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Proposed Committee Substitute by the Committee on Banking and Insurance

A bill to be entitled

An act relating to property insurance; amending s. 215.555, F.S.; redefining the term "losses"; revising certain reimbursement contract criteria; revising certain reimbursement premium requirements; revising certain revenue bond emergency assessment requirements; creating the Home Retrofit Hardening Program; providing eligibility criteria and guidelines for awarding funds under the program; providing limits on grant amounts and on administrative expenses; creating s. 215.5586, F.S.; providing a purpose; requiring the Department of Community Affairs to establish a wind certification and hurricane mitigation inspection program; specifying inspection requirements; providing qualification requirements for inspection providers; requiring the department to adopt rules; amending s. 193.155, F.S.; providing that certain changes made to homestead property for hurricane damage mitigation do not increase the assessed value of the property; creating s. 252.63, F.S.; providing purpose and intent; providing powers of the Commissioner of Insurance Regulation during a state of emergency; authorizing the commissioner to issue certain orders in a state of emergency; providing for effect and duration of such orders; providing for legislative termination

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publish such orders and an explanatory statement; prescribing additional duties of the commissioner with respect to mitigation of consequences of emergencies; amending s. 626.918, F.S.; authorizing certain letters of credit to fund an insurer's required policyholder protection trust fund; defining the term "qualified United States financial institution; amending s. 627.062, F.S.; revising factors to be used in reviewing rate filings; providing that, in considering a rate filing, the burden is on the Office of Insurance Regulation to establish that costs of reinsurance are excessive; providing that certain rates are not subject to disapproval as being excessive; amending s. 627.351, F.S.; providing that certain responsibilities of the Office of Insurance Regulation with respect to the plan of operation of Citizens Property Insurance Corporation be assumed by the Financial Services Commission; defining the terms "homestead property" and "nonhomestead property" for use with respect to Citizens Property Insurance Corporation; limiting eligibility for personal lines coverage by the corporation; directing the corporation board to reduce or, with approval by necessary parties, restructure existing debt; requiring a report with respect thereto; providing for a reduction in aggregate amount of a regular assessment in certain circumstances; revising formula for

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calculating emergency assessment; requiring the executive director of the corporation to be confirmed by the Senate; deleting authority of the Chief Financial Officer to review corporate employees; prescribing a 10-day waiting period for applications for coverage for a new policy; authorizing exceptions; redesignating the market equalization surcharge as a Citizens policyholder surcharge and providing for its calculation; prescribing an additional surcharge on deficit assessments for certain nonhomestead property; providing for optional payment plans; providing for claims adjusting services for certain wind coverage in certain circumstances; requiring prospective senior management employees of the corporation to successfully pass a background check; requiring employees of the corporation to sign annually a statement that they have no conflict of interest; providing that senior managers and members of the board of governors are subject to the code of ethics and must file financial disclosure; prohibiting employees and members of the board of governors from accepting gifts or expenditures from a persons or entity, or employee thereof, which has or is under consideration for a contract with the corporation; providing penalties; providing a limitation on senior managers' representation of persons before the corporation after retirement or termination of employment and on

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employment with an insurer that has received a take-out bonus; prescribing guidelines for purchases of goods and services; providing quidelines on use of outside counsel; prohibiting the corporation from retaining a lobbyist; authorizing full-time employees to register and engage in lobbying; creating the Office of Internal Auditor and prescribing its duties; providing record-retention requirements; requiring establishment of a unit or division to investigate claims involving possible fraud against the corporation and another to receive and respond to consumer complaints; requiring a periodic comprehensive market conduct examination of the corporation; requiring periodic operational audits of the corporation by the Auditor General; prescribing elements to be included in such audits; providing a rate surcharge for certain nonhomestead property; deleting provisions relating to appointment of a rate methodology panel; prescribing requirements for paying takeout bonuses or payments to insurers; requiring records of takeout bonuses or other payments for certain purposes; postponing the dates by which the boundaries of high-risk areas must be reduced; providing applicability of specified provisions relating to assessments and surcharges; amending s. 627.3511, F.S.; extending the period for which an insurer that assumes Citizens Property Insurance

