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A bill to be entitled An act relating to consumer protection; amending s. 494.001, F.S.; providing and revising definitions; amending s. 494.0067, F.S.; revising the locations mortgage lenders may transact business; creating s. 501.2042, F.S.; providing definitions; providing requirements for crowd-funding campaigns relating to disasters; amending s. 520.23, F.S.; providing additional requirements for distributed energy systems; amending s. 626.551, F.S.; reducing the time in which licensees must notify the department of changes in specified information; amending s. 626.602, F.S.; providing requirements for the names of adjusting firms; amending s. 626.854, F.S.; revising the definition of the term "public adjuster"; prohibiting certain contracts by public adjusters; providing requirements for public adjuster contracts; prohibiting certain public adjuster contracts until demonstrated to the insured that it will not issue a satisfactory claims payment within a specified period; providing duties of a public adjuster if an insurer either pays or commits in writing to pay to the insured the policy limit within a specified period; providing requirements for public adjuster commissions; providing for cancellation of public

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adjuster contracts without fee or penalty in certain circumstances; amending s. 626.860, F.S.; limiting the application of an exemption of regulation for attorneys in the negotiation of insurance claims; amending s. 626.865, F.S.; providing an additional requirement for a public adjuster's license; requiring public adjusters to have a specified minimum amount of errors and omissions insurance; amending s. 626.875, F.S.; requiring the posting of public adjuster licenses in principal places of business; requiring such licensees to have a specified license in his or her possession at certain times; providing additional recordkeeping requirements for adjusters; creating s. 626.8751, F.S.; providing requirements for payment of claims settled by public adjusters; amending s. 626.8796, F.S.; providing requirements for public adjuster contracts; authorizing recession of the contract by the insured in certain circumstances; requiring specified disclosures by a public adjuster; authorizing rulemaking; amending s. 626.8797, F.S.; providing additional requirements for proof of loss statements; amending s. 626.9541, F.S.; specifying additional conduct that constitutes unfair methods of competition and unfair or deceptive acts or practices; amending s. 627.4025, F.S.; revising provisions

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relating to hurricane deductibles; amending s. 627.4133, F.S.; reducing the period in which an insurer may cancel a property insurance policy in certain circumstances; amending s. 627.4554, F.S.; providing and revising definitions; revising the duties of insurers and agents concerning the sale of annuities; requiring insurers to maintain certain procedures; providing training and education requirements for agents; amending s. 634.041, F.S.; providing additional requirements for a service agreement policy; providing a directive to the Division of Law Revision; providing an effective date.

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

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Section 1. Subsections (35) through (38) of section 494.001, Florida Statutes, are renumbered as subsections (36) through (39), respectively, subsection (3) is amended, and a new subsection (35) is added to that section, to read:

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494.001 Definitions.—As used in this chapter, the term:
(3) "Branch office" means a location, other than a

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mortgage broker's or mortgage lender's principal place of

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business: or a remote location

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(a) The address of which appears on business cards, stationery, or advertising used by the licensee in connection

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with business conducted under this chapter;

- (b) At which the licensee's name, advertising or promotional materials, or signage suggests that mortgage loans are originated, negotiated, funded, or serviced; or
- (c) At which mortgage loans are originated, negotiated, funded, or serviced by a licensee.
- (35) "Remote location" means a location, other than a principal place of business or a branch office, at which a loan originator of a licensee may conduct business. Licensees may allow loan originators to work from a remote location if:
- (a) The licensee has written policies and procedures for supervision of loan originators working from a remote location.
- (b) Access to company platforms and customer information is in accordance with the licensee's comprehensive written information security plan.
- (c) An in-person customer interaction does not occur at a loan originator's residence, unless such residence is a licensed location.
- (d) Physical records are not maintained at a remote location.
- (e) Customer interactions and conversations about

 consumers will be in compliance with federal and state

 information security requirements, including applicable

 provisions under the Gramm-Leach-Bliley Act and the Safeguards

 Rule established by the Federal Trade Commission, set forth at

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16 CFR Part 314, as such requirements may be amended from time to time.

- (f) Loan originators working at a remote location access the company's secure systems, including a cloud-based system, directly from any out-of-office device such employee uses, including a laptop, telephones desktop computer, and tablet, via a virtual private network (VPN) or comparable system that ensures secure connectivity and requires passwords or other forms of authentication to access.
- (g) Licensee ensures that appropriate security updates, patches, or other alterations to the security of all devices used at remote locations are installed and maintained.
- (h) Licensee has an ability to remotely lock or erase company-related contents of any device or otherwise remotely limit all access to a company's secure systems.
- (i) The Nationwide Multistate Licensing System and
 Registry's record of a loan originator who works from a remote
 location designates the principal place of business as the loan
 originator's registered location or the loan originator has
 elected a licensed branch office as a registered location.
- Section 2. Subsection (1) of section 494.0067, Florida
 122 Statutes, is amended to read:
 - 494.0067 Requirements of mortgage lenders.—
 - (1) A mortgage lender that makes mortgage loans on real estate in this state shall transact business from a principal

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126	place of business, branch office, or remote location. Each
127	principal place of business, and each branch office, and remote
128	<u>location</u> shall be operated under the full charge, control, and
129	supervision of the licensee pursuant to this part.
130	Section 3. Section 501.2042, Florida Statutes, is created
131	to read:
132	501.2042 Unlawful acts and practices by online crowd-
133	funding campaigns.—
134	(1) As used in this section, the term:
135	(a) "Crowd-funding campaign" means an online fundraising
136	initiative that is intended to receive monetary donations from
137	donors and is created by an organizer in the interest of a
138	beneficiary.
139	(b) "Crowd-funding platform" means an entity doing
140	business in this state and that provides an online medium for
141	the creation and facilitation of a crowd-funding campaign.
142	(c) "Disaster" means any natural, technological, or civil
143	emergency that occurs in this state and that causes damage of
144	sufficient severity and magnitude to result in a declaration of
145	a state of emergency by a county, the Governor, or the President
146	of the United States.
147	(d) "Organizer" means a person who:
148	1. Resides or is domiciled in this state.
149	2. Has an account on a crowd-funding platform and has
150	created a crowd-funding campaign either as a beneficiary or on

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

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behalf of a beneficiary, regardless of whether the beneficiary or the crowd-funding campaign has received donations.

- (2) When an organizer arranges a crowd-funding campaign related to a disaster, the organizer must produce to the crowd-funding platform a complete and accurate accounting of all donations received and expended by the crowd-funding campaign.

 The crowd-funding platform must publish all received accountings on its website.
- Section 4. Section 520.23, Florida Statutes, is amended to read:
- 520.23 Disclosures required.—Each agreement governing the sale or lease of a distributed energy generation system shall, at a minimum, include a written statement printed in at least 12-point type that is separate from the agreement, is separately acknowledged by the buyer or lessee, and includes the following information and disclosures, if applicable:
- (1) The name, address, telephone number, and e-mail address of the buyer or lessee.
- (2) The name, address, telephone number, e-mail address, and valid state contractor license number of the person responsible for installing the distributed energy generation system.
- (3) The name, address, telephone number, e-mail address, and valid state contractor license number of the distributed energy generation system maintenance provider, if different from

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the person responsible for installing the distributed energy generation system.

- (4) The customer contact center phone number for the Department of Business and Professional Regulation.
- $\underline{(5)}$ (4) A written statement indicating whether the distributed energy generation system is being purchased or leased.
- (a) If the distributed energy generation system will be leased, the written statement must include a disclosure in substantially the following form: "You are entering into an agreement to lease a distributed energy generation system. You will lease (not own) the system installed on your property."
- (b) If the distributed energy generation system will be purchased, the written statement must include a disclosure in substantially the following form: "You are entering into an agreement to purchase a distributed energy generation system. You will own (not lease) the system installed on your property."
- (6) (5) The total cost to be paid by the buyer or lessee, including any interest, installation fees, document preparation fees, service fees, or other fees.
- (7)(6) A payment schedule, including any amounts owed at contract signing, at the commencement of installation, at the completion of installation, and any final payments. If the distributed energy generation system is being leased, the written statement must include the frequency and amount of each

payment due under the lease and the total estimated lease payments over the term of the lease.

- (8) (7) Each state or federal tax incentive or rebate, if any, relied upon by the seller in determining the price of the distributed energy generation system.
- (9)(8) A description of the assumptions used to calculate any savings estimates provided to the buyer or lessee, and if such estimates are provided, a statement in substantially the following form: "It is important to understand that future electric utility rates are estimates only. Your future electric utility rates may vary."
- (10) (9) A description of any one-time or recurring fees, including, but not limited to, estimated system removal fees, maintenance fees, Internet connection fees, and automated clearinghouse fees. If late fees may apply, the description must describe the circumstances triggering such late fees.
- (11)(10) A statement notifying the buyer whether the distributed energy generation system is being financed and, if so, a statement in substantially the following form: "If your system is financed, carefully read any agreements and/or disclosure forms provided by your lender. This statement does not contain the terms of your financing agreement. If you have any questions about your financing agreement, contact your finance provider before signing a contract."
 - (12) (11) A statement notifying the buyer whether the

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seller is assisting in arranging financing of the distributed energy generation system and, if so, a statement in substantially the following form: "If your system is financed, carefully read any agreements and/or disclosure forms provided by your lender. This statement does not contain the terms of your financing agreement. If you have any questions about your financing agreement, contact your finance provider before signing a contract."

(13) (12) A provision notifying the buyer or lessee of the right to rescind the agreement for a period of at least 3 business days after the agreement is signed. This subsection does not apply to a contract to sell or lease a distributed energy generation system in a solar community in which the entire community has been marketed as a solar community and all of the homes in the community are intended to have a distributed energy generation system, or a solar community in which the developer has incorporated solar technology for purposes of meeting the Florida Building Code in s. 553.73.

(14) (13) A description of the distributed energy generation system design assumptions, including the make and model of the major components, system size, estimated first-year energy production, and estimated annual energy production decreases, including the overall percentage degradation over the estimated life of the distributed energy generation system, and the status of utility compensation for excess energy generated

by the system at the time of contract signing. A seller who provides a warranty or guarantee of the energy production output of the distributed energy generation system may provide a description of such warranty or guarantee in lieu of a description of the system design and components.

