and
- 2. Ten thousand dollars for \$10,000 because of damage to, or destruction of, property of others in any one crash.
 - (b) The requirements of paragraph (a) this section may be

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met by one of the methods established in s. 324.031; by selfinsuring as authorized by s. 768.28(16); or by maintaining a motor vehicle liability insurance policy that an insurance policy providing coverage for property damage liability in the amount of at least \$10,000 because of damage to, or destruction of, property of others in any one accident arising out of the use of the motor vehicle. The requirements of this section may also be met by having a policy which provides combined property damage liability and bodily injury liability coverage for any one crash arising out of the ownership, maintenance, or use of a motor vehicle and that conforms to the requirements of s. 324.151 in the amount of at least \$60,000 for every owner or operator subject to the financial responsibility required in paragraph (a) \$30,000 for combined property damage liability and bodily injury liability for any one crash arising out of the use of the motor vehicle. The policy, with respect to coverage for property damage liability, must meet the applicable requirements of s. 324.151, subject to the usual policy exclusions that have been approved in policy forms by the Office of Insurance Regulation. No insurer shall have any duty to defend uncovered claims irrespective of their joinder with covered claims.

- (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.
 - 2. A motor vehicle that is used in mass transit and

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202154er

designed to transport more than five passengers, exclusive of the operator of the motor vehicle, and that is owned by a municipality, transit authority, or political subdivision of the state.

- 3. A school bus as defined in s. 1006.25, which must maintain security as required under s. 316.615.
- 4. A commercial motor vehicle as defined in s. 207.002 or s. 320.01(25), which must maintain security as required under ss. 324.031 and 627.7415.
- 5. A nonpublic sector bus, which must maintain security as required under ss. 324.031 and 627.742.
- $\underline{6.4.}$ A vehicle providing for-hire <u>passenger</u> transportation vehicle, which <u>must</u> that is subject to the provisions of s. $\underline{324.031.}$ A taxicab shall maintain security as required under <u>s.</u> $\underline{324.032}$ $\underline{s.}$ $\underline{324.032(1)}.$
 - 7.5. A personal delivery device as defined in s. 316.003.
- (b) "Owner" means the person who holds legal title to a motor vehicle or the debtor or lessee who has the right to possession of a motor vehicle that is the subject of a security agreement or lease with an option to purchase.
- (3) Each nonresident owner or registrant of a motor vehicle that, whether operated or not, has been physically present within this state for more than 90 days during the preceding 365 days shall maintain security as required by subsection (1). The security must be that is in effect continuously throughout the period the motor vehicle remains within this state.
- (4) $\underline{\text{An}}$ The owner or registrant of a motor vehicle $\underline{\text{who}}$ is exempt from the requirements of this section if she or he is a member of the United States Armed Forces and is called to or on

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202154er

active duty outside the United States in an emergency situation is exempt from this section while he or she. The exemption provided by this subsection applies only as long as the member of the Armed Forces is on such active duty. This exemption outside the United States and applies only while the vehicle covered by the security is not operated by any person. Upon receipt of a written request by the insured to whom the exemption provided in this subsection applies, the insurer shall cancel the coverages and return any unearned premium or suspend the security required by this section. Notwithstanding s. 324.0221(2) s. 324.0221(3), the department may not suspend the registration or operator's license of an any owner or registrant of a motor vehicle during the time she or he qualifies for the an exemption under this subsection. An Any owner or registrant of a motor vehicle who qualifies for the an exemption under this subsection shall immediately notify the department before prior to and at the end of the expiration of the exemption.

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

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

(1) (a) Each insurer that has issued a policy providing personal injury protection coverage or property damage liability coverage shall report the cancellation or nonrenewal thereof to the department within 10 days after the processing date or effective date of each cancellation or nonrenewal. Upon the issuance of a policy providing personal injury protection coverage or property damage liability coverage to a named insured not previously insured by the insurer during that

202154er

calendar year, the insurer shall report the issuance of the new policy to the department within 10 days. The report <u>must shall</u> be in the form and format and contain any information required by the department and must be provided in a format that is compatible with the data processing capabilities of the department. Failure by an insurer to file proper reports with the department as required by this subsection constitutes a violation of the Florida Insurance Code. These records <u>may shall</u> be used by the department only for enforcement and regulatory purposes, including the generation by the department of data regarding compliance by owners of motor vehicles with the requirements for financial responsibility coverage.

- (b) With respect to an insurance policy providing personal injury protection coverage or property damage liability coverage, each insurer shall notify the named insured, or the first-named insured in the case of a commercial fleet policy, in writing that any cancellation or nonrenewal of the policy will be reported by the insurer to the department. The notice must also inform the named insured that failure to maintain bodily injury liability personal injury protection coverage and property damage liability coverage on a motor vehicle when required by law may result in the loss of registration and driving privileges in this state and inform the named insured of the amount of the reinstatement fees required by this section. This notice is for informational purposes only, and an insurer is not civilly liable for failing to provide this notice.
- (2) The department shall suspend, after due notice and an opportunity to be heard, the registration and driver license of any owner or registrant of a motor vehicle for with respect to

202154er

which security is required under <u>s. 324.022</u>, <u>s. 324.023</u>, <u>s. 324.032</u>, <u>s. 627.7415</u>, or <u>s. 627.742</u> <u>ss. 324.022</u> and 627.733 upon:

- (a) The department's records showing that the owner or registrant of such motor vehicle <u>does</u> <u>did</u> not have <u>the</u> <u>in full</u> <u>force and effect when</u> required security <u>in full force and effect that complies with the requirements of ss. 324.022 and 627.733; or</u>
- (b) Notification by the insurer to the department, in a form approved by the department, of cancellation or termination of the required security.

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

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

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

324.023 Financial responsibility for bodily injury or death.—In addition to any other financial responsibility required by law, every owner or operator of a motor vehicle that is required to be registered in this state, or that is located within this state, and who, regardless of adjudication of guilt, has been found guilty of or entered a plea of guilty or nolo contendere to a charge of driving under the influence under s. 316.193 after October 1, 2007, shall, by one of the methods

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202154er

established in s. 324.031(1) (a) or (b) s. 324.031(1) or (2), establish and maintain the ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle in the amount of \$100,000 because of bodily injury to, or death of, one person in any one crash and, subject to such limits for one person, in the amount of \$300,000 because of bodily injury to, or death of, two or more persons in any one crash and in the amount of \$50,000 because of property damage in any one crash. If the owner or operator chooses to establish and maintain such ability by furnishing a certificate of deposit pursuant to s. 324.031(1) (b) s. 324.031(2), such certificate of deposit must be at least \$350,000. Such higher limits must be carried for a minimum period of 3 years. If the owner or operator has not been convicted of driving under the influence or a felony traffic offense for a period of 3 years from the date of reinstatement of driving privileges for a violation of s. 316.193, the owner or operator is shall be exempt from this section.

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

324.031 Manner of proving financial responsibility.-

(1) The owner or operator of a taxicab, limousine, jitney, or any other for-hire passenger transportation vehicle may prove financial responsibility by providing satisfactory evidence of holding a motor vehicle liability policy as defined in s.

324.021(8) or s. 324.151, which policy is issued by an insurance carrier which is a member of the Florida Insurance Guaranty

Association. The operator or owner of a motor vehicle other than a for-hire passenger transportation vehicle any other vehicle

202154er

may prove his or her financial responsibility by:

- (a) (1) Furnishing satisfactory evidence of holding a motor vehicle liability policy as defined in ss. 324.021(8) and 324.151 which provides liability coverage for the motor vehicle being operated;
- (b)(2) Furnishing a certificate of self-insurance showing a deposit of cash in accordance with s. 324.161; or
- $\underline{\text{(c)}}$ Furnishing a certificate of self-insurance issued by the department in accordance with s. 324.171.
- (2) Beginning January 1, 2022, any person, including any firm, partnership, association, corporation, or other person, other than a natural person, electing to use the method of proof specified in paragraph (1)(b) subsection (2) shall do both of the following:
- (a) Furnish a certificate of deposit equal to the number of vehicles owned times $\frac{$60,000}{$30,000}$, $\frac{$30,000}{$120,000}$;
- (b) In addition, any such person, other than a natural person, shall Maintain insurance providing coverage that meets the requirements of s. 324.151 and has in excess of limits of:
- 1. At least \$125,000 for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in any one crash; and \$50,000 for damage to, or destruction of, property of others in any one crash; or
- 2. At least \$300,000 for combined bodily injury liability and property damage liability for any one crash \$10,000/20,000/10,000 or \$30,000 combined single limits, and

202154er

such excess insurance shall provide minimum limits of \$125,000/250,000/50,000 or \$300,000 combined single limits.

These increased limits shall not affect the requirements for proving financial responsibility under s. 324.032(1).

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

324.032 Manner of proving Financial responsibility <u>for</u>; for-hire passenger transportation vehicles. Notwithstanding the provisions of s. 324.031:

- (1) An owner or a lessee of a for-hire passenger transportation vehicle that is required to be registered in this state shall establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the ownership, maintenance, or use of the for-hire passenger transportation vehicle, in the amount of:
- (a) One hundred twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in any one crash; and A person who is either the owner or a lessee required to maintain insurance under s. 627.733(1)(b) and who operates one or more taxicabs, limousines, jitneys, or any other for-hire passenger transportation vehicles may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy, but with minimum limits of \$125,000/250,000/50,000.
- (b) Fifty thousand dollars for damage to, or destruction of, property of others in any one crash A person who is either the owner or a lessee required to maintain insurance under s.

 202154er

324.021(9)(b) and who operates limousines, jitneys, or any other for-hire passenger vehicles, other than taxicabs, may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy as defined in s. 324.031.

- (2) Except as provided in subsection (3), the requirements of this section must be met by the owner or lessee providing satisfactory evidence of holding a motor vehicle liability policy conforming to the requirements of s. 324.151 which is issued by an insurance carrier that is a member of the Florida Insurance Guaranty Association.
- (3)(2) An owner or a lessee who is required to maintain insurance under s. 324.021(9)(b) and who operates at least 300 taxicabs, limousines, jitneys, or any other for-hire passenger transportation vehicles may provide financial responsibility by complying with the provisions of s. 324.171, which must such compliance to be demonstrated by maintaining at its principal place of business an audited financial statement, prepared in accordance with generally accepted accounting principles, and providing to the department a certification issued by a certified public accountant that the applicant's net worth is at least equal to the requirements of s. 324.171 as determined by the Office of Insurance Regulation of the Financial Services Commission, including claims liabilities in an amount certified as adequate by a Fellow of the Casualty Actuarial Society.

Upon request by the department, the applicant <u>shall</u> <u>must</u> provide the department at the applicant's principal place of business in this state access to the applicant's underlying financial

202154er

information and financial statements that provide the basis of the certified public accountant's certification. The applicant shall reimburse the requesting department for all reasonable costs incurred by it in reviewing the supporting information. The maximum amount of self-insurance permissible under this subsection is \$300,000 and must be stated on a per-occurrence basis, and the applicant shall maintain adequate excess insurance issued by an authorized or eligible insurer licensed or approved by the Office of Insurance Regulation. All risks self-insured shall remain with the owner or lessee providing it, and the risks are not transferable to any other person, unless a policy complying with <u>subsections (1) and (2) subsection (1)</u> is obtained.

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

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

(2) (a) Thirty days after receipt of notice of any accident described in paragraph (1) (a) involving a motor vehicle within this state, the department shall suspend, after due notice and opportunity to be heard, the license of each operator and all registrations of the owner of the vehicles operated by such operator whether or not involved in such crash and, in the case of a nonresident owner or operator, shall suspend such nonresident's operating privilege in this state, unless such operator or owner shall, prior to the expiration of such 30 days, be found by the department to be exempt from the operation of this chapter, based upon evidence satisfactory to the

202154er

department that:

- 1. The motor vehicle was legally parked at the time of such crash.
- 2. The motor vehicle was owned by the United States Government, this state, or any political subdivision of this state or any municipality therein.
- 3. Such operator or owner has secured a duly acknowledged written agreement providing for release from liability by all parties injured as the result of said crash and has complied with one of the provisions of s. 324.031.
- 4. Such operator or owner has deposited with the department security to conform with s. 324.061 when applicable and has complied with one of the provisions of s. 324.031.
- 5. One year has elapsed since such owner or operator was suspended pursuant to subsection (3), the owner or operator has complied with one of the provisions of s. 324.031, and no bill of complaint of which the department has notice has been filed in a court of competent jurisdiction.
 - (b) This subsection does shall not apply:
- 1. To such operator or owner if such operator or owner had in effect at the time of such crash or traffic conviction \underline{a} $\underline{\text{motor vehicle an automobile}} \text{ liability policy with respect to all of the registered motor vehicles owned by such operator or owner.}$
- 2. To such operator, if not the owner of such motor vehicle, if there was in effect at the time of such crash or traffic conviction a motor vehicle an automobile liability policy or bond with respect to his or her operation of motor vehicles not owned by him or her.