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Corporation's obligations under a policy must renew the replacement policy; revising circumstances under which replacement is not required; amending s. 627.3517, F.S.; providing that an insurance risk apportionment plan policyholder's right to retain his or her current agent does not apply during the first 10 days after a new application for coverage has been submitted to Citizens Property Insurance Corporation; amending s. 627.4035, F.S.; providing for a waiver of a written authorization requirement to pay claims by debit card or other electronic transfer; creating s. 627.6121, F.S.; prescribing circumstances under which an insurer must pay benefits to a primary policyholder of dual interest property; requiring mortgageholders and lienholders be given notice of such payment; amending s. 627.7011, F.S.; limiting certain law and ordinance coverage; creating s. 627.7019, F.S.; requiring the Financial Services Commission to adopt rules imposing standardized requirements applicable to insurers after certain natural events; providing criteria; providing requirements of the Office of Insurance Regulation; amending s. 627.707, F.S.; revising guidelines for inspection of and payment for sinkhole claims; authorizing direct payment to contractors performing sinkhole damage repairs; providing limits on applicability of provisions relating

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to inspection and repair and payment therefor; amending s. 627.7072, F.S.; deleting a standard applicable to sinkhole testing by professional geologists; amending s. 627.7073, F.S.; revising requirements for sinkhole reports; creating s. 627.7074, F.S.; prescribing an alternative method for resolving disputed sinkhole insurance claims; providing definitions; prescribing procedures for invoking the alternative method; providing that a recommendation by a neutral evaluator is not binding on any party; providing for payments of costs; providing for judicial review; amending s. 627.727, F.S.; conforming a cross-reference; amending s. 631.181, F.S.; providing an exception to certain requirements for a signed statement for certain claims; providing requirements; amending s. 631.54, F.S.; redefining the term "covered claim" and defining the term "homeowner's insurance"; amending s. 631.55, F.S.; conforming a cross-reference; amending s. 631.57, F.S.; revising requirements and limitations for obligations of the Florida Insurance Guaranty Association for covered claims; authorizing the association to contract with counties, municipalities, and legal entities to issue revenue bonds for certain purposes; authorizing the Office of Insurance Regulation to levy assessments and emergency assessments on insurers under certain circumstances for

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certain bond repayment purposes; providing requirements for and limitations on such assessments; providing for payment, collection, and distribution of such assessments; requiring insurers to include an analysis of revenues from such assessments in a required report; providing rate filing requirements for insurers relating to such assessments; providing for continuing annual assessments under certain circumstances; specifying emergency assessments as not premium and not subject to certain taxes, fees, or commissions; specifying insurer liability for emergency assessments; providing an exception; creating s. 631.695, F.S.; providing legislative findings and purposes; providing for issuance of revenue bonds through counties and municipalities to fund assistance programs for paying covered claims for hurricane damage; providing procedures, requirements, and limitations for counties, municipalities, and the Florida Insurance Guaranty Association, Inc., relating to issuance and validation of such bonds; prohibiting pledging the funds, credit, property, and taxing power of the state, counties, and municipalities for payment of bonds; specifying authorized uses of bond proceeds; limiting the term of bonds; specifying a state covenant to protect bondholders from adverse actions relating to such bonds; specifying exemptions for bonds,

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notes, and other obligations of counties and municipalities from certain taxes or assessments on property and revenues; authorizing counties and municipalities to create a legal entity to exercise certain powers; requiring the association to issue an annual report on the status of certain uses of bond proceeds; providing report requirements; requiring the association to provide a copy of the report to the Legislature and Chief Financial Officer; prohibiting repeal of certain provisions relating to certain bonds under certain circumstances; providing appropriations; providing effective dates.

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

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Section 1. Effective June 1, 2006, paragraph (d) of subsection (2), paragraphs (c) and (d) of subsection (4), paragraph (b) of subsection (5), and paragraph (b) of subsection (6) of section 215.555, Florida Statutes, are amended to read:

215.555 Florida Hurricane Catastrophe Fund.--

- (2) DEFINITIONS. -- As used in this section:
- (d) "Losses" means direct incurred losses under covered policies, which shall include losses for additional living expenses not to exceed 40 percent of the insured value of a residential structure or its contents and shall exclude loss adjustment expenses. "Losses" does not include losses for fair rental value, loss of rent or rental income use, or 31 business interruption losses.

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(4) REIMBURSEMENT CONTRACTS.--

(c)1. The contract shall also provide that the obligation of the board with respect to all contracts covering a particular contract year shall not exceed the actual claims-paying capacity of the fund up to a limit of \$15 billion for that contract year adjusted based upon the reported exposure from the prior contract year to reflect the percentage growth in exposure to the fund for covered policies since 2003, provided the dollar growth in the limit may not increase in any year by an amount greater than the dollar growth of the cash balance of the fund as of December 31 as defined by rule which occurred over the prior calendar year.