- $\underline{\text{(15)}}$ (14) A description of any performance or production guarantees.
- (16)(15) A description of the ownership and transferability of any tax credits, rebates, incentives, or renewable energy certificates associated with the distributed energy generation system, including a disclosure as to whether the seller will assign or sell any associated renewable energy certificates to a third party.
- (17) (16) A statement in substantially the following form:
 "You are responsible for property taxes on property you own.
 Consult a tax professional to understand any tax liability or eligibility for any tax credits that may result from the purchase of your distributed energy generation system."
- $\underline{(18)}$ (17) The approximate start and completion dates for the installation of the distributed energy generation system.
- (19) (18) A disclosure as to whether maintenance and repairs of the distributed energy generation system are included in the purchase price.
- $\underline{(20)}$ (19) A disclosure as to whether any warranty or maintenance obligations related to the distributed energy

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generation system may be sold or transferred by the seller to a third party and, if so, a statement in substantially the following form: "Your contract may be assigned, sold, or transferred without your consent to a third party who will be bound to all the terms of the contract. If a transfer occurs, you will be notified if this will change the address or phone number to use for system maintenance or repair requests."

- $\underline{(21)}$ If the distributed energy generation system will be purchased, a disclosure notifying the buyer of the requirements for interconnecting the system to the utility system.
- $\underline{(22)}$ (21) A disclosure notifying the buyer or lessee of the party responsible for obtaining interconnection approval.
 - (23) (22) A description of any roof warranties.
- (24) A statement in substantially the following form: "You should consider the age and remaining life of your roof prior to installing a distributed energy generation system. Replacement of your roof may require re-installment of the distributed energy generation system."
- (25) (23) A disclosure notifying the lessee whether the seller will insure a leased distributed energy generation system against damage or loss and, if applicable, the circumstances under which the seller will not insure the system against damage or loss.
 - (26) (24) A statement, if applicable, in substantially the

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following form: "You are responsible for obtaining insurance policies or coverage for any loss of or damage to the system. Consult an insurance professional to understand how to protect against the risk of loss or damage to the system."

- (27) A statement in substantially the following form:
 "Placing a distributed energy generation system on your roof may impact your future insurance premiums. You are responsible for contacting your insurance carrier, prior to entering into a purchase or lease agreement, to confirm whether your current policy or coverage will need to be modified upon installing the distributed energy generation system onto your dwelling."
- (28) (25) A disclosure notifying the buyer or lessee whether the seller or lessor will place a lien on the buyer's or lessee's home or other property as a result of entering into a purchase or lease agreement for the distributed energy generation system.
- (29) (26) A disclosure notifying the buyer or lessee whether the seller or lessor will file a fixture filing or a State of Florida Uniform Commercial Code Financing Statement Form (UCC-1) on the distributed energy generation system.
- (30) (27) A disclosure identifying whether the agreement contains any restrictions on the buyer's or lessee's ability to modify or transfer ownership of a distributed energy generation system, including whether any modification or transfer is subject to review or approval by a third party.

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(31) (28) A disclosure as to whether the lease agreement may be transferred to a purchaser upon sale of the home or real property to which the system is affixed, and any conditions for such transfer.

(32) (29) A blank section that allows the seller to provide additional relevant disclosures or explain disclosures made elsewhere in the disclosure form.

The requirement to provide a written statement under this section may be satisfied by the electronic delivery of a document within 24 hours of execution of the written statement containing the required statement if the intended recipient of the electronic document affirmatively acknowledges its receipt. An electronic document satisfies the font and other formatting standards required for the written statement if the format and the relative size of characters of the electronic document are reasonably similar to those required in the written document or if the information is otherwise displayed in a reasonably conspicuous manner.

Section 5. Section 626.551, Florida Statutes, is amended to read:

626.551 Notice of change of address, name.—A licensee must notify the department, in writing, within $\underline{5}$ 30 days after a change of name, residence address, principal business street address, mailing address, contact telephone numbers, including a

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business telephone number, or e-mail address. A licensee who has moved his or her principal place of residence and principal place of business from this state shall have his or her license and all appointments immediately terminated by the department. Failure to notify the department within the required time shall result in a fine not to exceed \$250 for the first offense and a fine of at least \$500 or suspension or revocation of the license pursuant to s. 626.611, s. 626.6115, s. 626.621, or s. 626.6215 for a subsequent offense. The department may adopt rules to administer and enforce this section.

Section 6. Section 626.602, Florida Statutes, is amended to read:

- 626.602 Insurance agency and adjusting firm names; disapproval.—The department may disapprove the use of any true or fictitious name, other than the bona fide natural name of an individual, by any insurance agency or adjusting firm on any of the following grounds:
- (1) The name interferes with or is too similar to a name already filed and in use by another agency, or adjusting firm, or insurer.
- (2) The use of the name may mislead the public in any respect.
- (3) The name states or implies that the agency <u>or</u> <u>adjusting firm</u> is an insurer, motor club, hospital service plan, state or federal agency, charitable organization, or entity that

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primarily provides advice and counsel rather than sells or solicits insurance, settles claims, or is entitled to engage in insurance activities not permitted under licenses held or applied for. This provision does not prohibit the use of the word "state" or "states" in the name of the agency. The use of the word "state" or "states" in the name of an agency or adjusting firm does not in and of itself imply that the agency or adjusting firm is a state agency.

(4) (4) (a) The name contains the word "Medicare" or "Medicaid."

(b) An insurance agency whose name contains the word "Medicare" or "Medicaid" but which is licensed as of July 1, 2021, may continue to use that name until June 30, 2023, provided that the agency's license remains valid. If the agency's license expires or is suspended or revoked, the agency may not be relicensed using that name. Licenses for agencies with names containing either of these words automatically expire on July 1, 2023, unless these words are removed from the name. This paragraph is repealed July 1, 2023.

Section 7. Section 626.854, Florida Statutes, is amended to read:

626.854 "Public adjuster" defined; prohibitions.—The Legislature finds that it is necessary for the protection of the public to regulate public insurance adjusters and to prevent the unauthorized practice of law.

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A "public adjuster" is any person, except a duly licensed attorney at law as exempted under s. 626.860, who, for money, commission, or any other thing of value, directly or indirectly prepares, completes, or files an insurance claim for an insured or third-party claimant, regardless of how that person describes or presents his or her services, or who, for money, commission, or any other thing of value, acts on behalf of, or aids an insured or third-party claimant in negotiating for or effecting the settlement of a claim or claims for loss or damage covered by an insurance contract, regardless of how that person describes or presents his or her services, or who advertises for employment as an adjuster of such claims. The term also includes any person who, for money, commission, or any other thing of value, directly or indirectly solicits, investigates, or adjusts such claims on behalf of a public adjuster, an insured, or a third-party claimant. The term does not include a person who photographs or inventories damaged personal property or business personal property or a person performing duties under another professional license, if such person does not otherwise solicit, adjust, investigate, or negotiate for or attempt to effect the settlement of a claim.

- (2) This definition does not apply to:
- (a) A licensed health care provider or employee thereof who prepares or files a health insurance claim form on behalf of a patient.

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(b) A licensed health insurance agent who assists an insured with coverage questions, medical procedure coding issues, balance billing issues, understanding the claims filing process, or filing a claim, as such assistance relates to coverage under a health insurance policy.

- (c) A person who files a health claim on behalf of another and does so without compensation.
- (3) A public adjuster may not give legal advice or act on behalf of or aid any person in negotiating or settling a claim relating to bodily injury, death, or noneconomic damages.
- (4) For purposes of this section, the term "insured" includes only the policyholder and any beneficiaries named or similarly identified in the policy.
- (5) A public adjuster may not directly or indirectly through any other person or entity solicit an insured or claimant by any means except on Monday through Saturday of each week and only between the hours of 8 a.m. and 8 p.m. on those days.
- (6) (a) When entering a contract for adjuster services after July 1, 2023, a public adjuster is prohibited from contracting with anyone other than the named insured unless the named insured provides written consent, subsequent to entering a contract for public adjusting services.
- (b) In the event a public adjuster contracts with a third party in settling the named insured's claim, without first

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obtaining the insured's written consent, payment of the third party's fees shall be made from the public adjuster's fee. (7)(6) An insured or claimant may cancel a public adjuster's contract to adjust a claim without penalty or obligation within 10 days after the date on which the contract is executed. If the contract was entered into based on events that are the subject of a declaration of a state of emergency by the Governor, an insured or claimant may cancel the public adjuster's contract to adjust a claim without penalty or obligation within 30 days after the date on which the contract is executed. The public adjuster's contract must contain the following language in minimum 18-point bold type immediately before the space reserved in the contract for the signature of the insured or claimant: "You, the insured, may cancel this contract for any reason without penalty or obligation to you within 10 days after the date of this contract. If this contract was entered into based on events that are the subject of a declaration of a state of emergency by the Governor, you may cancel this contract for any reason without penalty or obligation to you within 30 days after the date of this contract. You may also cancel the contract without penalty or obligation to you if I, as your public adjuster, fail to provide you and your insurer a copy of a written estimate within 45 days of the execution of the contract in accordance with s. 626.854(15)(b), Florida Statutes." The by providing notice of

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cancellation shall be provided to ... (name of public adjuster)..., submitted in writing and sent by certified mail, return receipt requested, or other form of mailing that provides proof thereof, at the address specified in the contract.

- (8)(7) It is an unfair and deceptive insurance trade practice pursuant to s. 626.9541 for a public adjuster or any other person to circulate or disseminate any advertisement, announcement, or statement containing any assertion, representation, or statement with respect to the business of insurance which is untrue, deceptive, or misleading.
- (a) The following statements, made in any public adjuster's advertisement or solicitation, are considered deceptive or misleading:
- 1. A statement or representation that invites an insured policyholder to submit a claim when the policyholder does not have covered damage to insured property.
- 2. A statement or representation that invites an insured policyholder to submit a claim by offering monetary or other valuable inducement.
- 3. A statement or representation that invites an insured policyholder to submit a claim by stating that there is "no risk" to the policyholder by submitting such claim.
- 4. A statement or representation, or use of a logo or shield, that implies or could mistakenly be construed to imply that the solicitation was issued or distributed by a

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governmental agency or is sanctioned or endorsed by a governmental agency.