202154er

- 3. To such operator or owner if the liability of such operator or owner for damages resulting from such crash is, in the judgment of the department, covered by any other form of liability insurance or bond.
- 4. To any person who has obtained from the department a certificate of self-insurance, in accordance with s. 324.171, or to any person operating a motor vehicle for such self-insurer.
 - No such policy or bond shall be effective under this subsection unless it contains limits of not less than those specified in s.324.021(7).
- (4) As used in this section, the term "motor vehicle" includes a motorcycle as defined in s. 320.01(26).

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

324.071 Reinstatement; renewal of license; reinstatement fee.—An Any operator or owner whose license or registration has been suspended pursuant to s. 324.051(2), s. 324.072, s. 324.081, or s. 324.121 may effect its reinstatement upon compliance with the provisions of s. 324.051(2)(a)3. or 4., or s. 324.081(2) and (3), as the case may be, and with one of the provisions of s. 324.031 and upon payment to the department of a nonrefundable reinstatement fee of \$15. Only one such fee may shall be paid by any one person regardless irrespective of the number of licenses and registrations to be then reinstated or issued to such person. All Such fees must shall be deposited to a department trust fund. If When the reinstatement of any license or registration is effected by compliance with s. 324.051(2)(a)3. or 4., the department may shall not renew the

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license or registration within a period of 3 years after from such reinstatement, nor may shall any other license or registration be issued in the name of such person, unless the operator continues is continuing to comply with one of the provisions of s. 324.031.

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

324.091 Notice to department; notice to insurer.-

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

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

324.151 Motor vehicle liability policies; required provisions.—

(1) A motor vehicle liability policy that serves as to be

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202154er

proof of financial responsibility under $\underline{s. 324.031(1)}$ (a) must $\underline{s. 324.031(1)}$, shall be issued to owners or operators $\underline{of\ motor}$ vehicles under the following provisions:

(a) A motor vehicle An owner's liability insurance policy issued to an owner of a motor vehicle required to be registered in this state must shall designate by explicit description or by appropriate reference all motor vehicles for with respect to which coverage is thereby granted. The policy must and shall insure the person or persons owner named therein and, unless excluded pursuant to s. 627.747, any resident relative of a named insured any other person as operator using such motor vehicle or motor vehicles with the express or implied permission of such owner against loss from the liability imposed by law for damage arising out of the ownership, maintenance, or use of any such motor vehicle or motor vehicles within the United States or the Dominion of Canada, subject to limits, exclusive of interest and costs with respect to each such motor vehicle as is provided for under s. 324.021(7). The policy must_also insure any person operating an insured motor vehicle with the express or implied permission of a named insured against loss from the liability imposed by law for damage arising out of the use of any vehicle, unless that person was excluded pursuant to s. 627.747. However, the insurer may include provisions in its policy excluding liability coverage for a motor vehicle not designated as an insured vehicle on the policy if such motor vehicle does not qualify as a newly acquired vehicle or as a temporary substitute vehicle and was owned by the insured or was furnished for an insured's regular use for more than 30 consecutive days before the event giving rise to the claim. Insurers may make available,

202154er

with respect to property damage liability coverage, a deductible amount not to exceed \$500. In the event of a property damage loss covered by a policy containing a property damage deductible provision, the insurer shall pay to the third-party claimant the amount of any property damage liability settlement or judgment, subject to policy limits, as if no deductible existed.

- person who does not own a motor vehicle must An operator's motor vehicle liability policy of insurance shall insure the person or persons named therein against loss from the liability imposed upon him or her by law for damages arising out of the use by the person of any motor vehicle not owned by him or her, with the same territorial limits and subject to the same limits of liability insurance.
- (c) All such motor vehicle liability policies <u>must provide</u> liability coverage with limits, exclusive of interest and costs, as specified under s. 324.021(7) for accidents occurring within the United States and Canada. The policies <u>must shall</u> state the name and address of the named insured, the coverage afforded by the policy, the premium charged therefor, the policy period, <u>and</u> the limits of liability, and <u>must shall</u> contain an agreement or be endorsed that insurance is provided in accordance with the coverage defined in this chapter <u>as respects bodily injury and death or property damage or both</u> and is subject to <u>all provisions of</u> this chapter. <u>The Said</u> policies <u>must shall</u> also contain a provision that the satisfaction by an insured of a judgment for such injury or damage <u>may shall</u> not be a condition precedent to the right or duty of the insurance carrier to make

202154er

payment on account of such injury or damage, and <u>must shall</u> also contain a provision that bankruptcy or insolvency of the insured or of the insured's estate <u>does shall</u> not relieve the insurance carrier of any of its obligations under the said policy.

- (2) The provisions of This section is shall not be applicable to any motor vehicle automobile liability policy unless and until it is furnished as proof of financial responsibility for the future pursuant to s. 324.031, and then applies only from and after the date the said policy is so furnished.
 - (3) As used in this section, the term:
- (a) "Newly acquired vehicle" means a vehicle owned by a named insured or resident relative of the named insured which was acquired no more than 30 days before an accident.
- (b) "Resident relative" means a person related to a named insured by any degree by blood, marriage, or adoption, including a ward or foster child, who usually makes his or her home in the same family unit or residence as the named insured, regardless of whether he or she temporarily lives elsewhere.
- (c) "Temporary substitute vehicle" means any motor vehicle as defined in s. 320.01(1) which is not owned by the named insured and which is temporarily used with the permission of the owner as a substitute for the owned motor vehicle designated on the policy when the owned vehicle is withdrawn from normal use because of breakdown, repair, servicing, loss, or destruction.

Section 23. Section 324.161, Florida Statutes, is amended to read:

324.161 Proof of financial responsibility; deposit.— $\underline{\text{If a}}$ person elects to prove his or her financial responsibility under

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202154er

the method of proof specified in s. 324.031(1)(b), he or she annually must obtain and submit to the department proof of a certificate of deposit in the amount required under s. 324.031(2) from a financial institution insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration Annually, before any certificate of insurance may be issued to a person, including any firm, partnership, association, corporation, or other person, other than a natural person, proof of a certificate of deposit of \$30,000 issued and held by a financial institution must be submitted to the department. A power of attorney will be issued to and held by the department and may be executed upon a judgment issued against such person making the deposit, for damages for because of bodily injury to or death of any person or for damages for because of injury to or destruction of property resulting from the use or operation of any motor vehicle occurring after such deposit was made. Money so deposited is shall not be subject to attachment or execution unless such attachment or execution arises shall arise out of a lawsuit suit for such damages as aforesaid.

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

324.171 Self-insurer.-

(1) A Any person may qualify as a self-insurer by obtaining a certificate of self-insurance from the department. which may, in its discretion and Upon application of such a person, the department may issue a said certificate of self-insurance to an applicant who satisfies when such person has satisfied the requirements of this section. Effective January 1, 2022 to

202154er

qualify as a self-insurer under this section:

- (a) A private individual with private passenger vehicles shall possess a net unencumbered worth of at least $\frac{$100,000}{$40,000}$.
- (b) A person, including any firm, partnership, association, corporation, or other person, other than a natural person, shall:
- 1. Possess a net unencumbered worth of at least \$100,000 \$40,000 for the first motor vehicle and \$50,000 \$20,000 for each additional motor vehicle; or
- 2. Maintain sufficient net worth, in an amount determined by the department, to be financially responsible for potential losses. The department annually shall determine the minimum net worth sufficient to satisfy this subparagraph as determined annually by the department, pursuant to rules adopted promulgated by the department, with the assistance of the Office of Insurance Regulation of the Financial Services Commission, to be financially responsible for potential losses. The rules must consider any shall take into consideration excess insurance carried by the applicant. The department's determination must shall be based upon reasonable actuarial principles considering the frequency, severity, and loss development of claims incurred by casualty insurers writing coverage on the type of motor vehicles for which a certificate of self-insurance is desired.
- (c) The owner of a commercial motor vehicle, as defined in $s.\ 207.002$ or $s.\ 320.01$, may qualify as a self-insurer subject to the standards provided for in subparagraph (b) 2.
- (2) The self-insurance certificate <u>must</u> shall provide limits of liability insurance in the amounts specified under s.

202154er

324.021(7) or s. 627.7415 and shall provide personal injury protection coverage under s. 627.733(3)(b).

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

324.251 Short title.—This chapter may be cited as the "Financial Responsibility Law of $\underline{2021}$ $\underline{1955}$ " and \underline{is} \underline{shall} become effective at 12:01 a.m., January 1, 2022 October 1, 1955.

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

400.9905 Definitions.-

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

1.(a) Entities licensed or registered by the state under chapter 395; entities licensed or registered by the state and providing only health care services within the scope of services authorized under their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their

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202154er

respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services or other health care services by licensed practitioners solely within a hospital licensed under chapter 395.

2. (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapter 395; entities that own, directly or indirectly, entities licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers

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202154er

certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

3.(c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapter 395; entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care

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202154er

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

4.(d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapter 395; entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

5.(e) An entity that is exempt from federal taxation under

202154er

26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan under 26 U.S.C. s. 409 that has a board of trustees at least two-thirds of which are Florida-licensed health care practitioners and provides only physical therapy services under physician orders, any community college or university clinic, and any entity owned or operated by the federal or state government, including agencies, subdivisions, or municipalities thereof.

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

7.(g) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, and that is wholly owned by one or more licensed health care practitioners, or the licensed health care practitioners set forth in this subparagraph paragraph and the spouse, parent, child, or sibling of a licensed health care practitioner if one of the owners who is a licensed health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of

202154er

the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in s. 456.053(3)(b) which provides only services authorized pursuant to s. 456.053(3)(b) may be supervised by a licensee specified in s. 456.053(3)(b).

- 8.(h) Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.
- 9.(i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange.
- $\underline{10.(j)}$ Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education at which training is provided for chiropractic students.
- 11.(k) Entities that provide licensed practitioners to staff emergency departments or to deliver anesthesia services in facilities licensed under chapter 395 and that derive at least 90 percent of their gross annual revenues from the provision of such services. Entities claiming an exemption from licensure under this subparagraph paragraph must provide documentation demonstrating compliance.
- 12.(1) Orthotic, prosthetic, pediatric cardiology, or perinatology clinical facilities or anesthesia clinical facilities that are not otherwise exempt under subparagraph 1. or subparagraph 11. paragraph (a) or paragraph (k) and that are a publicly traded corporation or are wholly owned, directly or

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202154er

indirectly, by a publicly traded corporation. As used in this subparagraph, a publicly traded corporation is a corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange.

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

14. (n) Entities that employ 50 or more licensed health care practitioners licensed under chapter 458 or chapter 459 where the billing for medical services is under a single tax identification number. The application for exemption under this subsection must include shall contain information that includes: the name, residence, and business address and telephone phone number of the entity that owns the practice; a complete list of the names and contact information of all the officers and directors of the corporation; the name, residence address, business address, and medical license number of each licensed Florida health care practitioner employed by the entity; the corporate tax identification number of the entity seeking an exemption; a listing of health care services to be provided by the entity at the health care clinics owned or operated by the entity; and a certified statement prepared by an independent certified public accountant which states that the entity and the

202154er

health care clinics owned or operated by the entity have not received payment for health care services under <u>medical payments</u> personal injury protection insurance coverage for the preceding year. If the agency determines that an entity <u>that</u> which is exempt under this subsection has received payments for medical services under <u>medical payments</u> personal injury protection insurance coverage, the agency may deny or revoke the exemption from licensure under this subsection.

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

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

17.(q) Medicaid providers.

(b) Notwithstanding paragraph (a) this subsection, an entity is shall be deemed a clinic and must be licensed under this part in order to receive medical payments coverage reimbursement under s. 627.7265 unless the entity is:

202154er

- 1. Wholly owned by a physician licensed under chapter 458 or chapter 459 or by the physician and the spouse, parent, child, or sibling of the physician;
- 2. Wholly owned by a dentist licensed under chapter 466 or by the dentist and the spouse, parent, child, or sibling of the dentist;
- 3. Wholly owned by a chiropractic physician licensed under chapter 460 or by the chiropractic physician and the spouse, parent, child, or sibling of the chiropractic physician;
- 4. A hospital or ambulatory surgical center licensed under chapter 395;
- 5. An entity that wholly owns or is wholly owned, directly or indirectly, by a hospital or hospitals licensed under chapter 395;
- 6. A clinical facility affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;
 - 7. Certified under 42 C.F.R. part 485, subpart H; or
- 8. Owned by a publicly traded corporation, either directly or indirectly through its subsidiaries, which has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners, if one or more of the persons responsible for the operations of the entity are health care practitioners who are licensed in this state and are responsible for supervising the business activities of the entity and the entity's compliance with state law for purposes of this subsection the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).