2. In May before the start of the upcoming contract year and in October during the contract year, the board shall publish in the Florida Administrative Weekly a statement of the fund's estimated borrowing capacity and the projected balance of the fund as of December 31. After the end of each calendar year, the board shall notify insurers of the estimated borrowing capacity and the balance of the fund as of December 31 to provide insurers with data necessary to assist them in determining their retention and projected payout from the fund for loss reimbursement purposes. In conjunction with the development of the premium formula, as provided for in subsection (5), the board shall publish factors or multiples that assist insurers in determining their retention and projected payout for the next contract year. For all regulatory and reinsurance purposes, an insurer may calculate its projected payout from the fund as its share of the total fund premium for the current contract year multiplied by the sum of the projected balance of the fund as of December 31 and 31 the estimated borrowing capacity for that contract year as

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reported under this subparagraph.

- (d)1. For purposes of determining potential liability and to aid in the sound administration of the fund, the contract shall require each insurer to report such insurer's losses from each covered event on an interim basis, as directed by the board. The contract shall require the insurer to report to the board no later than December 31 of each year, and quarterly thereafter, its reimbursable losses from covered events for the year. The contract shall require the board to determine and pay, as soon as practicable after receiving these reports of reimbursable losses, the initial amount of reimbursement due and adjustments to this amount based on later loss information. The adjustments to reimbursement amounts shall require the board to pay, or the insurer to return, amounts reflecting the most recent calculation of losses.
- 2. In determining reimbursements pursuant to this subsection, the contract shall provide that the board shall:
- a. First reimburse insurers writing covered policies, which insurers are in full compliance with this section and have petitioned the Office of Insurance Regulation and qualified as limited apportionment companies under s. 627.351(2)(b)3. The amount of such reimbursement shall be the lesser of \$10 million or an amount equal to 10 times the insurer's reimbursement premium for the current year. The amount of reimbursement paid under this sub-subparagraph may not exceed the full amount of reimbursement promised in the reimbursement contract. This sub-subparagraph does not apply with respect to any contract year in which the year-end projected cash balance of the fund, exclusive of any bonding 31 capacity of the fund, exceeds \$2 billion. Only one member of

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any insurer group may receive reimbursement under sub-subparagraph.

a.b. Next pay to each insurer such insurer's projected payout, which is the amount of reimbursement it is owed, up to an amount equal to the insurer's share of the actual premium paid for that contract year, multiplied by the actual claims-paying capacity available for that contract year; provided, entities created pursuant to s. 627.351 shall be further reimbursed in accordance with sub-subparagraph b. c.

b.c. Thereafter, establish the prorated reimbursement level at the highest level for which any remaining fund balance or bond proceeds are sufficient to reimburse entities created pursuant to s. 627.351 based on reimbursable losses exceeding the amounts payable pursuant to sub-subparagraph a. b. for the current contract year.

(5) REIMBURSEMENT PREMIUMS. --

(b) The State Board of Administration shall select an independent consultant to develop a formula for determining the actuarially indicated premium to be paid to the fund. The formula shall specify, for each zip code or other limited geographical area, the amount of premium to be paid by an insurer for each \$1,000 of insured value under covered policies in that zip code or other area. In establishing premiums, the board shall consider the coverage elected under paragraph (4)(b) and any factors that tend to enhance the actuarial sophistication of ratemaking for the fund, including deductibles, type of construction, type of coverage provided, relative concentration of risks, a factor providing for more rapid cash buildup in the fund until the fund capacity for a single hurricane season is fully funded, and other such 31 | factors deemed by the board to be appropriate. The formula may

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provide for a procedure to determine the premiums to be paid by new insurers that begin writing covered policies after the beginning of a contract year, taking into consideration when the insurer starts writing covered policies, the potential exposure of the insurer, the potential exposure of the fund, the administrative costs to the insurer and to the fund, and any other factors deemed appropriate by the board. The formula shall include a factor of 25 percent of the fund's actuarially indicated premium in order to provide for more rapid cash buildup in the fund. The formula must be approved by unanimous vote of the board. The board may, at any time, revise the formula pursuant to the procedure provided in this paragraph.