(b) For purposes of this paragraph, the term "written advertisement" includes only newspapers, magazines, flyers, and bulk mailers. The following disclaimer, which is not required to be printed on standard size business cards, must be added in bold print and capital letters in typeface no smaller than the typeface of the body of the text to all written advertisements by a public adjuster:

"THIS IS A SOLICITATION FOR BUSINESS. IF YOU HAVE HAD A CLAIM FOR AN INSURED PROPERTY LOSS OR DAMAGE AND YOU ARE SATISFIED WITH THE PAYMENT BY YOUR INSURER, YOU MAY DISREGARD THIS ADVERTISEMENT."

- (9)(8) A public adjuster, a public adjuster apprentice, or any person or entity acting on behalf of a public adjuster or public adjuster apprentice may not give or offer to give a monetary loan or advance to a client or prospective client.
- (10) (9) A public adjuster, public adjuster apprentice, or any individual or entity acting on behalf of a public adjuster or public adjuster apprentice may not give or offer to give, directly or indirectly, any article of merchandise having a value in excess of \$25 to any individual for the purpose of advertising or as an inducement to entering into a contract with a public adjuster.
 - (11) If the insurer, not later than 14 days after the date

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on which the loss is reported to the insurer, either pays or commits in writing to pay to the insured the policy limit of the insurance policy, the public adjuster shall:

- (a) Inform the insured that, due to the insurer's payment or commitment to pay the policy limit, the loss recovery amount might not be increased by the insurer.
- (b) Not receive a commission consisting of a percentage of the total amount paid by an insurer to resolve the claim.
- (c) Be entitled only to reasonable compensation from the insured for the time spent and expenses incurred on the claim by the public adjuster, until the claim is paid or the insured receives a written commitment to pay from the insurer.
- insured or claimant after the insured or claimant unsuccessfully negotiates an insurance claim payment and the public adjuster is successful in obtaining a higher insurance claim payment, the public adjuster shall receive a commission consisting of 10 percent of the difference between the initial insurance claim payment offer made to the insured and the final insurance claim payment obtained through the work of the public adjuster after entering into the contract with the insured or claimant.
- (13) (10) (a) If a public adjuster enters into a contract with an insured or claimant to reopen a claim or file a supplemental claim that seeks additional payments for a claim that has been previously paid in part or in full or settled by

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the insurer, the public adjuster may not charge, agree to, or accept from any source compensation, payment, commission, fee, or any other thing of value based on a previous settlement or previous claim payments by the insurer for the same cause of loss. The charge, compensation, payment, commission, fee, or any other thing of value must be based only on the claim payments or settlements paid to the insured, exclusive of attorney fees and costs, obtained through the work of the public adjuster after entering into the contract with the insured or claimant. Compensation for the reopened or supplemental claim may not exceed 20 percent of the reopened or supplemental claim payment. In no event shall the contracts described in this paragraph exceed the limitations in paragraph (b).

- (b) A public adjuster may not charge, agree to, or accept from any source compensation, payment, commission, fee, or any other thing of value in excess of:
- 1. Ten percent of the amount of insurance claim payments or settlements, exclusive of attorney fees and costs, paid to the insured by the insurer for claims based on events that are the subject of a declaration of a state of emergency by the Governor. This provision applies to claims made during the year after the declaration of emergency. After that year, the limitations in subparagraph 2. apply.
- 2. Twenty percent of the amount of insurance claim payments or settlements, exclusive of attorney fees and costs,

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paid to the insured by the insurer for claims that are not based on events that are the subject of a declaration of a state of emergency by the Governor.

- (c) Insurance claim payments made by the insurer do not include policy deductibles, and public adjuster compensation may not be based on the deductible portion of a claim.
- (d) Public adjuster compensation may not be based on amounts attributable to additional living expenses, unless such compensation is affirmatively agreed to in a separate agreement that includes a disclosure in substantially the following form:

 "I agree to retain and compensate the public adjuster for adjusting my additional living expenses and securing payment from my insurer for amounts attributable to additional living expenses payable under the policy issued on my (home/mobile home/condominium unit)."
- (e) Public adjuster rate of compensation may not be increased based solely on the fact that the claim is litigated.
- (f) Any maneuver, shift, or device through which the limits on compensation set forth in this subsection are exceeded is a violation of this chapter punishable as provided under s. 626.8698.
- (14)(a)(11) Each public adjuster must provide to the claimant or insured a written estimate of the loss to assist in the submission of a proof of loss or any other claim for payment of insurance proceeds within 60 days after the date of the

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contract. The written estimate must include an itemized, perunit estimate of the repairs, including itemized information on equipment, materials, labor, and supplies, in accordance with accepted industry standards. The public adjuster shall retain such written estimate for at least 5 years and shall make the estimate available to the claimant or insured, the insurer, and the department upon request.

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- (b) An insured may cancel the contract with no additional penalties or fees charged by the public adjuster if such an estimate is not provided within 45 days, subject to the cancellation notice requirement in this section.
- (15) (12) A public adjuster, public adjuster apprentice, or any person acting on behalf of a public adjuster or apprentice may not accept referrals of business from any person with whom the public adjuster conducts business if there is any form or manner of agreement to compensate the person, directly or indirectly, for referring business to the public adjuster. A public adjuster may not compensate any person, except for another public adjuster, directly or indirectly, for the principal purpose of referring business to the public adjuster.
- (16)(13) A company employee adjuster, independent adjuster, attorney, investigator, or other persons acting on behalf of an insurer that needs access to an insured or claimant or to the insured property that is the subject of a claim must provide at least 48 hours' notice to the insured or claimant,

public adjuster, or legal representative before scheduling a meeting with the claimant or an onsite inspection of the insured property. The insured or claimant may deny access to the property if the notice has not been provided. The insured or claimant may waive the 48-hour notice.

- (17) (14) The public adjuster must ensure that prompt notice is given of the claim to the insurer, the public adjuster's contract is provided to the insurer, the property is available for inspection of the loss or damage by the insurer, and the insurer is given an opportunity to interview the insured directly about the loss and claim. The insurer must be allowed to obtain necessary information to investigate and respond to the claim.
- its in-person meetings with the insured. The insurer shall meet or communicate with the public adjuster in an effort to reach agreement as to the scope of the covered loss under the insurance policy. The public adjuster shall meet or communicate with the insurer in an effort to reach agreement as to the scope of the covered loss under the scope of the covered loss under the insurance policy. This section does not impair the terms and conditions of the insurance policy in effect at the time the claim is filed.
- (b) A public adjuster may not restrict or prevent an insurer, company employee adjuster, independent adjuster, attorney, investigator, or other person acting on behalf of the

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insurer from having reasonable access at reasonable times to any insured or claimant or to the insured property that is the subject of a claim.

- (c) A public adjuster may not act or fail to reasonably act in any manner that obstructs or prevents an insurer or insurer's adjuster from timely conducting an inspection of any part of the insured property for which there is a claim for loss or damage. The public adjuster representing the insureds may be present for the insurer's inspection, but if the unavailability of the public adjuster otherwise delays the insurer's timely inspection of the property, the public adjuster or the insureds must allow the insurer to have access to the property without the participation or presence of the public adjuster or insureds in order to facilitate the insurer's prompt inspection of the loss or damage.
- (18) (15) A licensed contractor under part I of chapter 489, or a subcontractor of such licensee, may not advertise, solicit, offer to handle, handle, or perform public adjuster services as provided in subsection (1) unless licensed and compliant as a public adjuster under this chapter. The prohibition against solicitation does not preclude a contractor from suggesting or otherwise recommending to a consumer that the consumer consider contacting his or her insurer to determine if the proposed repair is covered under the consumer's insurance policy, except as it relates to solicitation prohibited in s.

489.147. In addition, the contractor may discuss or explain a bid for construction or repair of covered property with the residential property owner who has suffered loss or damage covered by a property insurance policy, or the insurer of such property, if the contractor is doing so for the usual and customary fees applicable to the work to be performed as stated in the contract between the contractor and the insured.

(19) (16) A public adjuster shall not acquire any interest in salvaged property, except with the written consent and permission of the insured through a signed affidavit.

(20) (17) A public adjuster, a public adjuster apprentice, or a person acting on behalf of an adjuster or apprentice may not enter into a contract or accept a power of attorney that vests in the public adjuster, the public adjuster apprentice, or the person acting on behalf of the adjuster or apprentice the effective authority to choose the persons or entities that will perform repair work in a property insurance claim or provide goods or services that will require the insured or third-party claimant to expend funds in excess of those payable to the public adjuster under the terms of the contract for adjusting services.

(21) (18) Subsections (5) – (20) (5) – (17) apply only to residential property insurance policies and condominium unit owner policies as described in s. 718.111(11).

(22) (19) Except as otherwise provided in this chapter, no

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person, except an attorney at law or a licensed public adjuster, may for money, commission, or any other thing of value, directly or indirectly:

- (a) Prepare, complete, or file an insurance claim for an insured or a third-party claimant;
- (b) Act on behalf of or aid an insured or a third-party claimant in negotiating for or effecting the settlement of a claim for loss or damage covered by an insurance contract;
- (c) Offer to initiate or negotiate a claim on behalf of an insured;
- (d) Advertise services that require a license as a public adjuster; or
- (e) Solicit, investigate, or adjust a claim on behalf of a public adjuster, an insured, or a third-party claimant.
- (23) (20) The department may take administrative actions and impose fines against any persons performing claims adjusting, soliciting, or any other services described in this section without the licensure required under this section or s. 626.112.
- (24) (21) A public adjuster, public adjuster apprentice, or public adjusting firm that solicits a claim and does not enter into a contract with an insured or a third-party claimant pursuant to paragraph (13) (a) (10) (a) may not charge an insured or a third-party claimant or receive payment by any other source for any type of service related to the insured or third-party

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726 claimant's claim.

- (25) (22) (a) Any following act by a public adjuster, a public adjuster apprentice, or a person acting on behalf of a public adjuster or public adjuster apprentice is prohibited and shall result in discipline as applicable under this part:
- 1. Offering to a residential property owner a rebate, gift, gift card, cash, coupon, waiver of any insurance deductible, or any other thing of value in exchange for:
- a. Allowing a contractor, a public adjuster, a public adjuster apprentice, or a person acting on behalf of a public adjuster or public adjuster apprentice to conduct an inspection of the residential property owner's roof; or
- b. Making an insurance claim for damage to the residential property owner's roof.
- 2. Offering, delivering, receiving, or accepting any compensation, inducement, or reward for the referral of any services for which property insurance proceeds would be used for roofing repairs or replacement.
- (b) Notwithstanding the fine set forth in s. 626.8698, a public adjuster or public adjuster apprentice may be subject to a fine not to exceed \$10,000 per act for a violation of this subsection and a fine not to exceed \$20,000 per act for a violation of this subsection that occurs during a state of emergency declared by executive order or proclamation of the Governor pursuant to s. 252.36.