Section 27. Subsection (5) of section 400.991, Florida

202154er

Statutes, is amended to read:

400.991 License requirements; background screenings; prohibitions.—

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

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INSURANCE FRAUD NOTICE. - A person commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes, if the person who knowingly submits a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400, Florida Statutes, with the intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under a motor vehicle liability insurance policy's medical payments coverage the Florida Motor Vehicle No-Fault Law, commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes. A person who presents a claim for benefits under medical payments coverage personal injury protection benefits knowing that the payee knowingly submitted such health care clinic application or document, commits insurance fraud, as defined in s. 817.234, Florida Statutes. Section 28. Paragraph (g) of subsection (1) of section 400.9935, Florida Statutes, is amended to read:

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202154er

400.9935 Clinic responsibilities.-

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:
- (q) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and provides the professional interpretation of such services, in a fixed facility that is accredited by a national accrediting organization that is approved by the Centers for Medicare and Medicaid Services for magnetic resonance imaging and advanced diagnostic imaging services and if, in the preceding quarter, the percentage of scans performed by that clinic which was billed to motor vehicle all personal injury protection insurance carriers under medical payments coverage was less than 15 percent, the chief financial officer of the clinic may, in a written acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful.

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

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

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202154er

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

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

- 409.910 Responsibility for payments on behalf of Medicaideligible persons when other parties are liable.—
- (11) The agency may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

202154er

- (f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a judgment, award, or settlement from a third party, the amount recovered shall be distributed as follows:
- 1. After <u>attorney</u> attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the agency up to the total amount of medical assistance provided by Medicaid.
- 2. The remaining amount of the recovery shall be paid to the recipient.
- 3. For purposes of calculating the agency's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.
- 4. Notwithstanding any other provision of this section to the contrary, the agency shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid. For purposes of this paragraph, the term "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation coverage, motor vehicle insurance coverage, personal injury protection, and casualty coverage.

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

202154er

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

- (2) As used in this section, the terms "records owner," "health care practitioner," and "health care practitioner's employer" do not include any of the following persons or entities; furthermore, the following persons or entities are not authorized to acquire or own medical records, but are authorized under the confidentiality and disclosure requirements of this section to maintain those documents required by the part or chapter under which they are licensed or regulated:
 - (k) Persons or entities practicing under s. 627.736(7).

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

456.072 Grounds for discipline; penalties; enforcement.—

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (ee) With respect to making a medical payments coverage personal injury protection claim under s. 627.7265 as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been upcoded. As used in this paragraph, the term "upcoded" means an action that submits a billing code that would result in a greater payment amount than would be paid using a billing code that accurately describes the services performed. The term does not include an otherwise lawful bill by a magnetic resonance imaging facility which globally combines both technical and professional components, if the amount of the global bill is not more than the components if billed separately; however, payment of such a bill constitutes payment

202154er

- in full for all components of such service "upcoded" as defined in s. 627.732.
 - (ff) With respect to making a <u>medical payments coverage</u> personal injury protection claim <u>pursuant to s. 627.7265</u> as required by s. 627.736, intentionally submitting a claim, statement, or bill for payment of services that were not rendered.
 - Section 33. Paragraph (b) of subsection (1) and subsection (8) of section 624.155, Florida Statutes, are amended to read: 624.155 Civil remedy.—
 - (1) Any person may bring a civil action against an insurer when such person is damaged:
 - (b) By the commission of any of the following acts by the insurer:
 - 1. Except for a civil action for bad faith failure to settle a third-party claim subject to s. 624.156, not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests;
 - 2. Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which payments are being made; $\frac{\partial}{\partial x}$
 - 3. Except as to liability coverages, failing to promptly settle claims, when the obligation to settle a claim has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage; or
 - 4. When handling a first-party claim under a motor vehicle

202154er

- insurance policy, not attempting in good faith to settle such

 claim pursuant to subparagraph 1. when such failure is caused by

 a failure to communicate to an insured:
 - a. The name, telephone number, e-mail address, and mailing address of the person who is adjusting the claim;
 - b. Any issues that may impair the insured's coverage;
 - c. Information that might resolve the coverage issue in a
 prompt manner;
 - d. Any basis for the insurer's rejection or nonacceptance of any settlement demand or offer; or
 - <u>e. Any needed extensions to respond to a time-limited</u> settlement offer.

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

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

202154er

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

- 624.156 Actions against motor vehicle insurers for bad faith failure to settle third-party claims.—
- (1) SCOPE.—This section applies in all actions against any insurer for bad faith failure to settle a third-party claim for a loss arising out of the ownership, maintenance, or use of a motor vehicle operated or principally garaged in this state at the time of an incident or a loss, regardless of whether the insurer is authorized to do business in this state or issued a policy in this state. This section governs in any conflict with common law or any other statute.
- (2) DUTY OF GOOD FAITH.—In handling claims, an insurer has a duty to its insured to handle claims in good faith by complying with the best practices standards of subsection (4). An insurer's negligence does not constitute bad faith. However, negligence is relevant to whether an insurer acted in bad faith.
- (3) BAD FAITH FAILURE TO SETTLE.—The term "bad faith failure to settle" means an insurer's failure to meet its duty of good faith, as described in subsection (2), which is a proximate cause of the insurer not settling a third-party claim when, under all the circumstances, the insurer could and should have done so, had it acted fairly and honestly toward its insured and with due regard for the insured's interests.
- (4) BEST PRACTICES STANDARDS.—An insurer must meet the best practices standards of this subsection. The insurer's duty begins upon receiving actual notice of an incident or a loss that could give rise to a covered liability claim and continues until the claim is resolved. Notice may be communicated to the

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

- (a) Must assign a duly licensed and appointed insurance adjuster to investigate the extent of the insured's probable exposure and diligently attempt to resolve any questions concerning the existence or extent of the insured's coverage.
- (b) Based on available information, must ethically evaluate every claim fairly, honestly, and with due regard for the interests of the insured; consider the extent of the claimant's recoverable damages; and consider the information in a reasonable and prudent manner.
- (c) Must request from the insured or claimant additional relevant information the insurer reasonably deems necessary to evaluate whether to settle a claim.
- (d) Must conduct all oral and written communications with the insured with the utmost honesty and complete candor.
- (e) Must make reasonable efforts to explain to persons not represented by counsel matters requiring expertise beyond the level normally expected of a layperson with no training in

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- (f) Must retain all written communications and note and retain a summary of all verbal communications in a reasonable manner for a period of not less than 5 years after the later of:
- 1. The entry of a judgment against the insured in excess of policy limits becomes final; or
- 2. The conclusion of the extracontractual claim, if any, including any related appeals.
- (g) Must provide the insured, upon request, with all communications related to the insurer's handling of the claim which are not privileged as to the insured.
- (h) Must provide, at the insurer's expense, reasonable accommodations necessary to communicate effectively with an insured covered under the Americans with Disabilities Act.
- (i) In handling third-party claims, must communicate to an insured all of the following:
- 1. The identity of any other person or entity the insurer has reason to believe may be liable.
 - 2. The insurer's evaluation of the claim.
- 3. The likelihood and possible extent of an excess judgment.
- 4. Steps the insured can take to avoid exposure to an excess judgment, including the right to secure personal counsel at the insured's expense.
- 5. The insured's duty to cooperate with the insurer, including any specific requests required because of a settlement opportunity or by the insurer for the insured's cooperation under subsection (5), the purpose of the required cooperation, and the consequences of refusing to cooperate.

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- 6. Any settlement demands or offers.
- (j) If, after the expiration of the safe harbor periods in subsection (8), the facts available to the insurer indicate that the insured's liability is likely to exceed the policy limits, must initiate settlement negotiations by tendering its policy limits to the claimant in exchange for a general release of the insured.
- (k) 1. Must give fair consideration to a settlement offer that is not unreasonable under the facts available to the insurer and settle, if possible, when a reasonably prudent person, faced with the prospect of paying the total probable exposure of the insured, would do so. The insurer shall provide reasonable assistance to the insured to comply with the insured's obligations to cooperate and shall act reasonably to attempt to satisfy any conditions of a claimant's settlement offer. If it is not possible to settle a liability claim within the available policy limits, the insurer shall act reasonably to attempt to minimize the excess exposure to the insured.
- 2. When multiple claims arise out of a single occurrence, the combined value of all claims exceeds the total of all applicable policy limits, and the claimants are unwilling to globally settle within the policy limits, thereafter, must attempt to minimize the magnitude of possible excess judgments against the insured. The insurer is entitled to great discretion to decide how much to offer each respective claimant in its attempt to protect the insured. The insurer may, in its effort to minimize the excess liability of the insured, use its discretion to offer the full available policy limits to one or more claimants to the exclusion of other claimants and may leave

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

- (1) When a loss creates the potential for a third-party claim against more than one insured, must attempt to settle the claim on behalf of all insureds against whom a claim may be presented. If it is not possible to settle on behalf of all insureds, the insurer may, in consultation with the insureds, enter into reasonable settlements of claims against certain insureds to the exclusion of other insureds.
- (m) Must respond to any request for insurance information in compliance with s. 626.9372 or s. 627.4137, as applicable.
- (n) Where it appears the insured's probable exposure is greater than policy limits, must take reasonable measures to preserve evidence, for a reasonable period of time, which is needed for the defense of the liability claim.
 - (o) Must comply with s. 627.426, if applicable.
- (p) May not commit or perform with such frequency as to indicate a general business practice, any of the following:
- 1. Failing to adopt and implement standards for the proper investigation of claims.
- 2. Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue.
- 3. Failing to acknowledge and act promptly upon communications with respect to claims.

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L915	4. Denying claims without conducting reasonable
L916	investigations based upon available information.
L917	(5) INSURED'S DUTY TO COOPERATE.—
L918	(a) Insureds have a duty to cooperate with their insurer in
L919	the defense of the claim and in making settlements. Accordingly,
L920	the insured must take any reasonable action requested by the
L921	injured claimant or provided in the policy which is necessary to
L922	assist the insurer in settling a covered claim, including:
L923	1. Executing affidavits regarding the facts within the
L924	insured's knowledge regarding the covered loss; and
L925	2. Providing documents, including those requested pursuant
L926	to paragraph (b).
L927	(b) When it is reasonably necessary to settle a covered
L928	claim valued in excess of all applicable policy limits, upon the
L929	request of the injured claimant, an insured must disclose on a
L930	form adopted by the department or provided by the claimant a
L931	summary of the following:
L932	1. The insured's assets at the time of the loss, including:
L933	a. Cash, stocks, bonds, and nonretirement-based mutual
L934	funds;
L935	b. Nonhomestead real property;
L936	c. All registered vehicles;
L937	d. All bank accounts;
L938	e. An estimated net accounting of all other assets; and
L939	f. Any additional information included by the department.
L940	2. The insured's liabilities, including:
L941	a. Mortgage debt;
L942	b. Credit card debt;
1943	c. Child support and alimony payments;

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1944	d. Other liabilities; and
1945	e. Any additional information included by the department.
1946	3. For a corporate entity, information on its balance
1947	sheet, including the corporate entity's:
1948	a. Cash, property, equipment, and inventory;
1949	b. Liabilities, including obligations, rent, money owed to
1950	vendors, payroll, and taxes;
1951	c. Other information relevant to understanding the entity's
1952	capital and net worth; and
1953	d. Any additional information included by the department.
1954	4. A list of all insurance policies that may provide
1955	coverage for the claim, stating the name of the insurer and
1956	policy number of each policy.
1957	5. For natural persons, a statement of whether the insured
1958	was acting in the course and scope of employment at the time of
1959	the incident or loss giving rise to the claim and, if so,
1960	providing the name and contact information for the insured's
1961	<pre>employer.</pre>
1962	(c) No later than 14 days following actual notice of an
1963	incident or a loss that could give rise to a covered liability
1964	claim, the insurer must notify the insured of the insured's
1965	duties under this subsection. The burden is on the insurer to
1966	prove that it provided notice to the insured of the insured's
1967	duty to cooperate; otherwise, a presumption arises that the
1968	insured met its duty to cooperate under this subsection.
1969	(d) An insurer may terminate the defense as to any insured
1970	who unreasonably fails to meet its duties under this subsection

1. The insurer exercised diligence and met its duties under

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1973 subparagraph (4)(i)5.;

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- 2. The insurer provided reasonable assistance to the insured to comply with the obligations of this subsection;
- 3. The insurer gave the insured written notice of any failure to cooperate and a reasonable opportunity for the insured to cure the lack of cooperation, consistent with any deadlines imposed by settlement negotiations;
- 4. The insured's failure to cooperate causes the insurer to be unable to settle the claim; and
- 5. The insurer unconditionally tenders its available coverage policy limits directly to the claimant or the claimant's attorney.
- (e) When an insured's defense is terminated in compliance with this subsection, the insurer is not liable for any damages caused by a failure to settle or defend the liability claim against that insured.
- (6) CLAIMANT COMMUNICATIONS.—The trier of fact may not attribute the insurer's failure to settle a covered third—party claim to a claimant's lack of communication with the insurer when the claimant truthfully complies with all applicable standards of this subsection by:
- (a) Contemporaneously with or before making a claim with the insurer, communicating in writing to the insurer:
 - 1. The date and location of loss;
- $\underline{\text{2. The name, address, and date of birth of the claimant;}}$ and
- 3. A physical address, an e-mail address, and a facsimile number for further communications, including, but not limited to, responses to any settlement demand.