- (6) REVENUE BONDS.--
- (b) Emergency assessments.--
- 1. If the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy, by order, an emergency assessment on direct premiums for all property and casualty lines of business in this state, including property and casualty business of surplus lines insurers regulated under part VIII of chapter 626, but not including any workers' compensation premiums or medical malpractice premiums. As used in this subsection, the term "property and casualty business" includes all lines of business identified on Form 2, Exhibit of Premiums and Losses, in the annual statement required of authorized insurers by s. 624.424 and any rule adopted under 31 this section, except for those lines identified as accident

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and health insurance and except for policies written under the National Flood Insurance Program. The assessment shall be specified as a percentage of future premium collections and is subject to annual adjustments by the board to reflect changes in premiums subject to assessments collected under this subparagraph in order to meet debt obligations. The same percentage shall apply to all policies in lines of business subject to the assessment issued or renewed during the 12-month period beginning on the effective date of the assessment.

- 2. A premium is not subject to an annual assessment under this paragraph in excess of 6 percent of premium with respect to obligations arising out of losses attributable to any one contract year, and a premium is not subject to an aggregate annual assessment under this paragraph in excess of 10 percent of premium. An annual assessment under this paragraph shall continue for as long as until the revenue bonds issued with respect to which the assessment was imposed are outstanding, including any bonds the proceeds of which were used to refund the revenue bonds, unless adequate provision has been made for the payment of the bonds under the documents authorizing issuance of the bonds.
- 3. With respect to each insurer collecting premiums that are subject to the assessment, the insurer shall collect the assessment at the same time as it collects the premium payment for each policy and shall remit the assessment collected to the fund or corporation as provided in the order issued by the Office of Insurance Regulation. The office shall verify the accurate and timely collection and remittance of emergency assessments and shall report the information to the 31 | board in a form and at a time specified by the board. Each

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insurer collecting assessments shall provide the information with respect to premiums and collections as may be required by the office to enable the office to monitor and verify compliance with this paragraph.

- 4. With respect to assessments of surplus lines premiums, each surplus lines agent shall collect the assessment at the same time as the agent collects the surplus lines tax required by s. 626.932, and the surplus lines agent shall remit the assessment to the Florida Surplus Lines Service Office created by s. 626.921 at the same time as the agent remits the surplus lines tax to the Florida Surplus Lines Service Office. The emergency assessment on each insured procuring coverage and filing under s. 626.938 shall be remitted by the insured to the Florida Surplus Lines Service Office at the time the insured pays the surplus lines tax to the Florida Surplus Lines Service Office. The Florida Surplus Lines Service Office shall remit the collected assessments to the fund or corporation as provided in the order levied by the Office of Insurance Regulation. The Florida Surplus Lines Service Office shall verify the proper application of such emergency assessments and shall assist the board in ensuring the accurate and timely collection and remittance of assessments as required by the board. The Florida Surplus Lines Service Office shall annually calculate the aggregate written premium on property and casualty business, other than workers' compensation and medical malpractice, procured through surplus lines agents and insureds procuring coverage and filing under s. 626.938 and shall report the information to the board in a form and at a time specified by the board.
- 5. Any assessment authority not used for a particular 31 contract year may be used for a subsequent contract year. If,

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for a subsequent contract year, the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy an emergency assessment up to an amount not exceeding the amount of unused assessment authority from a previous contract year or years, plus an additional 4 percent provided that the assessments in the aggregate do not exceed the limits specified in subparagraph 2.

- 6. The assessments otherwise payable to the corporation under this paragraph shall be paid to the fund unless and until the Office of Insurance Regulation and the Florida Surplus Lines Service Office have received from the corporation and the fund a notice, which shall be conclusive and upon which they may rely without further inquiry, that the corporation has issued bonds and the fund has no agreements in effect with local governments under paragraph (c). On or after the date of the notice and until the date the corporation has no bonds outstanding, the fund shall have no right, title, or interest in or to the assessments, except as provided in the fund's agreement with the corporation.
- 7. Emergency assessments are not premium and are not subject to the premium tax, to the surplus lines tax, to any fees, or to any commissions. An insurer is liable for all assessments that it collects and must treat the failure of an insured to pay an assessment as a failure to pay the premium. An insurer is not liable for uncollectible assessments.
- 8. When an insurer is required to return an unearned 31 premium, it shall also return any collected assessment

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attributable to the unearned premium. A credit adjustment to the collected assessment may be made by the insurer with regard to future remittances that are payable to the fund or corporation, but the insurer is not entitled to a refund.