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(c) A person who engages in an act prohibited by this subsection and who is not a public adjuster or a public adjuster apprentice, or is not otherwise exempt from licensure, is guilty of the unlicensed practice of public adjusting and may be:

- 1. Subject to all applicable penalties set forth in this part.
- 2. Notwithstanding subparagraph 1., subject to a fine not to exceed \$10,000 per act for a violation of this subsection and a fine not to exceed \$20,000 per act for a violation of this subsection that occurs during a state of emergency declared by executive order or proclamation of the Governor pursuant to s. 252.36.

Section 8. Section 626.860, Florida Statutes, is amended to read:

626.860 Attorneys at law; exemption.—Attorneys at law duly licensed to practice law in the courts of this state, and in good standing with The Florida Bar, shall not be required to be licensed under the provisions of this code to authorize them to adjust or participate in the adjustment of any claim, loss, or damage arising under policies or contracts of insurance. This exemption does not extend to the employees, interns, volunteers, or contractors of an attorney or of a law firm.

Section 9. Section 626.865, Florida Statutes, is amended to read:

626.865 Public adjuster's qualifications; bond; errors

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and omissions insurance.-

- (1) The department shall issue a license to an applicant for a public adjuster's license upon determining that the applicant has paid the applicable fees specified in s. 624.501 and possesses the following qualifications:
 - (a) Is a natural person at least 18 years of age.
- (b) Is a United States citizen or legal alien who possesses work authorization from the United States Bureau of Citizenship and Immigration Services.
- (c) Is trustworthy and has such business reputation as would reasonably assure that the applicant will conduct his or her business as insurance adjuster fairly and in good faith and without detriment to the public.
- (d) Has not been found guilty of or has not pleaded guilty or nolo contendere to any crime involving theft or dishonesty, regardless of adjudication, within the last 10 years.
- (e)(d) Has had sufficient experience, training, or instruction concerning the adjusting of damages or losses under insurance contracts, other than life and annuity contracts, is sufficiently informed as to the terms and effects of the provisions of those types of insurance contracts, and possesses adequate knowledge of the laws of this state relating to such contracts as to enable and qualify him or her to engage in the business of insurance adjuster fairly and without injury to the public or any member thereof with whom the applicant may have

801 business as a public adjuster.

- (f)(e) Has been licensed and appointed in this state as a nonresident public adjuster on a continual basis for the previous 6 months, or has been licensed as an all-lines adjuster, and has been appointed on a continual basis for the previous 6 months as a public adjuster apprentice under s. 626.8561, as an independent adjuster under s. 626.855, or as a company employee adjuster under s. 626.856.
- (2) At the time of application for license as a public adjuster, the applicant shall file with the department a bond executed and issued by a surety insurer authorized to transact such business in this state, in the amount of \$50,000, conditioned for the faithful performance of his or her duties as a public adjuster under the license for which the applicant has applied, and thereafter maintain the bond unimpaired throughout the existence of the license.
- (a) The bond must be in favor of the department and must specifically authorize recovery by the department of the damages sustained in case the licensee is guilty of fraud or unfair practices in connection with his or her business as public adjuster.
- (b) The bond must remain in effect for 1 year after the expiration or termination of the license.
- (c) The aggregate liability of the surety for all such damages may not exceed the amount of the bond. The bond may not

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be terminated unless at least 30 days' written notice is given to the licensee and filed with the department.

- adjuster, the applicant must file with the department a current certificate of an errors and omissions policy executed by and issued by an admitted insurer authorized to issue errors and omissions policies in this state, which shall be in the minimum amount of \$500,000 per occurrence.
- (4)(3) The department may not issue a license as a public adjuster to any individual who has not passed the examination for a public adjuster's license. Any individual who is applying for reinstatement of a license after completion of a period of suspension and any individual who is applying for a new license after termination, cancellation, revocation, or expiration of a prior license as a public adjuster must pass the examination required for licensure as a public adjuster after approval of the application for reinstatement or for a new license regardless of whether the applicant passed an examination prior to issuance of the license that was suspended, terminated, canceled, revoked, or expired.

Section 10. Section 626.875, Florida Statutes, is amended to read:

- 626.875 Office and records.-
- (1) (a) Each appointed independent adjuster and licensed public adjuster must maintain a place of business in this state

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which is accessible to the public and keep therein the usual and customary records pertaining to transactions under the license. This provision does not prohibit maintenance of such an office in the home of the licensee.

- (b) A license issued under this chapter must at all times be posted in a conspicuous place in the principal place of business of the license holder. If the licensee is conducting business away from the place of business such that the license cannot be posted, the licensee shall have such license in his or her actual possession at the time of carrying on such business.
- claim or loss shall be so retained in the adjuster's place of business for a period of not less than 5 years after completion of the adjustment and shall be available for inspection by the department at all times. This provision shall not be deemed to prohibit return or delivery to the insurer or insured of documents furnished to or prepared by the adjuster and required by the insurer or insured to be returned or delivered thereto. At a minimum, the following records must be maintained for a period of not less than 5 years:
- (a) Name, address, telephone number, and e-mail address of the insured, and the name of the attorney representing the insured, if applicable.
 - (b) The date, location, and amount of the loss.
 - (c) An unaltered copy of the executed disclosure document

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876	required by s. 626.8796.
877	(d) An unaltered copy of the executed public adjuster
878	contract required by s. 626.8796.
879	(e) A copy of the estimate of damages provided to the
880	insurer.
881	(f) The name of the insurer; the name of the claims
882	representative of the insurer; and the amount, expiration date,
883	and number of each policy under which the loss is covered.
884	(g) An itemized statement of the recoveries by the insured
885	from the sources known to the adjuster.
886	(h) An itemized statement of all compensation received by
887	the public adjuster from any source, in connection with the
888	loss.
889	(i) A register of all money received, deposited,
890	disbursed, and withdrawn in connection with a transaction with
891	the insured, including fees, transfers, and disbursements in
892	connection with the loss.
893	Section 11. Section 626.8751, Florida Statutes, is created
894	to read:
895	626.8751 Payment of claim When a claim is settled while
896	the insured is represented by a public adjuster, the insurer
897	shall issue the payment in check form. A total of two checks
898	shall be issued. The first check shall be made payable to the
899	public adjuster as payee, but not in excess of the amount of the

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public adjuster's fee, as indicated in the executed public

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

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adjuster contract signed by the insured and submitted to the insurer. The second check must reflect the balance of the proceeds and be payable to the insured as the payee in the form of a separate check.

Section 12. Section 626.8796, Florida Statutes, is amended to read:

626.8796 Public adjuster contracts; <u>disclosure statement;</u> fraud statement.—

- writing in at least 12-point font, titled "Public Adjuster

 Contract" and prominently display the following statement on the contract in minimum 18-point bold type before the space reserved for in the contract for the signature of the insured: "Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive an insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes."
- (2) A public adjuster contract relating to a property and casualty claim must contain the full name, permanent business

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address, phone number, e-mail address, and license number of the public adjuster; the full name of the public adjusting firm; and the insured's full name, and street address, phone number, and e-mail address, together with a brief description of the loss. The contract must state the percentage of compensation for the public adjuster's services in minimum 18-point bold type before the space reserved for in the contract for the signature of the insured; the type of claim, including an emergency claim, nonemergency claim, or supplemental claim; the initials of the named insured on each page that does not contain the insured's signature; the signatures of the public adjuster and all named insureds; and the signature date. If all of the named insureds' signatures are not available, the public adjuster must submit an affidavit signed by the available named insureds attesting that they have authority to enter into the contract and settle all claim issues on behalf of the named insureds. An unaltered copy of the executed contract must be remitted to the insured at the time of execution and to the insurer within 3 30 days after execution. A public adjusting firm that adjusts claims primarily for commercial entities with operations in more than one state and that does not directly or indirectly perform adjusting services for insurers or individual homeowners is deemed to comply with the requirements of this subsection if, at the time a proof of loss is submitted, the public adjusting firm remits to the insurer an affidavit signed by the public adjuster or

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public adjuster apprentice that identifies:

- (a) The full name, permanent business address, <u>phone</u> <u>number</u>, <u>e-mail address</u>, and license number of the public adjuster or public adjuster apprentice.
 - (b) The full name of the public adjusting firm.
- (c) The insured's full name, and street address, phone number, and e-mail address together with a brief description of the loss.
- (d) An attestation that the compensation for public adjusting services will not exceed the limitations provided by law.
- (e) The type of claim, including an emergency claim, nonemergency claim, or supplemental claim.
- (3) The public adjuster shall not provide services until both the insured and insurer have been provided with unaltered copies of the executed contract.
- (4) The insured may rescind the contract for public adjuster services if the public adjuster has not submitted a written estimate to the insurer within 45 days of executing the contract.
- (5) Before the signing of the contract, the public adjuster shall provide the insured with a separate disclosure document to be signed by the insured, on a form adopted by the department, regarding the claim process that accomplishes the following:

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<u>(a)</u>	De	fine	es the	following	f types	of	adjuste	rs	who	may	be
involved	in	the	claim	process:	company	ad ad	juster,	in	ıdepe	ender	nt_
adjuster,	an	d pı	ublic a	adjuster.							

(b) Explains that the public adjuster is not a representative or employee of the insurer.

- (c) Explains that the insured is not required to hire a public adjuster, but has a right to do so.
- (d) Explains that an insured has a right to initiate direct communications with the insured's attorney, the insurer, the company adjuster, the insurer's attorney, or any person regarding the settlement of the insured's claim.
- (e) Explains that the public adjuster's salary, fee, commission, or other consideration to be paid to a public adjuster is the insured's responsibility.
- (f) Explains that the public adjuster is required to provide the insured an unaltered copy of the executed contract at the time of execution.
- (g) Explains that if the contract was entered based on events that are the subject of a declaration of a state of emergency by the Governor, the insured has a right to rescind the contract within 30 days.
- (h) The public adjuster shall provide an unaltered copy of the executed disclosure document to the insured at the time of execution.
 - (6) A contract that does not comply with this section is

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The department may adopt rules pursuant to ss.