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2002	(b) Presenting the following in writing:
2003	1. The legal and factual basis of the claim; and
2004	2. A reasonably detailed description of the claimant's:
2005	a. Known injuries caused or aggravated by the incident or
2006	loss on which the claim is based;
2007	b. Medical treatment causally related to the incident or
2008	loss on which the claim is based;
2009	c. Relevant pre-accident medical conditions, if known; and
2010	d. Type and amount of known damages incurred and, if any,
2011	the damages the claimant reasonably anticipates incurring in the
2012	future.
2013	(c) Providing any settlement demand in writing and stating
2014	within such demand:
2015	1. The name of each insured to whom the demand for
2016	settlement is directed;
2017	2. The amount of the demand for settlement; and
2018	3. Any conditions the claimant is placing on acceptance of
2019	the demand for settlement.
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2021	This subsection does not reduce an insurer's duty of good faith,
2022	which is owed solely to its insured. The claimant owes no duty
2023	to the insured or the insurer, and the duties of the claimant's
2024	attorney are owed solely to the claimant. The claimant and the
2025	claimant's attorney do not have a duty to comply with this
2026	subsection.
2027	(7) CONDITIONS PRECEDENTIt is a condition precedent to
2028	filing an action against an insurer for bad faith failure to
2029	settle a third-party claim that:
2030	(a) A third-party claimant obtained a final judgment in

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excess of the policy limits against the insured or the insured's estate, bankruptcy trustee, or successor in interest, unless the insurer expressly waived the requirement of a final excess judgment or wrongfully breached its duty to defend the insured; and

- (b) The insurer or an agent of the insurer received actual notice effective under subsection (4).
 - (8) SAFE HARBORS.—
- (a) After an insurer receives actual notice of an incident or a loss that could give rise to a covered liability claim, the insurer is entitled to a reasonable opportunity to investigate and evaluate the claim. The amount of time required for the insurer's investigation and evaluation will vary depending on the circumstances of the claim. The safe harbors provided in this subsection are available to an insurer that complies with the best practices standards of subsection (4).
- (b) When one claim arises out of a single occurrence, and an insurer initiates settlement negotiations by tendering the applicable policy limits in exchange for a general release of the insured within 45 days after receiving actual notice of the loss, the failure to tender the policy limits sooner does not constitute bad faith.
- (c) When multiple claims arise out of a single occurrence, the combined value of all claims exceeds the total of all applicable policy limits, and an insurer initiates settlement negotiations by globally tendering the applicable policy limits in exchange for a general release of the insured within 45 days after receiving actual notice of the loss, the failure to tender policy limits sooner does not constitute bad faith.

202154er

- (d) An insurer is not under any circumstances liable for the failure to accept a settlement offer within 45 days after receiving actual notice of the loss if:
- 1. The settlement offer provides the insurer fewer than 15 days for acceptance; or
- 2. The settlement offer provides the insurer fewer than 30 days for acceptance where the offer contains conditions for acceptance other than the insurer's disclosure of its policy limits.
- (e) This subsection does not require that an insurer automatically tender policy limits within 45 days in every case.
- (9) BURDEN OF PROOF.—In any action for bad faith failure to settle:
- (a) The party bringing the bad faith claim must prove every element of the claim by the greater weight of the evidence, taking into account the totality of the circumstances.
- (b) An insurer that relies upon paragraph (5) (d) as a defense to a claim for bad faith failure to settle must prove the elements of that paragraph by the greater weight of the evidence.
- (c) An insurer that relies upon a safe harbor provision of subsection (8) must prove the elements of the safe harbor by the greater weight of the evidence.
- (10) DAMAGES.—If the trier of fact finds that the party bringing the bad faith claim has met its burden of proof, the insurer is liable for the amount of any excess judgment, together with court costs and, if the party bringing the bad faith claim is the insured or an assignee of the insured, the reasonable attorney fees incurred by the party bringing the bad

202154er

faith claim. Punitive damages may not be awarded.

(11) AGENTS.—This section is not intended to expand or diminish any cause of action currently available against insurance agents who sell motor vehicle liability insurance policies in this state.

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

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

- (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:
 - (i) Unfair claim settlement practices.-
- 1. Attempting to settle claims on the basis of an application, when serving as a binder or intended to become a part of the policy, or any other material document which was altered without notice to, or knowledge or consent of, the insured;
- 2. <u>Making</u> a material misrepresentation <u>made</u> to an insured or any other person having an interest in the proceeds payable under such contract or policy, for the purpose and with the intent of effecting settlement of such claims, loss, or damage under such contract or policy on less favorable terms than those provided in, and contemplated by, such contract or policy; or
- 3. Committing or performing with such frequency as to indicate a general business practice any of the following:
- a. Failing to adopt and implement standards for the proper investigation of claims;
 - b. Misrepresenting pertinent facts or insurance policy

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provisions relating to coverages at issue;

- c. Failing to acknowledge and act promptly upon communications with respect to claims;
- d. Denying claims without conducting reasonable investigations based upon available information;
- e. Failing to affirm or deny full or partial coverage of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement that the claim is being investigated, upon the written request of the insured within 30 days after proof-of-loss statements have been completed;
- f. Failing to promptly provide a reasonable explanation in writing to the insured of the basis in the insurance policy, in relation to the facts or applicable law, for denial of a claim or for the offer of a compromise settlement;
- g. Failing to promptly notify the insured of any additional information necessary for the processing of a claim; or
- h. Failing to clearly explain the nature of the requested information and the reasons why such information is necessary.
- i. Failing to pay personal injury protection insurance claims within the time periods required by s. 627.736(4)(b). The office may order the insurer to pay restitution to a policyholder, medical provider, or other claimant, including interest at a rate consistent with the amount set forth in s. 55.03(1), for the time period within which an insurer fails to pay claims as required by law. Restitution is in addition to any other penalties allowed by law, including, but not limited to, the suspension of the insurer's certificate of authority.
 - 4. Failing to pay undisputed amounts of partial or full

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

- (o) Illegal dealings in premiums; excess or reduced charges for insurance.—
- 1. Knowingly collecting any sum as a premium or charge for insurance, which is not then provided, or is not in due course to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as permitted by this code.
- 2. Knowingly collecting as a premium or charge for insurance any sum in excess of or less than the premium or charge applicable to such insurance, in accordance with the applicable classifications and rates as filed with and approved by the office, and as specified in the policy; or, in cases when classifications, premiums, or rates are not required by this code to be so filed and approved, premiums and charges collected from a Florida resident in excess of or less than those specified in the policy and as fixed by the insurer.

 Notwithstanding any other provision of law, this provision shall not be deemed to prohibit the charging and collection, by surplus lines agents licensed under part VIII of this chapter, of the amount of applicable state and federal taxes, or fees as

202154er

authorized by s. 626.916(4), in addition to the premium required by the insurer or the charging and collection, by licensed agents, of the exact amount of any discount or other such fee charged by a credit card facility in connection with the use of a credit card, as authorized by subparagraph (q)3., in addition to the premium required by the insurer. This subparagraph shall not be construed to prohibit collection of a premium for a universal life or a variable or indeterminate value insurance policy made in accordance with the terms of the contract.

- 3.a. Imposing or requesting an additional premium for <u>death</u> benefit coverage under s. 627.72761, bodily injury liability coverage, property damage liability coverage a policy of motor vehicle liability, personal injury protection, medical payments coverage payment, or collision coverage in a motor vehicle liability insurance policy insurance or any combination thereof or refusing to renew the policy solely because the insured was involved in a motor vehicle accident unless the insurer's file contains information from which the insurer in good faith determines that the insured was substantially at fault in the accident.
- b. An insurer which imposes and collects such a surcharge or which refuses to renew such policy shall, in conjunction with the notice of premium due or notice of nonrenewal, notify the named insured that he or she is entitled to reimbursement of such amount or renewal of the policy under the conditions listed below and will subsequently reimburse him or her or renew the policy, if the named insured demonstrates that the operator involved in the accident was:
 - (I) Lawfully parked;

202154er

- (II) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- (III) Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- (IV) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (V) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- (VI) Finally adjudicated not to be liable by a court of competent jurisdiction;
- (VII) In receipt of a traffic citation which was dismissed or nolle prossed; or
- (VIII) Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.
- c. In addition to the other provisions of this subparagraph, an insurer may not fail to renew a policy if the insured has had only one accident in which he or she was at fault within the current 3-year period. However, an insurer may nonrenew a policy for reasons other than accidents in accordance with s. 627.728. This subparagraph does not prohibit nonrenewal of a policy under which the insured has had three or more accidents, regardless of fault, during the most recent 3-year

202154er

2234 period.

- 4. Imposing or requesting an additional premium for, or refusing to renew, a policy for motor vehicle insurance solely because the insured committed a noncriminal traffic infraction as described in s. 318.14 unless the infraction is:
- a. A second infraction committed within an 18-month period, or a third or subsequent infraction committed within a 36-month period.
- b. A violation of s. 316.183, when such violation is a result of exceeding the lawful speed limit by more than 15 miles per hour.
- 5. Upon the request of the insured, the insurer and licensed agent shall supply to the insured the complete proof of fault or other criteria which justifies the additional charge or cancellation.
- 6. No insurer shall impose or request an additional premium for motor vehicle insurance, cancel or refuse to issue a policy, or refuse to renew a policy because the insured or the applicant is a handicapped or physically disabled person, so long as such handicap or physical disability does not substantially impair such person's mechanically assisted driving ability.
- 7. No insurer may cancel or otherwise terminate any insurance contract or coverage, or require execution of a consent to rate endorsement, during the stated policy term for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured with the same exposure at a higher premium rate or continuing an existing contract or coverage with the same exposure at an increased premium.

202154er

- 8. No insurer may issue a nonrenewal notice on any insurance contract or coverage, or require execution of a consent to rate endorsement, for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured at a higher premium rate or continuing an existing contract or coverage at an increased premium without meeting any applicable notice requirements.
- 9. No insurer shall, with respect to premiums charged for motor vehicle insurance, unfairly discriminate solely on the basis of age, sex, marital status, or scholastic achievement.
- 10. Imposing or requesting an additional premium for motor vehicle comprehensive or uninsured motorist coverage solely because the insured was involved in a motor vehicle accident or was convicted of a moving traffic violation.
- 11. No insurer shall cancel or issue a nonrenewal notice on any insurance policy or contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.
- 12. No insurer shall impose or request an additional premium, cancel a policy, or issue a nonrenewal notice on any insurance policy or contract because of any traffic infraction when adjudication has been withheld and no points have been assessed pursuant to s. 318.14(9) and (10). However, this subparagraph does not apply to traffic infractions involving accidents in which the insurer has incurred a loss due to the fault of the insured.
- Section 36. Paragraph (a) of subsection (1) of section 626.989, Florida Statutes, is amended to read:
 - 626.989 Investigation by department or Division of

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Investigative and Forensic Services; compliance; immunity; confidential information; reports to division; division investigator's power of arrest.—

- (1) For the purposes of this section:
- (a) A person commits a "fraudulent insurance act" if the person:
- 1. Knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, self-insurer, self-insurance fund, servicing corporation, purported insurer, broker, or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a claim for payment or other benefit pursuant to any insurance policy, which the person knows to contain materially false information concerning any fact material thereto or if the person conceals, for the purpose of misleading another, information concerning any fact material thereto.
 - 2. Knowingly submits:
- a. A false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400 with an intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under a motor vehicle liability insurance policy's medical payments coverage the Florida Motor Vehicle No-Fault Law.
 - b. A claim for payment or other benefit under medical

202154er

payments coverage, pursuant to a personal injury protection insurance policy under the Florida Motor Vehicle No-Fault Law if the person knows that the payee knowingly submitted a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400.

Section 37 Subsection (1) of section 627 06501 Florida

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

- 627.06501 Insurance discounts for certain persons completing driver improvement course.—
- (1) Any rate, rating schedule, or rating manual for the liability, medical payments, death benefit personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office may provide for an appropriate reduction in premium charges as to such coverages if when the principal operator on the covered vehicle has successfully completed a driver improvement course approved and certified by the Department of Highway Safety and Motor Vehicles which is effective in reducing crash or violation rates, or both, as determined pursuant to s. 318.1451(5). Any discount, not to exceed 10 percent, used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

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

- 627.0651 Making and use of rates for motor vehicle insurance.—
- (15) Rate filings for motor vehicle liability policies that implement the financial responsibility requirements of s.

