774698

	LEGISLATIVE ACTION	
Senate		House
Comm: WD		
11/30/2021	•	
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The Committee on Judiciary (Broxson) recommended the following:

Senate Amendment (with title amendment)

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Delete lines 35 - 93

and insert:

- (2) Notwithstanding any other law, an insurer or surplus lines agent shall provide to an insured within 15 calendar days after an individual or entity designated by the insurer receives receipt of the insured's written request, either:
 - (a) A loss run statement; or
- (b) For personal lines of insurance, information on how to obtain a loss run statement at no charge through a consumer

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reporting agency. However, this section does not prohibit an insured from requesting a loss run statement after receiving information from a consumer reporting agency, in which case the insurer or surplus lines agent shall then provide the loss run statement within 15 calendar days after the individual or entity designated by the insurer receives the insured's subsequent written request.

- (4) A loss run statement provided pursuant to this section must contain a claims history with the insurer for the preceding 3 $\frac{5}{2}$ years or, if the claims history is less than 3 $\frac{5}{2}$ years, a complete claims history with the insurer.
- (7) This section does not apply to life insurance as defined in s. 624.602.
- (8) For group health insurance, only the group policyholder may request and be provided a loss run statement pursuant to this section.

Section 2. Subsections (1), (2), and (4) of section 627.444, Florida Statutes, are amended, and subsections (7) and (8) are added to that section, to read:

627.444 Loss run statements for all lines of insurance.

- (1) As used in this section, the term:
- (a) "Loss run statement" means a report that contains the policy number, the period of coverage, the number of claims, the paid losses on all claims, and the date of each loss. The term does not include supporting claim file documentation, including, but not limited to, copies of claim files, investigation reports, evaluation statements, insureds' statements, and documents protected by a common law or statutory privilege. As applied to group health insurance, the term means a report that

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also contains the premiums paid, the number of insureds on a monthly basis, and the dependent status.

- (b) "Provide" means to electronically send a document or to allow access through an electronic portal to view or generate a document.
- (2) Notwithstanding any other law, an insurer shall provide to an insured within 15 calendar days after an individual or entity designated by the insurer receives receipt of the insured's written request, either:
 - (a) A loss run statement; or
- (b) For personal lines of insurance, information on how to obtain a loss run statement at no charge through a consumer reporting agency. However, this section does not prohibit an insured from requesting a loss run statement after receiving information from a consumer reporting agency, in which case the insurer shall then provide the loss run statement within 15 calendar days after the individual or entity designated by the insurer receives the insured's subsequent written request.
- (4) A loss run statement provided pursuant to this section must contain a claims history with the insurer for the preceding 3 $\frac{5}{2}$ years or, if the claims history is less than 3 $\frac{5}{2}$ years, a complete claims history with the insurer.
 - (7) This section does not apply to:
 - (a) Life insurance as defined in s. 624.602.
- (b) A workers' compensation or employer's liability insurance policy subject to s. 627.291.

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

And the title is amended as follows:



70 Delete line 3 71 and insert:

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626.9202, F.S.; revising the definition of the term "loss run statement"; revising the entities which must provide certain information to insureds after receiving requests for loss run statements; specifying the entities that must receive requests for loss run statements; specifying that insurers or surplus lines agents must provide loss run statements under certain circumstances; revising the required claims history in loss run statements; providing applicability; limiting loss run statement requests with respect to group health insurance policies to group policyholders; amending s. 627.444, F.S.; revising the definition of