1003	120.536(1) and 120.54 to implement this section, including rules
1004	to adopt forms required by this section.
1005	Section 13. Section 626.8797, Florida Statutes, is amended
1006	to read:
1007	626.8797 Proof of loss; fraud statement.—All proof-of-loss
1008	statements must prominently display the following statement \underline{in}
1009	minimum 18-point bold type before the space reserved in the
1010	contract for the signature of the insured: "Pursuant to s.
1011	817.234, Florida Statutes, any person who, with the intent to
1012	injure, defraud, or deceive any insurer or insured, prepares,
1013	presents, or causes to be presented a proof of loss or estimate

of cost or repair of damaged property in support of a claim

under an insurance policy knowing that the proof of loss or

estimate of claim or repairs contains any false, incomplete, or

misleading information concerning any fact or thing material to

the claim commits a felony of the third degree, punishable as

provided in s. 775.082, s. 775.083, or s. 775.084, Florida

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invalid and unenforceable.

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Section 14. Paragraph (a) of subsection (1) of section 626.9541, Florida Statutes, is 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

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1026 ACTS.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:

- (a) Misrepresentations and false advertising of insurance policies.—Knowingly making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, statement, sales presentation, omission, comparison, or property and casualty certificate of insurance altered after being issued, which:
- 1. Misrepresents the benefits, advantages, conditions, or terms of any insurance policy.
- 2. Misrepresents the dividends or share of the surplus to be received on any insurance policy.
- 3. Makes any false or misleading statements as to the dividends or share of surplus previously paid on any insurance policy.
- 4. Is misleading, or is a misrepresentation, as to the financial condition of any person or as to the legal reserve system upon which any life insurer operates.
- 5. Uses any name or title of any insurance policy or class of insurance policies misrepresenting the true nature thereof.
- 6. Is a misrepresentation for the purpose of inducing, or tending to induce, the lapse, forfeiture, exchange, conversion, or surrender of any insurance policy.
- 7. Is a misrepresentation for the purpose of effecting a pledge or assignment of, or effecting a loan against, any

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1051 insurance policy.

- 8. Misrepresents any insurance policy as being shares of stock or misrepresents ownership interest in the company.
- 9. Uses any advertisement that would mislead or otherwise cause a reasonable person to believe mistakenly that the state or the Federal Government is responsible for the insurance sales activities of any person or stands behind any person's credit or that any person, the state, or the Federal Government guarantees any returns on insurance products or is a source of payment of any insurance obligation of or sold by any person.
- 10. Fails to disclose a third party that receives royalties, referral fees, or other remuneration for sponsorship, marketing, or use of third-party branding for a health insurance contract as defined in s. 624.603.

Section 15. Paragraph (c) of subsection (2) of section 627.4025, Florida Statutes, is amended, and paragraph (d) is added to that subsection, to read:

- 627.4025 Residential coverage and hurricane coverage defined.—
 - (2) As used in policies providing residential coverage:
- (c) "Hurricane" for purposes of paragraphs (a) and (b) means a storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service. The duration of the hurricane includes the time period, in Florida:

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- 1. Beginning at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service; and
- 2. Continuing for the time period during which the hurricane conditions exist anywhere in Florida; and

- 2.3. Ending 24 72 hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.
- (d) "Hurricane deductible" means the deductible applicable to loss caused by a hurricane.
- Section 16. Paragraph (b) of subsection (1) and paragraph (b) of subsection (2) of section 627.4133, Florida Statutes, are amended to read:
- 627.4133 Notice of cancellation, nonrenewal, or renewal premium.—
 - (1) Except as provided in subsection (2):
- (b) An insurer issuing a policy providing coverage for property, casualty, except mortgage guaranty, surety, or marine insurance, other than motor vehicle insurance subject to s. 627.728 or s. 627.7281, shall give the first-named insured written notice of cancellation or termination other than nonrenewal at least 45 days prior to the effective date of the cancellation or termination, including in the written notice the reason or reasons for the cancellation or termination, except

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- When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason therefor shall be given. As used in this subparagraph and s. 440.42(3), the term "nonpayment of premium" means failure of the named insured to discharge when due any of her or his obligations in connection with the payment of premiums on a policy or any installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance coverage. "Nonpayment of premium" also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium, even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check represents the initial premium payment, the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full; and
 - 2. When such cancellation or termination occurs during the

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first 90 days during which the insurance is in force and the insurance is canceled or terminated for reasons other than nonpayment of premium, at least 20 days' written notice of cancellation or termination accompanied by the reason therefor shall be given except where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by the insurer.

- After the policy has been in effect for $\underline{60}$ $\underline{90}$ days, no such policy shall be canceled by the insurer except when there has been a material misstatement, a nonpayment of premium, a failure to comply with underwriting requirements established by the insurer within 90 days of the date of effectuation of coverage, or a substantial change in the risk covered by the policy or when the cancellation is for all insureds under such policies for a given class of insureds. This subsection does not apply to individually rated risks having a policy term of less than 90 days.
- (2) With respect to any personal lines or commercial residential property insurance policy, including, but not limited to, any homeowner, mobile home owner, farmowner, condominium association, condominium unit owner, apartment building, or other policy covering a residential structure or its contents:
 - (b) The insurer shall give the first-named insured written

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notice of nonrenewal, cancellation, or termination at least 120 days before the effective date of the nonrenewal, cancellation, or termination. The notice must include the reason for the nonrenewal, cancellation, or termination, except that:

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If cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason therefor must be given. As used in this subparagraph, the term "nonpayment of premium" means failure of the named insured to discharge when due her or his obligations for paying the premium on a policy or an installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under a premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance coverage. The term also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail. If the contract is void, any premium received by the insurer from a third party must be

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1176 refunded to that party in full.

- 2. If cancellation or termination occurs during the first 90 days the insurance is in force and the insurance is canceled or terminated for reasons other than nonpayment of premium, at least 20 days' written notice of cancellation or termination accompanied by the reason therefor must be given unless there has been a material misstatement or misrepresentation or a failure to comply with the underwriting requirements established by the insurer.
- 3. After the policy has been in effect for 60 90 days, the policy may not be canceled by the insurer unless there has been a material misstatement; a nonpayment of premium; a failure to comply, within 90 days after the date of effectuation of coverage, with underwriting requirements established by the insurer before the date of effectuation of coverage; or a substantial change in the risk covered by the policy or unless the cancellation is for all insureds under such policies for a given class of insureds. This subparagraph does not apply to individually rated risks that have a policy term of less than 90 days.
- 4. After a policy or contract has been in effect for more than 90 days, the insurer may not cancel or terminate the policy or contract based on credit information available in public records.
 - 5. A policy that is nonrenewed by Citizens Property

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Insurance Corporation, pursuant to s. 627.351(6), for a policy that has been assumed by an authorized insurer offering replacement coverage to the policyholder is exempt from the notice requirements of paragraph (a) and this paragraph. In such cases, the corporation must give the named insured written notice of nonrenewal at least 45 days before the effective date of the nonrenewal.

- 6. Notwithstanding any other provision of law, an insurer may cancel or nonrenew a property insurance policy after at least 45 days' notice if the office finds that the early cancellation of some or all of the insurer's policies is necessary to protect the best interests of the public or policyholders and the office approves the insurer's plan for early cancellation or nonrenewal of some or all of its policies. The office may base such finding upon the financial condition of the insurer, lack of adequate reinsurance coverage for hurricane risk, or other relevant factors. The office may condition its finding on the consent of the insurer to be placed under administrative supervision pursuant to s. 624.81 or to the appointment of a receiver under chapter 631.
- 7. A policy covering both a home and a motor vehicle may be nonrenewed for any reason applicable to the property or motor vehicle insurance after providing 90 days' notice.
- Section 17. Section 627.4554, Florida Statutes, is amended to read:

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1226 627.4554 Annuity investments.—

- agents to act in the best interest of the consumer when making a recommendation of an annuity and to require insurers to establish and maintain a system to supervise so set forth standards and procedures for making recommendations to consumers which result in transactions involving annuity products, and to establish a system for supervising such recommendations in order to ensure that the insurance needs and financial objectives of consumers are effectively appropriately addressed at the time of the transaction.
- (2) SCOPE.—This section applies to any <u>sale or</u> recommendation <u>of</u> <u>made to a consumer to purchase, exchange, or replace</u> an annuity <u>by an insurer or its agent, and which results in the purchase, exchange, or replacement recommended.</u>
 - (3) DEFINITIONS.—As used in this section, the term:
- (a) "Agent" means a person or entity required to be licensed under the laws of this state to sell, solicit, or negotiate insurance, including annuities. For purposes of this section, the term includes an insurer where no agent is involved has the same meaning as provided in s. 626.015.
- (b) "Annuity" means an insurance product under state law which is individually solicited, whether classified as an individual or group annuity.
 - (c) "Cash compensation" means any discount, concession,

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1251	fee, service fee, commission, sales charge, loan, override, or
1252	cash benefit received by an agent in connection with the
1253	recommendation or sale of an annuity from an insurer,
1254	intermediary, or directly from the consumer.
1255	(d) "Consumer profile information" means information that
1256	is reasonably appropriate to determine whether a recommendation
1257	addresses the consumer's financial situation, insurance needs
1258	and financial objectives, including, at a minimum, the
1259	following:
1260	1. Age.
1261	2. Annual income.
1262	3. Financial situation and needs, including debts and
1263	other obligations.
1264	4. Financial experience.
1265	5. Insurance needs.
1266	6. Financial objectives.
1267	7. Intended use of the annuity.
1268	8. Financial time horizon.
1269	9. Existing assets or financial products, including
1270	investment, annuity, and insurance holdings.
1271	10. Liquidity needs.
1272	11. Liquid net worth.
1273	12. Risk tolerance, including, but not limited to,
1274	willingness to accept nonguaranteed elements in the annuity.
1275	13. Financial resources used to fund the annuity.