202154er

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

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

627.0652 Insurance discounts for certain persons completing safety course.—

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

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

627.0653 Insurance discounts for specified motor vehicle equipment.—

(1) Any rates, rating schedules, or rating manuals for the liability, medical payments, death benefit personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office must shall provide a premium discount if the insured vehicle is equipped with factory-

202154er

installed, four-wheel antilock brakes.

- (3) Any rates, rating schedules, or rating manuals for personal injury protection coverage and medical payments coverage, if offered, of a motor vehicle insurance policy filed with the office <u>must shall</u> provide a premium discount if the insured vehicle is equipped with one or more air bags <u>that which</u> are factory installed.
- (6) The Office of Insurance Regulation may approve a premium discount to any rates, rating schedules, or rating manuals for the liability, medical payments, death benefit personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office if the insured vehicle is equipped with an automated driving system or electronic vehicle collision avoidance technology that is factory installed or a retrofitted system and that complies with National Highway Traffic Safety Administration standards.

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

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

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202154er

that coverage. This section does not apply:

- (1) Apply to uninsured motorist coverage that which is separately governed by s. 627.727.
- (2) To Reduce the coverage available by reason of insurance policies insuring different named insureds.

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

- 627.4137 Disclosure of certain information required.-
- (1) Each insurer which does or may provide liability insurance coverage to pay all or a portion of any claim which might be made shall provide, within 30 days of the written request of the claimant or the claimant's attorney, a statement, under oath, of a corporate officer or the insurer's claims manager or superintendent setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance:
 - (a) The name of the insurer.
 - (b) The name of each insured.
 - (c) The limits of the liability coverage.
- (d) A statement of any policy or coverage defense which such insurer reasonably believes is available to such insurer at the time of filing such statement.
 - (e) A copy of the policy.

In addition, the insured, or her or his insurance agent, upon written request of the claimant or the claimant's attorney, shall disclose the name and coverage of each known insurer to the claimant and shall forward such request for information as

required by this subsection to all affected insurers. The

202154er

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

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

- 627.7263 Rental and leasing driver's insurance to be primary; exception.—
- benefit coverage, and medical payments coverage or personal injury protection insurance providing coverage for the lessor of a motor vehicle for rent or lease is primary unless otherwise stated in at least 10-point type on the face of the rental or lease agreement. Such insurance is primary for the limits of liability and personal injury protection coverage as required by s. 324.021(7), the death benefit coverage limit specified under s. 627.72761, and the medical payments coverage limit specified under s. 627.7265 ss. 324.021(7) and 627.736.
- (2) If the lessee's coverage is to be primary, the rental or lease agreement must contain the following language, in at least 10-point type:

"The valid and collectible liability insurance, death benefit coverage, and medical payments coverage personal injury protection insurance of an any

202154er

authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required under section 324.021(7), Florida Statutes, the limit of the death benefit coverage required under section 627.72761, Florida Statutes, and the medical payments coverage limit specified under section 627.7265 by ss. 324.021(7) and 627.736, Florida Statutes."

Section 44. Section 627.7265, Florida Statutes, is created

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

627.7265 Motor vehicle insurance; medical payments coverage.—

- (1) Medical payments coverage must protect the named insured, resident relatives, persons operating the insured motor vehicle, passengers in the insured motor vehicle, and persons who are struck by the insured motor vehicle and suffer bodily injury while not an occupant of a self-propelled motor vehicle at a limit of at least \$5,000 for medical expenses incurred due to bodily injury, sickness, or disease arising out of the ownership, maintenance, or use of a motor vehicle. The coverage must provide an additional death benefit of at least \$5,000.
- (a) Before issuing a motor vehicle liability insurance policy that is furnished as proof of financial responsibility under s. 324.031, the insurer must offer medical payments coverage at limits of \$5,000 and \$10,000. The insurer may also offer medical payments coverage at any limit greater than \$5,000.
- (b) The insurer must offer medical payments coverage with no deductible. The insurer may also offer medical payments

202154er

coverage with a deductible not to exceed \$500.

- (c) Each motor vehicle liability insurance policy furnished as proof of financial responsibility under s. 324.031 is deemed to have:
- 1. Medical payments coverage to a limit of \$10,000, unless the insurer obtains a named insured's written refusal of medical payments coverage or written selection of medical payments coverage at a limit other than \$10,000. The rejection or selection of coverage at a limit other than \$10,000 must be made on a form approved by the office.
- 2. No medical payments coverage deductible, unless the insurer obtains a named insured's written selection of a deductible up to \$500. The selection of a deductible must be made on a form approved by the office.
- (d)1. The forms referenced in subparagraphs (c)1. and 2. must fully advise the applicant of the nature of the coverage being rejected or the policy limit or deductible being selected. If the form is signed by a named insured, it is conclusively presumed that there was an informed, knowing rejection of the coverage or election of the policy limit or deductible.
- 2. Unless a named insured requests in writing the coverage specified in this section, it need not be provided in or supplemental to any other policy that renews, insures, extends, changes, supersedes, or replaces an existing policy if a named insured has rejected the coverage specified in this section or has selected an alternative coverage limit or deductible. At least annually, the insurer shall provide to the named insured a notice of the availability of such coverage in a form approved by the office. The notice must be part of, and attached to, the

202154er

notice of premium and must provide for a means to allow a named insured to request medical payments coverage at the limits and deductibles required to be offered under this section. The notice must be given in a manner approved by the office. Receipt of this notice does not constitute an affirmative waiver of the insured's right to medical payments coverage if a named insured has not signed a selection or rejection form.

- (e) This section may not be construed to limit any other coverage made available by an insurer.
- (2) Upon receiving notice of an accident that is potentially covered by medical payments coverage benefits, the insurer must reserve \$5,000 of medical payments coverage benefits for payment to physicians licensed under chapter 458 or chapter 459 or dentists licensed under chapter 466 who provide emergency services and care, as defined in s. 395.002, or who provide hospital inpatient care. The amount required to be held in reserve may be used only to pay claims from such physicians or dentists until 30 days after the date the insurer receives notice of the accident. After the 30-day period, any amount of the reserve for which the insurer has not received notice of such claims may be used by the insurer to pay other claims. This subsection does not require an insurer to establish a claim reserve for insurance accounting purposes.
- (3) An insurer providing medical payments coverage benefits may not:
- (a) Seek a lien on any recovery in tort by judgment, settlement, or otherwise for medical payments coverage benefits, regardless of whether suit has been filed or settlement has been reached without suit; or

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202154er

- (b) Bring a cause of action against a person to whom or for whom medical payments coverage benefits were paid, except when medical payments coverage benefits were paid by reason of fraud committed by that person.
- (4) An insurer providing medical payments coverage may include provisions in its policy allowing for subrogation for medical payments coverage benefits paid if the expenses giving rise to the payments were caused by the wrongful act or omission of another who is not also an insured under the policy paying the medical payments coverage benefits. However, this subrogation right is inferior to the rights of the injured insured and is available only after all the insured's damages are recovered and the insured is made whole. An insured who obtains a recovery from a third party of the full amount of the damages sustained and delivers a release or satisfaction that impairs a medical payments insurer's subrogation right is liable to the insurer for repayment of medical payments coverage benefits less any expenses of acquiring the recovery, including a prorated share of attorney fees and costs, and shall hold that net recovery in trust to be delivered to the medical payments insurer. The insurer may not include any provision in its policy allowing for subrogation for any death benefit paid.

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

- 627.727 Motor vehicle insurance; uninsured and underinsured vehicle coverage; insolvent insurer protection.—
- (1) \underline{A} No motor vehicle liability insurance policy \underline{that} which provides bodily injury liability coverage \underline{may} not \underline{shall} be delivered or issued for delivery in this state with respect to

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any specifically insured or identified motor vehicle registered or principally garaged in this state, unless uninsured motor vehicle coverage is provided therein or supplemental thereto for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, or disease, including death, resulting therefrom. However, the coverage required under this section is not applicable if when, or to the extent that, an insured named in the policy makes a written rejection of the coverage on behalf of all insureds under the policy. If When a motor vehicle is leased for a period of 1 year or longer and the lessor of such vehicle, by the terms of the lease contract, provides liability coverage on the leased vehicle, the lessee of such vehicle has shall have the sole privilege to reject uninsured motorist coverage or to select lower limits than the bodily injury liability limits, regardless of whether the lessor is qualified as a self-insurer pursuant to s. 324.171. Unless an insured, or a lessee having the privilege of rejecting uninsured motorist coverage, requests such coverage or requests higher uninsured motorist limits in writing, the coverage or such higher uninsured motorist limits need not be provided in or supplemental to any other policy that which renews, extends, changes, supersedes, or replaces an existing policy with the same bodily injury liability limits when an insured or lessee had rejected the coverage. When an insured or lessee has initially selected limits of uninsured motorist coverage lower than her or his bodily injury liability limits, higher limits of uninsured motorist coverage need not be provided in or supplemental to any other policy that which

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202154er

renews, extends, changes, supersedes, or replaces an existing policy with the same bodily injury liability limits unless an insured requests higher uninsured motorist coverage in writing. The rejection or selection of lower limits must shall be made on a form approved by the office. The form must shall fully advise the applicant of the nature of the coverage and must shall state that the coverage is equal to bodily injury liability limits unless lower limits are requested or the coverage is rejected. The heading of the form must shall be in 12-point bold type and must shall state: "You are electing not to purchase certain valuable coverage that which protects you and your family or you are purchasing uninsured motorist limits less than your bodily injury liability limits when you sign this form. Please read carefully." If this form is signed by a named insured, it will be conclusively presumed that there was an informed, knowing rejection of coverage or election of lower limits on behalf of all insureds. The insurer shall notify the named insured at least annually of her or his options as to the coverage required by this section. Such notice must shall be part of, and attached to, the notice of premium, must shall provide for a means to allow the insured to request such coverage, and must shall be given in a manner approved by the office. Receipt of this notice does not constitute an affirmative waiver of the insured's right to uninsured motorist coverage if where the insured has not signed a selection or rejection form. The coverage described under this section must shall be over and above, but may shall not duplicate, the benefits available to an insured under any workers' compensation law, personal injury protection benefits, disability benefits law, or similar law; under any automobile

2.648

202154er

medical payments expense coverage; under any motor vehicle liability insurance coverage; or from the owner or operator of the uninsured motor vehicle or any other person or organization jointly or severally liable together with such owner or operator for the accident, and such coverage must shall cover the difference, if any, between the sum of such benefits and the damages sustained, up to the maximum amount of such coverage provided under this section. The amount of coverage available under this section may shall not be reduced by a setoff against any coverage, including liability insurance. Such coverage does shall not inure directly or indirectly to the benefit of any workers' compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workers' compensation or disability benefits law or similar law.

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

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

- 627.7275 Required coverages in motor vehicle insurance policies; availability to certain applicants liability.
- (1) A motor vehicle insurance policy providing personal injury protection as set forth in s. 627.736 may not be delivered or issued for delivery in this state for a with respect to any specifically insured or identified motor vehicle

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202154er

registered or principally garaged in this state <u>must provide</u> bodily injury liability coverage and unless the policy also provides coverage for property damage liability <u>coverage</u> as required <u>under by</u> s. 324.022 <u>and s. 324.151 and the death</u> benefit required under s. 627.72761.

- (2) (a) Insurers writing motor vehicle insurance in this state shall make available, subject to the insurers' usual underwriting restrictions:
- 1. Coverage under policies as described in subsection (1) to an applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state if the driving privileges were revoked or suspended pursuant to s. 316.646 or s. 324.0221 due to the failure of the applicant to maintain required security.
- 2. Coverage under policies as described in subsection (1), which includes bodily injury also provides liability coverage and property damage liability coverage, for bodily injury, death, and property damage arising out of the ownership, maintenance, or use of the motor vehicle in an amount not less than the minimum limits required under described in s. 324.021(7) or s. 324.023 and which conforms to the requirements of s. 324.151, to an applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state after such privileges were revoked or suspended under s. 316.193 or s. 322.26(2) for driving under the influence.
- (b) The policies described in paragraph (a) $\underline{\text{must}}$ $\underline{\text{shall}}$ be issued for at least 6 months and, as to the minimum coverages

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202154er

required under this section, may not be canceled by the insured for any reason or by the insurer after 60 days, during which period the insurer is completing the underwriting of the policy. After the insurer has completed underwriting the policy, the insurer shall notify the Department of Highway Safety and Motor Vehicles that the policy is in full force and effect and is not cancelable for the remainder of the policy period. A premium must shall be collected and the coverage is in effect for the 60-day period during which the insurer is completing the underwriting of the policy, whether or not the person's driver license, motor vehicle tag, and motor vehicle registration are in effect. Once the noncancelable provisions of the policy become effective, the bodily injury liability and property damage liability coverages for bodily injury, property damage, and personal injury protection may not be reduced below the minimum limits required under s. 324.021 or s. 324.023 during the policy period.

- (c) This subsection controls to the extent of any conflict with any other section.
- (d) An insurer issuing a policy subject to this section may cancel the policy if, during the policy term, the named insured, or any other operator who resides in the same household or customarily operates an automobile insured under the policy, has his or her driver license suspended or revoked.
- (e) This subsection does not require an insurer to offer a policy of insurance to an applicant if such offer would be inconsistent with the insurer's underwriting guidelines and procedures.
 - Section 47. Section 627.72761, Florida Statutes, is created

202154er

2727 to read:

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627.72761 Required motor vehicle death benefit coverage.—An insurance policy complying with the financial responsibility requirements of s. 324.022 must provide a death benefit of \$5,000 per deceased individual upon the death of the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury while not an occupant of a selfpropelled motor vehicle when such death arises out of the ownership, maintenance, or use of a motor vehicle. The insurer may pay death benefits to the executor or administrator of the deceased individual; to any of the deceased individual's relatives by blood, legal adoption, or marriage; or to any person appearing to the insurer to be equitably entitled to such benefits. The benefit may not be paid if the deceased individual died as a result of causing injury or death to himself or herself intentionally, or because of injuries or death incurred while committing a felony.

Section 48. Effective upon this act becoming a law, section 627.7278, Florida Statutes, is created to read:

627.7278 Applicability and construction; notice to policyholders.—

- (1) As used in this section, the term "minimum security requirements" means security that enables a person to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle, in the amounts required by s. 324.022(1), as amended by this act.
 - (2) Effective January 1, 2022:

202154er

- (a) Motor vehicle insurance policies issued or renewed on or after that date may not include personal injury protection.
- (b) All persons subject to s. 324.022, s. 324.032, s. 627.7415, or s. 627.742 must maintain at least minimum security requirements.
- (c) Any new or renewal motor vehicle insurance policy delivered or issued for delivery in this state must provide coverage that complies with minimum security requirements and provides the death benefit set forth in s. 627.72761.
- (d) An existing motor vehicle insurance policy issued before that date which provides personal injury protection and property damage liability coverage that meets the requirements of s. 324.022 on December 31, 2021, but which does not meet minimum security requirements on or after January 1, 2022, is deemed to meet minimum security requirements until such policy is renewed, nonrenewed, or canceled on or after January 1, 2022. Sections 400.9905, 400.991, 456.057, 456.072, 626.9541(1)(i), 627.7263, 627.727, 627.730-627.7405, 627.748, and 817.234, Florida Statutes 2020, remain in full force and effect for motor vehicle accidents covered under a policy issued under the Florida Motor Vehicle No-Fault Law before January 1, 2022, until the policy is renewed, nonrenewed, or canceled on or after January 1, 2022.
- (3) Each insurer shall allow each insured who has a new or renewal policy providing personal injury protection which becomes effective before January 1, 2022, and whose policy does not meet minimum security requirements on or after January 1, 2022, to change coverages so as to eliminate personal injury protection and obtain coverage providing minimum security

202154er

requirements and the death benefit set forth in s. 627.72761, which shall be effective on or after January 1, 2022. The insurer is not required to provide coverage complying with minimum security requirements and the death benefit set forth in s. 627.72761 in such policies if the insured does not pay the required premium, if any, by January 1, 2022, or such later date as the insurer may allow. The insurer also shall offer each insured medical payments coverage pursuant to s. 627.7265. Any reduction in the premium must be refunded by the insurer. The insurer may not impose on the insured an additional fee or charge that applies solely to a change in coverage; however, the insurer may charge an additional required premium that is actuarially indicated.

- (4) By September 1, 2021, each motor vehicle insurer shall provide notice of this section to each motor vehicle policyholder who is subject to this section. The notice is subject to approval by the office and must clearly inform the policyholder that:
- (a) The Florida Motor Vehicle No-Fault Law is repealed effective January 1, 2022, and that on or after that date, the insured is no longer required to maintain personal injury protection insurance coverage, that personal injury protection coverage is no longer available for purchase in this state, and that all new or renewal policies issued on or after that date will not contain that coverage.
- (b) Effective January 1, 2022, a person subject to the financial responsibility requirements of s. 324.022 must:
- 1. Maintain minimum security requirements that enable the person to respond to damages for liability on account of

202154er

accidents arising out of the use of a motor vehicle in the following amounts:

- a. Twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$50,000 for bodily injury to, or the death of, two or more persons in any one crash; and
- <u>b. Ten thousand dollars for damage to, or destruction of,</u> the property of others in any one crash.
- 2. Purchase a death benefit pursuant to s. 627.72761
 providing coverage in the amount of \$5,000 per deceased
 individual upon the death of the named insured, relatives
 residing in the same household, persons operating the insured
 motor vehicle, passengers in the motor vehicle, and other
 persons struck by the motor vehicle and suffering bodily injury
 while not an occupant of a self-propelled motor vehicle, when
 such death arises out of the ownership, maintenance, or use of a
 motor vehicle.
- (c) Bodily injury liability coverage protects the insured, up to the coverage limits, against loss if the insured is legally responsible for the death of or bodily injury to others in a motor vehicle accident.
- (d) Effective January 1, 2022, each policyholder of motor vehicle liability insurance purchased as proof of financial responsibility must be offered medical payments coverage benefits that comply with s. 627.7265. The insurer must offer medical payments coverage at limits of \$5,000 and \$10,000 without a deductible. The insurer may also offer medical payments coverage at other limits greater than \$5,000 and may

202154er

offer coverage with a deductible of up to \$500. Medical payments coverage pays covered medical expenses incurred due to bodily injury, sickness, or disease arising out of the ownership, maintenance, or use of the motor vehicle, up to the limits of such coverage, for injuries sustained in a motor vehicle crash by the named insured, resident relatives, any persons operating the insured motor vehicle, passengers in the insured motor vehicle and suffer bodily injury while not an occupant of a self-propelled motor vehicle as provided in s. 627.7265. Medical payments coverage also provides a death benefit of at least \$5,000.

- (e) The policyholder may obtain uninsured and underinsured motorist coverage that provides benefits, up to the limits of such coverage, to a policyholder or other insured entitled to recover damages for bodily injury, sickness, disease, or death resulting from a motor vehicle accident with an uninsured or underinsured owner or operator of a motor vehicle.
- (f) If the policyholder's new or renewal motor vehicle insurance policy is effective before January 1, 2022, and contains personal injury protection and property damage liability coverage as required by state law before January 1, 2022, but does not meet minimum security requirements on or after January 1, 2022, the policy is deemed to meet minimum security requirements and need not provide the death benefit set forth in s. 627.72761 until it is renewed, nonrenewed, or canceled on or after January 1, 2022.
- (g) A policyholder whose new or renewal policy becomes effective before January 1, 2022, but does not meet minimum

202154er

security requirements on or after January 1, 2022, may change coverages under the policy so as to eliminate personal injury protection and to obtain coverage providing minimum security requirements, including bodily injury liability coverage and the death benefit set forth in s. 627.72761, which are effective on or after January 1, 2022.

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

Section 49. Paragraph (a) of subsection (1) of section 627.728, Florida Statutes, is amended to read:

- 627.728 Cancellations; nonrenewals.-
- (1) As used in this section, the term:
- (a) "Policy" means the bodily injury and property damage liability, personal injury protection, medical payments, death benefit, comprehensive, collision, and uninsured motorist coverage portions of a policy of motor vehicle insurance delivered or issued for delivery in this state:
- 1. Insuring a natural person as named insured or one or more related individuals $\underline{\text{who are residents}}$ $\underline{\text{resident}}$ of the same household; and
- 2. Insuring only a motor vehicle of the private passenger type or station wagon type which is not used as a public or livery conveyance for passengers or rented to others; or insuring any other four-wheel motor vehicle having a load capacity of 1,500 pounds or less which is not used in the occupation, profession, or business of the insured other than farming; other than any policy issued under an automobile insurance assigned risk plan or covering garage, automobile

202154er

sales agency, repair shop, service station, or public parking place operation hazards.

- The term "policy" does not include a binder as defined in s. 627.420 unless the duration of the binder period exceeds 60 days.
- Section 50. Subsection (1), paragraph (a) of subsection (5), and subsections (6) and (7) of section 627.7295, Florida Statutes, are amended to read:
 - 627.7295 Motor vehicle insurance contracts.-
 - (1) As used in this section, the term:
 - (a) "Policy" means a motor vehicle insurance policy that provides death benefit coverage under s. 627.72761, bodily injury liability personal injury protection coverage, and, property damage liability coverage, or both.
 - (b) "Binder" means a binder that provides motor vehicle death benefit coverage under s. 627.72761, bodily injury liability coverage, personal injury protection and property damage liability coverage.
 - (5) (a) A licensed general lines agent may charge a perpolicy fee of up to not to exceed \$10 to cover the administrative costs of the agent associated with selling the motor vehicle insurance policy if the policy covers only the death benefit coverage set forth in s. 627.72761, bodily injury liability coverage, personal injury protection coverage as provided by s. 627.736 and property damage liability coverage as provided by s. 627.7275 and if no other insurance is sold or issued in conjunction with or collateral to the policy. The fee is not considered part of the premium.

202154er

- (6) If a motor vehicle owner's driver license, license plate, and registration have previously been suspended pursuant to s. 316.646 or s. 627.733, an insurer may cancel a new policy only as provided in s. 627.7275.
- (7) A policy of private passenger motor vehicle insurance or a binder for such a policy may be initially issued in this state only if, before the effective date of such binder or policy, the insurer or agent has collected from the insured an amount equal to at least 1 month's premium. An insurer, agent, or premium finance company may not, directly or indirectly, take any action that results resulting in the insured paying having paid from the insured's own funds an amount less than the 1 month's premium required by this subsection. This subsection applies without regard to whether the premium is financed by a premium finance company or is paid pursuant to a periodic payment plan of an insurer or an insurance agent.
 - (a) This subsection does not apply:
- 1. If an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group. This subsection does not apply
- 2. To an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents. This subsection does not apply
- 3. If all policy payments are paid pursuant to a payroll deduction plan, an automatic electronic funds transfer payment plan from the policyholder, or a recurring credit card or debit card agreement with the insurer.
 - (b) This subsection and subsection (4) do not apply if:

202154er

- 1. All policy payments to an insurer are paid pursuant to an automatic electronic funds transfer payment plan from an agent, a managing general agent, or a premium finance company and if the policy includes, at a minimum, the death benefit coverage set forth in s. 627.72761, bodily injury liability coverage, and personal injury protection pursuant to ss. 627.730-627.7405; motor vehicle property damage liability coverage pursuant to s. 627.7275; or and bodily injury liability in at least the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident and in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident. This subsection and subsection (4) do not apply if
- $\underline{2}$. An insured has had a policy in effect for at least 6 months, the insured's agent is terminated by the insurer that issued the policy, and the insured obtains coverage on the policy's renewal date with a new company through the terminated agent.

Section 51. Section 627.7415, Florida Statutes, is amended to read:

- 627.7415 Commercial motor vehicles; additional liability insurance coverage.—Beginning January 1, 2022, commercial motor vehicles, as defined in s. 207.002 or s. 320.01, operated upon the roads and highways of this state <u>must shall</u> be insured with the following minimum levels of combined bodily liability insurance and property damage liability insurance in addition to any other insurance requirements:
- (1) Sixty Fifty thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 26,000

202154er

pounds or more, but less than 35,000 pounds.

- (2) One hundred <u>twenty</u> thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 35,000 pounds or more, but less than 44,000 pounds.
- (3) Three hundred thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 44,000 pounds or more.
- (4) All commercial motor vehicles subject to regulations of the United States Department of Transportation, 49 C.F.R. part 387, subpart A, and as may be hereinafter amended, shall be insured in an amount equivalent to the minimum levels of financial responsibility as set forth in such regulations.

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

Section 52. Section 627.747, Florida Statutes, is created to read:

627.747 Named driver exclusion.-

- (1) A private passenger motor vehicle policy may exclude the following coverages for all claims or suits resulting from the operation of a motor vehicle by an identified individual who is not a named insured, provided that the identified individual is specifically excluded by name on the declarations page or by endorsement and the policyholder consents in writing to the exclusion:
 - (a) Property damage liability coverage.
 - (b) Bodily injury liability coverage.
- (c) Death benefit coverage under s. 627.72761, for the death of the identified excluded individual.