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1276	14. Tax status.
1277	(e)(c) "FINRA" means the Financial Industry Regulatory
1278	Authority or a succeeding agency.
1279	$\underline{\text{(f)}}$ "Insurer" has the same meaning as provided in s.
1280	624.03.
1281	(g) "Intermediary" means an entity contracted directly
1282	with an insurer or with another entity contracted with an
1283	insurer to facilitate the sale of the insurer's annuities by
1284	agents.
1285	(h) "Material conflict of interest" means a financial
1286	interest of the agent in the sale of an annuity that a
1287	reasonable person would expect to influence the impartiality of
1288	a recommendation. The term does not include cash compensation or
1289	noncash compensation.
1290	(i) "Noncash compensation" means any form of compensation
1291	that is not cash compensation, including, but not limited to,
1292	health insurance, office rent, office support, and retirement
1293	benefits.
1294	(j) "Nonguaranteed elements" means the premiums, credited
1295	interest rates, including any bonus; benefits; values;
1296	dividends; noninterest based credits; charges; or elements of
1297	formulas used to determine any of these, that are subject to
1298	company discretion and are not guaranteed at issue. An element
1299	is considered nonguaranteed if any of the underlying
1300	nonguaranteed elements are used in its calculation.

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(k) (e) "Recommendation" means advice provided by an insurer or its agent to an individual a consumer that was intended to result or does result which would result in a the purchase, an exchange, or a replacement of an annuity in accordance with that advice. The term does not include general communication to the public, generalized customer services, assistance or administrative support, general educational information and tools, prospectuses, or other product and sales material.

(1)(f) "Replacement" means a transaction in which a new annuity policy or contract is to be purchased and it is known or should be known to the proposing insurer or its agent, or to the proposing insurer whether or not an agent is involved, that by reason of such transaction an existing annuity or other insurance policy has been or is to be any of the following or contract will be:

- 1. Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer, or otherwise terminated;
- 2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value due to the use of nonforfeiture benefits or other policy values;
- 3. Amended so as to effect a reduction in benefits or the term for which coverage would otherwise remain in force or for which benefits would be paid;

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1326	4. Reissued with a reduction in cash value; or
1327	5. Used in a financed purchase.
1328	(m) "SEC" means the United States Securities and Exchange
1329	Commission.
1330	(g) "Suitability information" means information related to
1331	the consumer which is reasonably appropriate to determine the
1332	suitability of a recommendation made to the consumer, including
1333	the following:
1334	1. Age;
1335	2. Annual income;
1336	3. Financial situation and needs, including the financial
1337	resources used for funding the annuity;
1338	4. Financial experience;
1339	5. Financial objectives;
1340	6. Intended use of the annuity;
1341	7. Financial time horizon;
1342	8. Existing assets, including investment and life
1343	insurance holdings;
1344	9. Liquidity needs;
1345	10. Liquid net worth;
1346	11. Risk tolerance; and
1347	12. Tax status.
1348	(4) EXEMPTIONSUnless otherwise specifically included,
1349	this section does not apply to transactions involving:
1350	(a) Direct-response solicitations where there is no

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recommendation based on information collected from the consumer pursuant to this section;

(b) Contracts used to fund:

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- 1. An employee pension or welfare benefit plan that is covered by the federal Employee Retirement and Income Security Act;
- 2. A plan described by s. 401(a), s. 401(k), s. 403(b), s. 408(k), or s. 408(p) of the Internal Revenue Code, if established or maintained by an employer;
 - 3. A government or church plan defined in s. 414 of the Internal Revenue Code, a government or church welfare benefit plan, or a deferred compensation plan of a state or local government or tax-exempt organization under s. 457 of the Internal Revenue Code; or
 - 4. A nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor;
 - $\underline{\text{(c)}_{5-}}$ Settlements or assumptions of liabilities associated with personal injury litigation or a dispute or claim-resolution process; or
 - (d) 6. Formal prepaid funeral contracts.
 - (5) DUTIES OF INSURERS AND AGENTS. -
 - (a) An agent, when making a recommendation of an annuity, shall act in the best interest of the consumer under the circumstances known at the time the recommendation is made, without placing the financial interest of the agent or insurer

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1376	ahead of the consumer's interest. An agent has acted in the best
1377	interest of the consumer if the agent has satisfied the
1378	following obligations regarding care, disclosure, conflict of
1379	interest, and documentation:
1380	1. a. The agent, in making a recommendation, shall
1381	exercise reasonable diligence, care, and skill to:
1382	(I) Know the financial situation, insurance needs, and
1383	financial objectives of the customer.
1384	(II) Understand the available options after making a
1385	reasonable inquiry into options available to the agent.
1386	(III) Have a reasonable basis to believe the recommended
1387	option effectively addresses the consumer's financial situation,
1388	insurance needs, and financial objectives over the life of the
1389	product, as evaluated in light of the consumer profile
1390	information.
1391	(IV) Communicate the reason or reasons for the
1392	recommendation.
1393	b. The requirements of subparagraph a. include:
1394	(I) Making reasonable efforts to obtain consumer profile
1395	information from the consumer before the recommendation of an
1396	annuity.
1397	(II) Requiring an agent to consider the types of products
1398	the agent is authorized and licensed to recommend or sell that
1399	address the consumer's financial situation, insurance needs and
1400	financial objectives. This does not require analysis or

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consideration of any products outside the authority and license of the agent or other possible alternative products or strategies available in the market at the time of the recommendation. Agents shall be held to standards applicable to agents with similar authority and licensure.

- (III) Having a reasonable basis to believe the consumer would benefit from certain features of the annuity, such as annuitization, death or living benefit or other insurance-related features.
- c. The requirements of this subsection do not create a fiduciary obligation or relationship and only create a regulatory obligation as provided in this section.
- d. The consumer profile information, characteristics of the insurer and product costs, rates, benefits and features are those factors generally relevant in making a determination whether an annuity effectively addresses the consumer's financial situation, insurance needs, and financial objectives but the level of importance of each factor under the care obligation of this paragraph may vary depending on the facts and circumstances of a particular case. However, each factor may not be considered in isolation.
- e. The requirements under subparagraph a. apply to the particular annuity as a whole and the underlying subaccounts to which funds are allocated at the time of purchase or exchange of an annuity, and riders and similar product enhancements, if any.

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f. Subparagraph a. does not require that the annuity with
the lowest one-time occurrence compensation structure or
multiple occurrence compensation structure shall necessarily be
recommended.
g. Subparagraph a. does require the agent to have ongoing
monitoring obligations under the care obligation, although such
an obligation may be separately owed under the terms of a
fiduciary, consulting, investment, advising, or financial
planning agreement between the consumer and the agent.

- h. In the case of an exchange or replacement of an annuity, the agent shall consider the whole transaction, which includes taking into consideration whether:
- (I) The consumer will incur a surrender charge; be subject to the commencement of a new surrender period; lose existing benefits, such as death, living or other contractual benefits; or be subject to increased fees, investment advisory fees, or charges for riders and similar product enhancements.
- (II) The replacing product would substantially benefit the consumer in comparison to the replaced product over the life of the product.
- (III) The consumer has had another annuity exchange or replacement and, in particular, an exchange or replacement within the preceding 60 months.
- i. This section does not require an agent to obtain any license other than an agent license with the appropriate line of

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1451	authority to sell, solicit, or negotiate insurance in this
1452	state, including, but not limited to, any securities license, in
1453	order to fulfill the duties and obligations contained in this
1454	section; provided the agent does not give advice or provide
1455	services that are otherwise subject to securities laws or engage
1456	in any other activity requiring other professional licenses.
1457	2. Disclosure obligation.
1458	a. Before the recommendation or sale of an annuity, the
1459	agent shall prominently disclose to the consumer on a form
1460	substantially similar to that posted on the office website as
1461	Appendix A:
1462	(I) A description of the scope and terms of the
1463	relationship with the consumer and the role of the agent in the
1464	transaction.
1465	(II) An affirmative statement on whether the agent is
1466	licensed and authorized to sell the following products:
1467	(A) Fixed annuities.
1468	(B) Fixed indexed annuities.
1469	(C) Variable annuities.
1470	(D) Life insurance.
1471	(E) Mutual funds.
1472	(F) Stocks and bonds.
1473	(G) Certificates of deposit.
1474	(III) An affirmative statement describing the insurers for
1475	which the agent is authorized, contracted or appointed, or

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1476	otherwise able to sell insurance products, using the following
1477	descriptions:
1478	(A) From one insurer;
1479	(B) From two or more insurers; or
1480	(C) From two or more insurers, although primarily
1481	contracted with one insurer.
1482	(IV) A description of the sources and types of cash
1483	compensation and noncash compensation to be received by the
1484	agent, including whether the agent is to be compensated for the
1485	sale of a recommended annuity by commission as part of premium
1486	or other remuneration received from the insurer, intermediary or
1487	other agent, or by fee as a result of a contract for advice or
1488	consulting services; and
1489	(V) A notice of the consumer's right to request additional
1490	information regarding cash compensation described in
1491	subparagraph b.
1492	b. Upon request of the consumer or the consumer's
1493	designated representative, the agent shall disclose:
1494	(I) A reasonable estimate of the amount of cash
1495	compensation to be received by the agent, which may be stated as
1496	a range of amounts or percentages.
1497	(II) Whether the cash compensation is a one-time or
1498	multiple occurrence amount, and if a multiple occurrence amount,
1499	the frequency and amount of the occurrence, which may be stated

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as a range of amounts or percentages; and When recommending the

purchase or exchange of an annuity to a consumer which results in an insurance transaction or series of insurance transactions, the agent, or the insurer where no agent is involved, must have reasonable grounds for believing that the recommendation is suitable for the consumer, based on the consumer's suitability information, and that there is a reasonable basis to believe all of the following:

- c.1. Before or at the time of the recommendation or sale of an annuity, the agent shall have a reasonable basis to believe the consumer has been reasonably informed of various features of the annuity, such as the potential surrender period and surrender charge; potential tax penalty if the consumer sells, exchanges, surrenders, or annuitizes the annuity; mortality and expense fees; any annual fees; investment advisory fees; potential charges for and features of riders or other options of the annuity; limitations on interest returns; potential changes in nonguaranteed elements of the annuity; insurance and investment components; and market risk.
- 2. The consumer would benefit from certain features of the annuity, such as tax-deferred growth, annuitization, or the death or living benefit.
- 3. An agent shall identify and avoid or reasonably manage and disclose material conflicts of interest, including material conflicts of interest related to an ownership interest.
 - 4. An agent shall at the time of the recommendation or