202154er

- (d) Uninsured motorist coverage for any damages sustained by the identified excluded individual, if the policyholder has purchased such coverage.
- (e) Medical payments coverage for any injuries sustained by the identified excluded individual, if the policyholder has purchased such coverage.
- (f) Any coverage the policyholder is not required by law to purchase.
- (2) A private passenger motor vehicle policy may not exclude coverage when:
- (a) The identified excluded individual is injured while not operating a motor vehicle;
- (b) The exclusion is unfairly discriminatory under the Florida Insurance Code, as determined by the office; or
- (c) The exclusion is inconsistent with the underwriting rules filed by the insurer pursuant to s. 627.0651(13)(a).
- (3) A driver excluded pursuant to this section must establish, maintain, and show proof of financial ability to respond for damages arising out of ownership, maintenance, or use of a motor vehicle as required by chapter 324.
- (4) An identified excluded individual's failure to comply with subsection (3) does not invalidate a properly executed exclusion issued in compliance with subsections (1) and (2).
- Section 53. Paragraphs (b), (c), and (g) of subsection (7), paragraphs (a) and (b) of subsection (8), and paragraph (b) of subsection (16) of section 627.748, Florida Statutes, are amended to read:
 - 627.748 Transportation network companies.-
 - (7) TRANSPORTATION NETWORK COMPANY AND TNC DRIVER INSURANCE

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3046	REQUIREMENTS.	_
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- (b) The following automobile insurance requirements apply while a participating TNC driver is logged on to the digital network but is not engaged in a prearranged ride:
 - 1. Automobile insurance that provides:
- a. A primary automobile liability coverage of at least \$50,000 for death and bodily injury per person, \$100,000 for death and bodily injury per incident, and \$25,000 for property damage; and
- b. Personal injury protection benefits that meet the minimum coverage amounts required under ss. 627.730-627.7405; and
- $\underline{\text{b.e.}}$ Uninsured and underinsured vehicle coverage as required by s. 627.727.
- 2. The coverage requirements of this paragraph may be satisfied by any of the following:
- a. Automobile insurance maintained by the TNC driver or the TNC vehicle owner;
 - b. Automobile insurance maintained by the TNC; or
 - c. A combination of sub-subparagraphs a. and b.
- (c) The following automobile insurance requirements apply while a TNC driver is engaged in a prearranged ride:
 - 1. Automobile insurance that provides:
- a. A primary automobile liability coverage of at least \$1 million for death, bodily injury, and property damage; and
- 3071 b. Personal injury protection benefits that meet the
 3072 minimum coverage amounts required of a limousine under ss.
 3073 627.730-627.7405; and
 - b.c. Uninsured and underinsured vehicle coverage as

202154er

3075 required by s. 627.727.

- 2. The coverage requirements of this paragraph may be satisfied by any of the following:
- a. Automobile insurance maintained by the TNC driver or the TNC vehicle owner;
 - b. Automobile insurance maintained by the TNC; or
 - c. A combination of sub-subparagraphs a. and b.
- (g) Insurance satisfying the requirements under this subsection is deemed to satisfy the financial responsibility requirement for a motor vehicle under chapter 324 and the security required under s. 627.733 for any period when the TNC driver is logged onto the digital network or engaged in a prearranged ride.
- (8) TRANSPORTATION NETWORK COMPANY AND INSURER; DISCLOSURE; EXCLUSIONS.—
- (a) Before a TNC driver is allowed to accept a request for a prearranged ride on the digital network, the TNC must disclose in writing to the TNC driver:
- 1. The insurance coverage, including the types of coverage and the limits for each coverage, which the TNC provides while the TNC driver uses a TNC vehicle in connection with the TNC's digital network.
- 2. That the TNC driver's own automobile insurance policy might not provide any coverage while the TNC driver is logged on to the digital network or is engaged in a prearranged ride, depending on the terms of the TNC driver's own automobile insurance policy.
- 3. That the provision of rides for compensation which are not prearranged rides subjects the driver to the coverage

202154er

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

- (b) 1. An insurer that provides an automobile liability insurance policy under this part may exclude any and all coverage afforded under the policy issued to an owner or operator of a TNC vehicle while driving that vehicle for any loss or injury that occurs while a TNC driver is logged on to a digital network or while a TNC driver provides a prearranged ride. Exclusions imposed under this subsection are limited to coverage while a TNC driver is logged on to a digital network or while a TNC driver provides a prearranged ride. This right to exclude all coverage may apply to any coverage included in an automobile insurance policy, including, but not limited to:
- a. Liability coverage for bodily injury and property damage;
 - b. Uninsured and underinsured motorist coverage;
 - c. Medical payments coverage;
 - d. Comprehensive physical damage coverage;
 - e. Collision physical damage coverage; and
- f. <u>Death benefit coverage under s. 627.72761</u> Personal injury protection.
 - 2. The exclusions described in subparagraph 1. apply notwithstanding any requirement under chapter 324. These exclusions do not affect or diminish coverage otherwise available for permissive drivers or resident relatives under the personal automobile insurance policy of the TNC driver or owner of the TNC vehicle who are not occupying the TNC vehicle at the

 202154er

time of loss. This section does not require that a personal automobile insurance policy provide coverage while the TNC driver is logged on to a digital network, while the TNC driver is engaged in a prearranged ride, or while the TNC driver otherwise uses a vehicle to transport riders for compensation.

- 3. This section must not be construed to require an insurer to use any particular policy language or reference to this section in order to exclude any and all coverage for any loss or injury that occurs while a TNC driver is logged on to a digital network or while a TNC driver provides a prearranged ride.
- 4. This section does not preclude an insurer from providing primary or excess coverage for the TNC driver's vehicle by contract or endorsement.
 - (16) LUXURY GROUND TRANSPORTATION NETWORK COMPANIES.-
- (b) An entity may elect, upon written notification to the department, to be regulated as a luxury ground TNC. A luxury ground TNC must:
- 1. Comply with all of the requirements of this section applicable to a TNC, including subsection (17), which do not conflict with subparagraph 2. or which do not prohibit the company from connecting riders to drivers who operate for-hire vehicles as defined in s. 320.01(15), including limousines and luxury sedans and excluding taxicabs.
- 2. Maintain insurance coverage as required by subsection (7). However, if a prospective luxury ground TNC satisfies minimum financial responsibility through compliance with \underline{s} . $\underline{324.032(3)}$ \underline{s} . $\underline{324.032(2)}$ by using self-insurance when it gives the department written notification of its election to be regulated as a luxury ground TNC, the luxury ground TNC may use

202154er

self-insurance to meet the insurance requirements of subsection (7), so long as such self-insurance complies with $\underline{s.324.032(3)}$ $\underline{s.324.032(2)}$ and provides the limits of liability required by subsection (7).

Section 54. Paragraph (a) of subsection (2) of section 627.749, Florida Statutes, is amended to read:

- 627.749 Autonomous vehicles; insurance requirements.—
- (2) INSURANCE REQUIREMENTS.—
- (a) A fully autonomous vehicle with the automated driving system engaged while logged on to an on-demand autonomous vehicle network or engaged in a prearranged ride must be covered by a policy of automobile insurance which provides:
- 1. Primary liability coverage of at least \$1 million for death, bodily injury, and property damage.
- 2. Personal injury protection benefits that meet the minimum coverage amounts required under ss. 627.730-627.7405.
- 2.3. Uninsured and underinsured vehicle coverage as required by s. 627.727.
- Section 55. Section 627.8405, Florida Statutes, is amended to read:
- 627.8405 Prohibited acts; financing companies.—A No premium finance company shall, in a premium finance agreement or other agreement, may not finance the cost of or otherwise provide for the collection or remittance of dues, assessments, fees, or other periodic payments of money for the cost of:
- (1) A membership in an automobile club. The term "automobile club" means a legal entity that which, in consideration of dues, assessments, or periodic payments of money, promises its members or subscribers to assist them in

202154er

matters relating to the ownership, operation, use, or maintenance of a motor vehicle; however, the term this definition of "automobile club" does not include persons, associations, or corporations which are organized and operated solely for the purpose of conducting, sponsoring, or sanctioning motor vehicle races, exhibitions, or contests upon racetracks, or upon racecourses established and marked as such for the duration of such particular events. As used in this subsection, the term words "motor vehicle" has used herein have the same meaning as defined in chapter 320.

- (2) An accidental death and dismemberment policy sold in combination with a policy providing only death benefit coverage under s. 627.72761, bodily injury liability coverage, personal injury protection and property damage liability coverage only policy.
- (3) Any product not regulated under the provisions of this insurance code.

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

Section 56. Subsection (1) of section 627.915, Florida Statutes, is amended to read:

- 627.915 Insurer experience reporting.-
- (1) Each insurer transacting private passenger automobile insurance in this state shall report certain information annually to the office. The information will be due on or before

202154er

July 1 of each year. The information <u>must</u> <u>shall</u> be divided into the following categories: bodily injury liability; property damage liability; uninsured motorist; <u>death benefit coverage under s. 627.72761; personal injury protection benefits; medical payments; <u>and</u> comprehensive and collision. The information given <u>must shall</u> be on direct insurance writings in the state alone and <u>shall</u> represent total limits data. The information set forth in paragraphs (a)-(f) is applicable to voluntary private passenger and Joint Underwriting Association private passenger writings and <u>must shall</u> be reported for each of the latest 3 calendar-accident years, with an evaluation date of March 31 of the current year. The information set forth in paragraphs (g)-(j) is applicable to voluntary private passenger writings and <u>must shall</u> be reported on a calendar-accident year basis ultimately seven times at seven different stages of development.</u>

- (a) Premiums earned for the latest 3 calendar-accident years.
- (b) Loss development factors and the historic development of those factors.
 - (c) Policyholder dividends incurred.
 - (d) Expenses for other acquisition and general expense.
- (e) Expenses for agents' commissions and taxes, licenses, and fees.
- (f) Profit and contingency factors as utilized in the insurer's automobile rate filings for the applicable years.
 - (q) Losses paid.
 - (h) Losses unpaid.
 - (i) Loss adjustment expenses paid.
 - (j) Loss adjustment expenses unpaid.

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Section 57. Subsections (2) and (3) of section 628.909, Florida Statutes, are amended to read:

628.909 Applicability of other laws.-

- (2) The following provisions of the Florida Insurance Code apply to captive insurance companies that who are not industrial insured captive insurance companies to the extent that such provisions are not inconsistent with this part:
- (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085, 624.40851, 624.4095, 624.411, 624.425, and 624.426.
 - (b) Chapter 625, part II.
 - (c) Chapter 626, part IX.
- (d) Sections 627.730-627.7405, when no-fault coverage is provided.
 - (d) (e) Chapter 628.
 - (3) The following provisions of the Florida Insurance Code shall apply to industrial insured captive insurance companies to the extent that such provisions are not inconsistent with this part:
- (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085, 624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).
- (b) Chapter 625, part II, if the industrial insured captive insurance company is incorporated in this state.
 - (c) Chapter 626, part IX.
- 3272 (d) Sections 627.730-627.7405 when no-fault coverage is provided.
- 3274 (d) (e) Chapter 628, except for ss. 628.341, 628.351, and 3275 628.6018.
- 3276 Section 58. Subsections (2), (6), and (7) of section 3277 705.184, Florida Statutes, are amended to read:

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705.184 Derelict or abandoned motor vehicles on the premises of public-use airports.—

(2) The airport director or the director's designee shall contact the Department of Highway Safety and Motor Vehicles to notify that department that the airport has possession of the abandoned or derelict motor vehicle and to determine the name and address of the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and any person who has filed a lien on the motor vehicle. Within 7 business days after receipt of the information, the director or the director's designee shall send notice by certified mail, return receipt requested, to the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. The notice must shall state the fact of possession of the motor vehicle, that charges for reasonable towing, storage, and parking fees, if any, have accrued and the amount thereof, that a lien as provided in subsection (6) will be claimed, that the lien is subject to enforcement pursuant to law, that the owner or lienholder, if any, has the right to a hearing as set forth in subsection (4), and that any motor vehicle which, at the end of 30 calendar days after receipt of the notice, has not been removed from the airport upon payment in full of all accrued charges for reasonable towing, storage, and parking fees, if any, may be disposed of as provided in s. 705.182(2)(a), (b), (d), or (e), including, but not limited to, the motor vehicle being sold free of all prior liens after 35 calendar days after the time the motor vehicle is stored if any prior liens on the

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202154er

motor vehicle are more than 5 years of age or after 50 calendar days after the time the motor vehicle is stored if any prior liens on the motor vehicle are 5 years of age or less.