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1526	sale

- a. Make a written record of any recommendation and the basis for the recommendation, subject to this section.
 - b. Obtain a consumer signed statement on a form substantially similar to that posted on the office website as Appendix B, documenting:
 - (I) A customer's refusal to provide the consumer profile information, if any.
 - (II) A customer's understanding of the ramifications of not providing his or her consumer profile information or providing insufficient consumer profile information.
 - c. Obtain a consumer signed statement on a form
 substantially similar to that posted on the office website as
 Appendix C, acknowledging the annuity transaction is not
 recommended if a customer decides to enter into an annuity
 transaction that is not based on the agent's recommendation.
 - 5. Application of the best interest obligation. Any requirement applicable to an agent under this subsection shall apply to every agent who has exercised material control or influence in the making of a recommendation and has received direct compensation as a result of the recommendation or sale, regardless of whether the agent has had any direct contact with the consumer. Activities such as providing or delivering marketing or education materials, product wholesaling or other back office product support, and general supervision of an agent

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1551	do not, in and of themselves, constitute material control or
1552	influence.
1553	3. The particular annuity as a whole, the underlying
1554	subaccounts to which funds are allocated at the time of purchase
1555	or exchange of the annuity, and riders and similar product
1556	enhancements, if any, are suitable; and, in the case of an
1557	exchange or replacement, the transaction as a whole is suitable
1558	for the particular consumer based on his or her suitability
1559	information.
1560	4. In the case of an exchange or replacement of an
1561	annuity, the exchange or replacement is suitable after
1562	considering whether the consumer:
1563	a. Will incur a surrender charge; be subject to the
1564	commencement of a new surrender period; lose existing benefits,
1565	such as death, living, or other contractual benefits; or be
1566	subject to increased fees, investment advisory fees, or charges
1567	for riders and similar product enhancements;
1568	b. Would benefit from product enhancements and
1569	improvements; and
1570	c. Has had another annuity exchange or replacement,
1571	including an exchange or replacement within the preceding 36
1572	months.
1573	(b) Before executing a purchase, exchange, or replacement
1574	of an annuity resulting from a recommendation, an insurer or its
1575	agent must make reasonable efforts to obtain the consumer's

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suitability information. The information shall be collected on form DFS-H1-1980, which is hereby incorporated by reference, and completed and signed by the applicant and agent. Questions requesting this information must be presented in at least 12-point type and be sufficiently clear so as to be readily understandable by both the agent and the consumer. A true and correct executed copy of the form must be provided by the agent to the insurer, or to the person or entity that has contracted with the insurer to perform this function as authorized by this section, within 10 days after execution of the form, and shall be provided to the consumer no later than the date of delivery of the contract or contracts.

- (c) Except as provided under paragraph (d), an insurer may not issue an annuity recommended to a consumer unless there is a reasonable basis to believe the annuity is suitable based on the consumer's suitability information.
- (b) (d) 1. Except as provided under subparagraph 2, An insurer's issuance of an annuity must be reasonable based on all the circumstances actually known to the insurer at the time the annuity is issued. However, an insurer or its agent shall not have does not have an obligation to a consumer related to an annuity transaction under paragraph (a)1.(a) or paragraph (c) if:
 - a. 1. A recommendation has not been made;
 - b.2. A recommendation was made and is later found to have

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1601	been based on materially inaccurate information provided by the
1602	consumer;
1603	$\underline{\text{c.3.}}$ A consumer refuses to provide relevant suitability
1604	information and the annuity transaction is not recommended; or
1605	d.4. A consumer decides to enter into an annuity
1606	transaction that is not based on a recommendation of an insurer
1607	or its agent.
1608	2. An insurer's issuance of an annuity subject to
1609	subparagraph 1. shall be reasonable under all the circumstances
1610	actually known to the insurer at the time the annuity is issued.
1611	(c)1. Except as permitted under paragraph (b), an insurer
1612	may not issue an annuity recommended to a consumer unless there
1613	is a reasonable basis to believe the annuity would effectively
1614	address the particular consumer's financial situation, insurance
1615	needs, and financial objectives based on the consumer's consumer
1616	profile information.
1617	(e) At the time of sale, the agent or the agent's
1618	representative must:
1619	1. Make a record of any recommendation made to the
1620	consumer pursuant to paragraph (a);
1621	2. Obtain the consumer's signed statement documenting his
1622	or her refusal to provide suitability information, if
1623	applicable; and
1624	3. Obtain the consumer's signed statement acknowledging

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annuity transaction is not recommended if he or she

decides to enter into an annuity transaction that is not based on the insurer's or its agent's recommendation, if applicable.

- (f) Before executing a replacement or exchange of an annuity contract resulting from a recommendation, the agent must provide on form DFS-H1-1981, which is hereby incorporated by reference, information that compares the differences between the existing annuity contract and the annuity contract being recommended in order to determine the suitability of the recommendation and its benefit to the consumer. A true and correct executed copy of this form must be provided by the agent to the insurer, or to the person or entity that has contracted with the insurer to perform this function as authorized by this section, within 10 days after execution of the form, and must be provided to the consumer no later than the date of delivery of the contract or contracts.
- $\underline{2.(g)}$ An insurer shall establish <u>and maintain</u> a supervision system that is reasonably designed to achieve the insurer's and its agent's compliance with this section including, but not limited to, the following:
 - 1. Such system must include, but is not limited to:
- a. The insurer shall establish and maintain Maintaining reasonable procedures to inform its agents of the requirements of this section and incorporating those requirements into relevant agent training manuals. \div
 - b. The insurer shall establish and maintain Establishing

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standards for agent product training <u>and shall establish and</u>

maintain reasonable procedures to require its agents to comply

with the requirements of subsection (6). $\dot{\tau}$

- c. The insurer shall provide Providing product-specific training and training materials that explain all material features of its annuity products to its agents \cdot .
- d. The insurer shall establish and maintain Maintaining procedures for the review of each recommendation before issuance of an annuity which are designed to ensure that there is a reasonable basis to determine the recommended annuity would effectively address the particular consumer's financial situation, insurance needs, and financial objectives for determining that a recommendation is suitable. Such review procedures may use a screening system for identifying selected transactions for additional review and may be accomplished electronically or through other means, including, but not limited to, physical review. Such electronic or other system may be designed to require additional review only of those transactions identified for additional review using established selection criteria.÷
- e. The insurer shall establish and maintain Maintaining reasonable procedures to detect recommendations that are not in compliance with paragraphs (a), (b), (d), and (e). This may include, but is not limited to suitable, such as confirmation of consumer suitability information, systematic customer surveys,

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agent and consumer interviews, confirmation letters, agent
statements or attestations, and internal monitoring programs.
This sub-subparagraph does not prevent an insurer from using
sampling procedures or from confirming the consumer profile
suitability information after the issuance or delivery of the
annuity.; and

- f. The insurer shall establish and maintain reasonable procedures to assess, prior to, or upon issuance or delivery of, an annuity, whether an agent has provided to the consumer the information required to be provided under this subsection.
- g. The insurer shall establish and maintain reasonable procedures to identify and address suspicious consumer refusals to provide consumer profile information.
- h. The insurer shall establish and maintain reasonable procedures to identify and eliminate any sales contests, sales quotas, bonuses, and noncash compensation that are based on the sales of specific annuities within a limited period of time. The requirements of this subparagraph are not intended to prohibit the receipt of health insurance, office rents, office support, retirement benefits, or other employee benefits by employees as long as those benefits are not based upon the volume of sales of a specific annuity within a limited period of time.
- <u>i.f.</u> The insurer shall annually <u>provide</u> providing a <u>written</u> report to senior managers, including the senior manager who is responsible for audit functions, which details a review,

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along with appropriate testing, which is reasonably designed to determine the effectiveness of the supervision system, the exceptions found, and corrective action taken or recommended, if any.

3.2. An insurer is not required to include in its supervision system:

- \underline{a} . Agent recommendations to consumers of products other than the annuities offered by the insurer;
- b. Consideration of or comparison to options available to the agent or compensation relating to those options other than annuities or other products offered by the insurer.
- 4.3. An insurer may contract for performance of a function, including maintenance of procedures, required under subparagraph 1.
- a. An insurer's supervision system under this subsection shall include supervision of contractual performance under this subsection If an insurer contracts for the performance of a function, the insurer must include the supervision of contractual performance as part of those procedures listed in subparagraph 1. These include, but are not limited to:
- (I) Monitoring and, as appropriate, conducting audits to ensure that the contracted function is properly performed; and
- (II) Annually obtaining a certification from a senior manager who has responsibility for the contracted function that the manager has a reasonable basis to represent, and does not

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represent for representing that the function is being properly performed.

- b. An insurer is responsible for taking appropriate corrective action and may be subject to sanctions and penalties pursuant to subsection (8) (7) regardless of whether the insurer contracts for performance of a function and regardless of the insurer's compliance with sub-subparagraph a.
- <u>(d) (h) Neither</u> an agent <u>nor an insurer shall</u> may not dissuade, or attempt to dissuade, a consumer from:
- 1. Truthfully responding to an insurer's request for confirmation of consumer profile suitability information;
 - 2. Filing a complaint; or

3. Cooperating with the investigation of a complaint.

(e)1.(i) Recommendations and sales made in compliance with comparable standards shall FINRA requirements pertaining to the suitability and supervision of annuity transactions satisfy the requirements of this section. This applies to all recommendations and FINRA broker-dealer sales of variable annuities made by financial professionals in compliance with business rules, controls, and procedures that satisfy a comparable standard even if such standard would not otherwise apply to the product or recommendation at issue and fixed annuities if the suitability and supervision is similar to those applied to variable annuity sales. However, this paragraph does not limit the ability of the office or the department to

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investigate and enforce, including investigate, the provisions

this section.

- 2. Subparagraph 1. shall not limit the insurer's obligation to comply with subsection (5)(c)1., although the insurer may base its analysis on information received from either the financial professional or the entity supervising the financial professional.
 - 3. For this paragraph to apply, an insurer shall must:
- a.1. Monitor relevant conduct of the financial professional seeking to rely on subparagraph 1. or the entity responsible for supervising the financial professional, such as the financial professional's broker-dealer or an investment adviser registered under federal or state securities law, the FINRA member broker-dealer using information collected in the normal course of an insurer's business; and
- <u>b.2.</u> Provide to the <u>entity responsible for supervising the</u> financial professional seeking to rely on subparagraph 1., such as the financial professional's broker dealer or investment adviser registered under federal or state securities laws, <u>FINRA</u> member broker-dealer information and reports that are reasonably appropriate to assist <u>such entity</u> the <u>FINRA</u> member broker-dealer in maintaining its supervision system.
 - 4. For purposes of this paragraph, the term:
 - a. "Comparable standards" means:
 - (I) With respect to broker-dealers and registered

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representatives of broker-dealers, applicable SEC and FINRA
rules pertaining to best interest obligations and supervision of
annuity recommendations and sales including, but not limited to,
Regulation Best Interest, 17 C.F.R. s. 240.151-1, and any
amendments or successor regulations thereto;

(II) With respect to investment advisers registered under
federal or state securities laws or investment adviser
representatives, the fiduciary duties and all other requirements
imposed on such investment advisers or investment adviser
representatives by contract or under the Investment Advisers Act
of 1940 or applicable state securities laws, including, but not
limited to, Form ADV and interpretations; and

- (III) With respect to plan fiduciaries or fiduciaries, the duties, obligations, prohibitions and all other requirements attendant to such status under ERISA, or the IRC and any amendments or successor statutes thereto.
- b. "Financial professional" means an agent that is regulated and acting as:
- (I) A broker dealer registered under federal or state securities laws or a registered representative of a broker-dealer;
- (II) An investment adviser registered under federal or state securities laws or an investment adviser representative associated with the federal or state registered investment adviser; or

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(III) A plan fiduciary under Section 3(21) of the Employee Retirement Income Security Act of 1974 (ERISA) or fiduciary under Section 4975(e)(3) of the Internal Revenue Code (IRC) or any amendments or successor statutes thereto.

(6) AGENT TRAINING.—

- (a) An agent shall not solicit the sale of an annuity product unless the agent has adequate knowledge of the product to recommend the annuity and the agent is in compliance with the insurer's standards for product training. An agent may rely on insurer-provided product-specific training standards and materials to comply with this subsection.
- (b)1.a. An agent who engages in the sale of annuity products shall complete a one-time 4 hour training course. This requirement is not part of an agent's continuing education requirement in s. 626.2815; however, if a course provider submits and receives approval from the Department of Financial Services, then the course could also be eligible for continuing education credit pursuant to s. 626.2815.
- b. Agents who hold a life insurance line of authority on the effective date of this act and who desire to sell annuities shall complete the requirements of this subsection within 6 months after the effective date of this act. Individuals who obtain a life insurance line of authority after the effective date of this act may not engage in the sale of annuities until the annuity training course required under this subsection has

1826	been completed.
1827	2. The minimum length of the training required under this
1828	subsection is 4 hours.
1829	3. The training required under this subsection shall
1830	include information on the following topics:
1831	a. The types of annuities and various classifications of
1832	annuities.
1833	b. Identification of the parties to an annuity.
1834	c. How product-specific annuity contract features affect
1835	consumers.
1836	d. The application of income taxation of qualified and
1837	nonqualified annuities.
1838	e. The primary uses of annuities.
1839	f. Appropriate standard of conduct, sales practices,
1840	replacement, and disclosure requirements.
1841	4. Providers of courses intended to comply with this
1842	subsection shall cover all topics listed in the prescribed
1843	outline and shall not present any marketing information or
1844	provide training on sales techniques or provide specific
1845	information about a particular insurer's products. Additional
1846	topics may be offered in conjunction with and in addition to the
1847	required outline.
1848	5. A provider of an annuity training course intended to
1849	comply with this subsection shall register as a continuing
1850	education provider in this state and comply with the rules and

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guidelines applicable to agent continuing education courses as set forth in s. 626.2815.

- 6. An agent who has completed an annuity training course approved by the Office of Insurance Regulation prior to the effective date of this act shall, within 6 months after the effective date of this act, complete either:
- <u>a.</u> A new four credit training course approved by Office of Insurance Regulation after the effective date of this act; or
- b. An additional one-time one credit training course approved by Office of Insurance Regulation and provided by the Office of Insurance Regulation-approved education provider on appropriate sales practices, replacement and disclosure requirements under this section.
- 7. Annuity training courses may be conducted and completed by classroom or self-study methods in accordance with s. 626.2815.
- 8. Providers of annuity training shall comply with the reporting requirements and shall issue certificates of completion in accordance with s. 626.2815.
- 9. The satisfaction of the training requirements of another state that are substantially similar to the provisions of this subsection shall be deemed to satisfy the training requirements of this subsection in this state.
- 10. The satisfaction of the training requirements of any course or courses with components substantially similar to the

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provisions of this subsection shall be deemed to satisfy the training requirements of this subsection in this state.

- 11. An insurer shall verify that an agent has completed the annuity training course required under this subsection before allowing the agent to sell an annuity product for that insurer. An insurer may satisfy its responsibility under this subsection by obtaining certificates of completion of the training course or obtaining reports provided by commissioner-sponsored database systems or vendors or from a reasonably reliable commercial database vender that has a reporting arrangement with approved insurance education providers.
 - (7)(6) RECORDKEEPING.-

- (a) Insurers and agents must maintain or be able to make available to the office or department records of the information collected from the consumer and other information used in making the recommendations that were the basis for insurance transactions for 5 years after the insurance transaction is completed by the insurer. An insurer may maintain the documentation on behalf of its agent.
- (b) Records required to be maintained under this subsection may be maintained in paper, photographic, microprocess, magnetic, mechanical, or electronic media, or by any process that accurately reproduces the actual document.
 - (8) (7) COMPLIANCE MITIGATION; PENALTIES. -
 - (a) An insurer is responsible for compliance with this

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section. If a violation occurs because of the action or inaction of the insurer or its agent which results in harm to a consumer, the office may order the insurer to take reasonably appropriate corrective action for the consumer and may impose appropriate penalties and sanctions.

(b) The department may order:

- 1. An insurance agent to take reasonably appropriate corrective action for a consumer harmed by a violation of this section by the insurance agent, including monetary restitution of penalties or fees incurred by the consumer, and impose appropriate penalties and sanctions.
- 2. A managing general agency or insurance agency that employs or contracts with an insurance agent to sell or solicit the sale of annuities to consumers to take reasonably appropriate corrective action for a consumer harmed by a violation of this section by the insurance agent.
- (c) In addition to any other penalty authorized under chapter 626, the department shall order an insurance agent to pay restitution to a consumer who has been deprived of money by the agent's misappropriation, conversion, or unlawful withholding of moneys belonging to the consumer in the course of a transaction involving annuities. The amount of restitution required to be paid may not exceed the amount misappropriated, converted, or unlawfully withheld. This paragraph does not limit or restrict a person's right to seek other remedies as provided

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1926 by law.

- (d) Any applicable penalty under the Florida Insurance Code for a violation of this section shall be reduced or eliminated according to a schedule adopted by the office or the department, as appropriate, if corrective action for the consumer was taken promptly after a violation was discovered.
- (e) A violation of this section does not create or imply a private cause of action.
- (9)(8) PROHIBITED CHARGES.—An annuity contract issued to a senior consumer age 65 or older may not contain a surrender or deferred sales charge for a withdrawal of money from an annuity exceeding 10 percent of the amount withdrawn. The charge shall be reduced so that no surrender or deferred sales charge exists after the end of the 10th policy year or 10 years after the date of each premium payment if multiple premiums are paid, whichever is later. This subsection does not apply to annuities purchased by an accredited investor, as defined in Regulation D as adopted by the United States Securities and Exchange Commission, or to those annuities specified in paragraph (4)(b).
- $\underline{\text{(10)}}$ RULES.—The department and the commission may adopt rules to administer this section.
- Section 18. Paragraph (b) of subsection (8) of section 634.041, Florida Statutes, is amended to read:
- 634.041 Qualifications for license.—To qualify for and hold a license to issue service agreements in this state, a

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service agreement company must be in compliance with this part, with applicable rules of the commission, with related sections of the Florida Insurance Code, and with its charter powers and must comply with the following:

(8)

- (b) A service agreement company does not have to establish and maintain an unearned premium reserve if it secures and maintains contractual liability insurance in accordance with the following:
- 1. Coverage of 100 percent of the claim exposure is obtained from an insurer approved by the office, which holds a certificate of authority under s. 624.401 to do business within this state, or secured through a risk retention group, which is authorized to do business within this state under s. 627.943 or s. 627.944. Such insurer or risk retention group must maintain a surplus as regards policyholders of at least \$15 million.
- 2. If the service agreement company does not meet its contractual obligations, the contractual liability insurance policy binds its issuer to pay or cause to be paid to the service agreement holder all legitimate claims and cancellation refunds for all service agreements issued by the service agreement company while the policy was in effect. This requirement also applies to those service agreements for which no premium has been remitted to the insurer.
 - 3. If the issuer of the contractual liability policy is

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fulfilling the service agreements covered by the contractual liability policy and the service agreement holder cancels the service agreement, the issuer must make a full refund of unearned premium to the consumer, subject to the cancellation fee provisions of s. 634.121(3). The sales representative and agent must refund to the contractual liability policy issuer their unearned pro rata commission.

- 4. The policy may not be canceled, terminated, or nonrenewed by the insurer or the service agreement company unless a 90-day written notice thereof has been given to the office by the insurer before the date of the cancellation, termination, or nonrenewal.
- 5. The service agreement company must provide the office with the claims statistics.
- 6. A policy issued in compliance with this subparagraph may either pay 100 percent of claims as they are incurred, or 100 percent of claims due in the event of the failure of the service agreement company to pay such claims when due.

All funds or premiums remitted to an insurer by a motor vehicle service agreement company under this part shall remain in the care, custody, and control of the insurer and shall be counted as an asset of the insurer; provided, however, this requirement does not apply when the insurer and the motor vehicle service agreement company are affiliated companies and members of an

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insurance holding company system. If the motor vehicle service agreement company chooses to comply with this paragraph but also maintains a reserve to pay claims, such reserve shall only be considered an asset of the covered motor vehicle service agreement company and may not be simultaneously counted as an asset of any other entity.

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Section 19. <u>The Division of Law Revision is directed to</u>
replace the phrase "the effective date of this act" wherever it
occurs in this act with the date this act becomes a law.

Section 20. This act shall take effect upon becoming a law.

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