- (6) The airport pursuant to this section or, if used, a licensed independent wrecker company pursuant to s. 713.78 shall have a lien on an abandoned or derelict motor vehicle for all reasonable towing, storage, and accrued parking fees, if any, except that no storage fee may shall be charged if the motor vehicle is stored less than 6 hours. As a prerequisite to perfecting a lien under this section, the airport director or the director's designee must serve a notice in accordance with subsection (2) on the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. If attempts to notify the owner, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, or lienholders are not successful, the requirement of notice by mail shall be considered met. Serving of the notice does not dispense with recording the claim of lien.
- (7) (a) For the purpose of perfecting its lien under this section, the airport shall record a claim of lien which states shall state:
 - 1. The name and address of the airport.
- 2. The name of the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle.
 - 3. The costs incurred from reasonable towing, storage, and

202154er

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      parking fees, if any.
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           4. A description of the motor vehicle sufficient for
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      identification.
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            (b) The claim of lien must shall be signed and sworn to or
      affirmed by the airport director or the director's designee.
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            (c) The claim of lien is shall be sufficient if it is in
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      substantially the following form:
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                                CLAIM OF LIEN
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      State of .....
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      County of .....
      Before me, the undersigned notary public, personally appeared
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      ....., who was duly sworn and says that he/she is the
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      ..... of ....., whose address is....; and that the
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      following described motor vehicle:
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      ... (Description of motor vehicle) ...
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      owned by ....., whose address is ....., has accrued
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      $..... in fees for a reasonable tow, for storage, and for
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      parking, if applicable; that the lienor served its notice to the
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      owner, the insurance company insuring the motor vehicle
      notwithstanding the provisions of s. 627.736, Florida Statutes,
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      and all persons of record claiming a lien against the motor
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      vehicle on ...., ... (year)..., by.......
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      ...(Signature)...
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      Sworn to (or affirmed) and subscribed before me this .... day of
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      ...., ... (year)..., by ... (name of person making statement)....
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      ... (Signature of Notary Public) ..... (Print, Type, or Stamp
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      Commissioned name of Notary Public) ...
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      Personally Known....OR Produced....as identification.
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202154er

However, the negligent inclusion or omission of any information in this claim of lien which does not prejudice the owner does not constitute a default that operates to defeat an otherwise valid lien.

- (d) The claim of lien <u>must shall</u> be served on the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. If attempts to notify the owner, the insurance company insuring the motor vehicle notwithstanding the provisions of s. 627.736, or lienholders are not successful, the requirement of notice by mail shall be considered met. The claim of lien <u>must shall</u> be so served before recordation.
- (e) The claim of lien <u>must</u> shall be recorded with the clerk of court in the county where the airport is located. The recording of the claim of lien shall be constructive notice to all persons of the contents and effect of such claim. The lien <u>attaches</u> shall attach at the time of recordation and <u>takes</u> shall take priority as of that time.

Section 59. Subsection (4) of section 713.78, Florida Statutes, is amended to read:

- 713.78 Liens for recovering, towing, or storing vehicles and vessels.—
- (4) (a) A person regularly engaged in the business of recovering, towing, or storing vehicles or vessels who comes into possession of a vehicle or vessel pursuant to subsection (2), and who claims a lien for recovery, towing, or storage services, shall give notice, by certified mail, to the

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202154er

registered owner, the insurance company insuring the vehicle notwithstanding s. 627.736, and all persons claiming a lien thereon, as disclosed by the records in the Department of Highway Safety and Motor Vehicles or as disclosed by the records of any corresponding agency in any other state in which the vehicle is identified through a records check of the National Motor Vehicle Title Information System or an equivalent commercially available system as being titled or registered.

(b) Whenever a law enforcement agency authorizes the removal of a vehicle or vessel or whenever a towing service, garage, repair shop, or automotive service, storage, or parking place notifies the law enforcement agency of possession of a vehicle or vessel pursuant to s. 715.07(2)(a)2., the law enforcement agency of the jurisdiction where the vehicle or vessel is stored shall contact the Department of Highway Safety and Motor Vehicles, or the appropriate agency of the state of registration, if known, within 24 hours through the medium of electronic communications, giving the full description of the vehicle or vessel. Upon receipt of the full description of the vehicle or vessel, the department shall search its files to determine the owner's name, the insurance company insuring the vehicle or vessel, and whether any person has filed a lien upon the vehicle or vessel as provided in s. 319.27(2) and (3) and notify the applicable law enforcement agency within 72 hours. The person in charge of the towing service, garage, repair shop, or automotive service, storage, or parking place shall obtain such information from the applicable law enforcement agency within 5 days after the date of storage and shall give notice pursuant to paragraph (a). The department may release the

202154er

insurance company information to the requestor $\frac{1}{1000}$ notwithstanding $\frac{1}{1000}$ s. $\frac{1}{1000}$ 100 notwithstanding

- (c) The notice of lien must be sent by certified mail to the registered owner, the insurance company insuring the vehicle notwithstanding s. 627.736, and all other persons claiming a lien thereon within 7 business days, excluding Saturday and Sunday, after the date of storage of the vehicle or vessel. However, in no event shall the notice of lien be sent less than 30 days before the sale of the vehicle or vessel. The notice must state:
- 1. If the claim of lien is for a vehicle, the last 8 digits of the vehicle identification number of the vehicle subject to the lien, or, if the claim of lien is for a vessel, the hull identification number of the vessel subject to the lien, clearly printed in the delivery address box and on the outside of the envelope sent to the registered owner and all other persons claiming an interest therein or lien thereon.
- 2. The name, physical address, and telephone number of the lienor, and the entity name, as registered with the Division of Corporations, of the business where the towing and storage occurred, which must also appear on the outside of the envelope sent to the registered owner and all other persons claiming an interest in or lien on the vehicle or vessel.
 - 3. The fact of possession of the vehicle or vessel.
- 4. The name of the person or entity that authorized the lienor to take possession of the vehicle or vessel.
 - 5. That a lien as provided in subsection (2) is claimed.
- 6. That charges have accrued and include an itemized statement of the amount thereof.

202154er

- 7. That the lien is subject to enforcement under law and that the owner or lienholder, if any, has the right to a hearing as set forth in subsection (5).
- 8. That any vehicle or vessel that remains unclaimed, or for which the charges for recovery, towing, or storage services remain unpaid, may be sold free of all prior liens 35 days after the vehicle or vessel is stored by the lienor if the vehicle or vessel is more than 3 years of age or 50 days after the vehicle or vessel is stored by the lienor if the vehicle or vessel is 3 years of age or less.
- 9. The address at which the vehicle or vessel is physically located.
- (d) The notice of lien may not be sent to the registered owner, the insurance company insuring the vehicle or vessel, and all other persons claiming a lien thereon less than 30 days before the sale of the vehicle or vessel.
- (e) If attempts to locate the name and address of the owner or lienholder prove unsuccessful, the towing-storage operator shall, after 7 business days, excluding Saturday and Sunday, after the initial tow or storage, notify the public agency of jurisdiction where the vehicle or vessel is stored in writing by certified mail or acknowledged hand delivery that the towing-storage company has been unable to locate the name and address of the owner or lienholder and a physical search of the vehicle or vessel has disclosed no ownership information and a good faith effort has been made, including records checks of the Department of Highway Safety and Motor Vehicles database and the National Motor Vehicle Title Information System or an equivalent commercially available system. For purposes of this paragraph

202154er

and subsection (9), the term "good faith effort" means that the following checks have been performed by the company to establish the prior state of registration and for title:

- 1. A check of the department's database for the owner and any lienholder.
- 2. A check of the electronic National Motor Vehicle Title Information System or an equivalent commercially available system to determine the state of registration when there is not a current registration record for the vehicle or vessel on file with the department.
- 3. A check of the vehicle or vessel for any type of tag, tag record, temporary tag, or regular tag.
- 4. A check of the law enforcement report for a tag number or other information identifying the vehicle or vessel, if the vehicle or vessel was towed at the request of a law enforcement officer.
- 5. A check of the trip sheet or tow ticket of the tow truck operator to determine whether a tag was on the vehicle or vessel at the beginning of the tow, if a private tow.
- 6. If there is no address of the owner on the impound report, a check of the law enforcement report to determine whether an out-of-state address is indicated from driver license information.
- 7. A check of the vehicle or vessel for an inspection sticker or other stickers and decals that may indicate a state of possible registration.
- 8. A check of the interior of the vehicle or vessel for any papers that may be in the glove box, trunk, or other areas for a state of registration.

202154er

- 9. A check of the vehicle for a vehicle identification number.
 - 10. A check of the vessel for a vessel registration number.
 - 11. A check of the vessel hull for a hull identification number which should be carved, burned, stamped, embossed, or otherwise permanently affixed to the outboard side of the transom or, if there is no transom, to the outmost seaboard side at the end of the hull that bears the rudder or other steering mechanism.

Section 60. Section 768.852, Florida Statutes, is created to read:

768.852 Setoff on damages as a result of a motor vehicle crash while uninsured.—

- (1) Except as provided in subsection (2), for any award of noneconomic damages, a defendant is entitled to a setoff equal to \$10,000 if a person suffers injury while operating a motor vehicle as defined in s. 324.022(2) which lacked the coverage required by s. 324.022(1) and the person was not in compliance with s. 324.022(1) for more than 30 days immediately preceding the crash.
- (2) The setoff on noneconomic damages in subsection (1) does not apply if the person who is liable for the injury:
- (a) Was driving while under the influence of an alcoholic beverage, an inhalant, or a controlled substance;
- (b) Acted intentionally, recklessly, or with gross
 negligence;
 - (c) Fled from the scene of the crash; or
- (d) Was acting in furtherance of an offense or in immediate flight from an offense that constituted a felony at the time of

202154er

3539 the crash.

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

Section 61. Paragraph (a) of subsection (1), paragraph (c) of subsection (7), paragraphs (a), (b), and (c) of subsection (8), and subsections (9) and (10) of section 817.234, Florida Statutes, are amended to read:

- 817.234 False and fraudulent insurance claims.
- (1) (a) A person commits insurance fraud punishable as provided in subsection (11) if that person, with the intent to injure, defraud, or deceive any insurer:
- 1. Presents or causes to be presented any written or oral statement as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy or a health maintenance organization subscriber or provider contract, knowing that such statement contains any false, incomplete, or misleading information concerning any fact or thing material to such claim;
- 2. Prepares or makes any written or oral statement that is intended to be presented to <u>an</u> <u>any</u> insurer in connection with, or in support of, any claim for payment or other benefit pursuant to an insurance policy or a health maintenance organization subscriber or provider contract, knowing that such statement contains <u>any</u> false, incomplete, or misleading information concerning any fact or thing material to such claim;
- 3.a. Knowingly presents, causes to be presented, or prepares or makes with knowledge or belief that it will be presented to <u>an</u> any insurer, purported insurer, servicing corporation, insurance broker, or insurance agent, or any

202154er

employee or agent thereof, $\frac{1}{2}$ any false, incomplete, or misleading information or $\frac{1}{2}$ written or oral statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a health maintenance organization subscriber or provider contract; or

- b. Knowingly conceals information concerning any fact material to such application; or
- 4. Knowingly presents, causes to be presented, or prepares or makes with knowledge or belief that it will be presented to any insurer a claim for payment or other benefit under medical
 payments coverage in a motor vehicle a personal injury
 protection
 insurance policy if the person knows that the payee knowingly submitted a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400.

(7)

- (c) An insurer, or any person acting at the direction of or on behalf of an insurer, may not change an opinion in a mental or physical report prepared under s. 627.736(7) or direct the physician preparing the report to change such opinion; however, this provision does not preclude the insurer from calling to the attention of the physician errors of fact in the report based upon information in the claim file. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (8) (a) It is unlawful for any person intending to defraud any other person to solicit or cause to be solicited any

202154er

business from a person involved in a motor vehicle accident for the purpose of making, adjusting, or settling motor vehicle tort claims or claims for benefits under medical payments coverage in a motor vehicle insurance policy personal injury protection benefits required by s. 627.736. Any person who violates the provisions of this paragraph commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A person who is convicted of a violation of this subsection shall be sentenced to a minimum term of imprisonment of 2 years.

- (b) A person may not solicit or cause to be solicited any business from a person involved in a motor vehicle accident by any means of communication other than advertising directed to the public for the purpose of making motor vehicle tort claims or claims for benefits under medical payments coverage in a motor vehicle insurance policy personal injury protection benefits required by s. 627.736, within 60 days after the occurrence of the motor vehicle accident. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (c) A lawyer, health care practitioner as defined in s. 456.001, or owner or medical director of a clinic required to be licensed pursuant to s. 400.9905 may not, at any time after 60 days have elapsed from the occurrence of a motor vehicle accident, solicit or cause to be solicited any business from a person involved in a motor vehicle accident by means of in person or telephone contact at the person's residence, for the purpose of making motor vehicle tort claims or claims for benefits under medical payments coverage in a motor vehicle

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<u>insurance policy personal injury protection benefits required by s. 627.736</u>. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

- (9) A person may not organize, plan, or knowingly participate in an intentional motor vehicle crash or a scheme to create documentation of a motor vehicle crash that did not occur for the purpose of making motor vehicle tort claims or claims for benefits under medical payments coverage in a motor vehicle insurance policy personal injury protection benefits as required by s. 627.736. Any person who violates this subsection commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A person who is convicted of a violation of this subsection shall be sentenced to a minimum term of imprisonment of 2 years.
- (10) A licensed health care practitioner who is found guilty of insurance fraud under this section for an act relating to a motor vehicle personal injury protection insurance policy loses his or her license to practice for 5 years and may not receive reimbursement under medical payments coverage in a motor vehicle insurance policy for personal injury protection benefits for 10 years.

Section 62. For the 2021-2022 fiscal year, the sum of \$83,651 in nonrecurring funds is appropriated from the Insurance Regulatory Trust Fund to the Office of Insurance Regulation for the purpose of implementing this act.

Section 63. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect January 1,

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