- 9. When a surplus lines insured or an insured who has procured coverage and filed under s. 626.938 is entitled to the return of an unearned premium, the Florida Surplus Lines Service Office shall provide a credit or refund to the agent or such insured for the collected assessment attributable to the unearned premium prior to remitting the emergency assessment collected to the fund or corporation.
- 10. The exemption of medical malpractice insurance premiums from emergency assessments under this paragraph is repealed May 31, 2007, and medical malpractice insurance premiums shall be subject to emergency assessments attributable to loss events occurring in the contract years commencing on June 1, 2007.
- Section 2. Effective July 1, 2006, section 215.558, Florida Statutes, is created to read:

Department of Community Affairs shall establish the Home
Retrofit Hardening Program. The program is a competitive grant
program to fund improvements to homes constructed before the
implementation of the current Florida Building Code to make
them less vulnerable to hurricane damage and to decrease the
cost of residential property insurance. Site-built and mobile
homes are eligible for funding under this program. However,
the highest priority shall be given to low-income homeowners,
as defined in s. 420.004(9), who live in wind-borne debris
regions as defined in the Florida Building Code, which shall

31 be eligible for up to 100 percent of the cost of the

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1	improvements. The next highest priority shall be given to
2	homestead dwellings insured at \$500,000 or less and, located
3	in the areas designated as high-risk areas for purposes of
4	coverage by the Citizens Property Insurance Corporation, which
5	shall be eligible for up to 50 percent of the cost of the
6	improvements, with priority within this category given to
7	homes insured by Citizens. The next highest priority shall be
8	given to all other homestead dwellings insured at \$500,000 or
9	less, which shall be eligible for up to 25 percent of the cost
10	of the improvements.
11	(1) The program shall be administered by local
12	governments, regional planning councils, or private nonprofit
13	agencies under the overall direction of the department. In
14	order to qualify for funding, the program must include an
15	inspection of the dwelling to determine what mitigation
16	measures are needed, a means for verifying that the
17	improvements to be paid by the program have been demonstrated
18	to reduce a dwelling's vulnerability to hurricane damage, and
19	a means for verifying that the proceeds were actually spent on
20	such improvements. Funding for the program is contingent upon
21	appropriations. When awarding program funds, the department
22	shall be guided by:
23	(a) The number of homes in need of improvement.
24	(b) The number of homes located within the wind-borne
25	debris region and within the high-risk area of Citizens
26	Property Insurance Corporation.
27	(c) The number of persons who will benefit from the
28	<pre>improvements.</pre>
29	(d) The number of low-income households and other
30	dwellings meeting the priority criteria of this section which

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1	(e) The costs per home to provide improvements.
2	(2) Funds may be used for the following improvements
3	installed in compliance with Blueprint-for-Safety standards:
4	(a) Roof deck attachment;
5	(b) Secondary water barrier;
6	(c) Roof covering;
7	(d) Brace gable ends;
8	(e) Reinforce roof-to-wall connections;
9	(f) Opening protection; and
10	(g) Exterior doors, including garage doors.
11	(3) Each project grant for an individual home retrofit
12	may not exceed \$10,000.
13	(4) Administrative costs shall be kept to a minimum
14	and may not exceed 5 percent of the program funding.
15	(5) Grantees are encouraged to leverage grant funds
16	available under this program with other available funds.
17	Matching funds for a project is not a requirement. However,
18	matching funds from other available sources may be considered
19	by the department in the competitive-review process.
20	Section 3. Effective July 1, 2006, section 215.5586,
21	Florida Statutes, is created to read:
22	215.5586 Wind certification and hurricane mitigation
23	inspections
24	(1) The purpose of this section is to provide wind
25	certification and hurricane mitigation inspections to eligible
26	homeowners in this state for assistance in retrofitting the
27	properties of those homeowners to become less vulnerable to
28	hurricane damage.
29	(2) The Department of Community Affairs shall
30	establish a request for proposals to solicit proposals from
31	wind certification entities to provide, at no cost to

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1	homeowners, wind certification and hurricane mitigation
2	inspections. The inspections provided to homeowners, at a
3	minimum, must include the following:
4	(a) A home inspection and report that summarizes the
5	results and identifies corrective actions a homeowner may take
6	to mitigate hurricane damage.
7	(b) A range of cost estimates regarding the mitigation
8	<u>features.</u>
9	(c) Insurer-specific information regarding premium
10	discounts correlated to recommended mitigation features
11	identified by the inspection.
12	(d) A hurricane resistance rating scale specifying the
13	home's current, as well as projected, wind resistance
14	capabilities.
15	(3) To qualify for selection by the department as a
16	provider of wind certification and hurricane mitigation
17	inspections, the entity, at a minimum, must:
18	(a) Use wind certification and hurricane mitigation
19	inspectors who have:
20	1. Prior experience in residential construction or
21	inspection and have received specialized training in hurricane
22	mitigation procedures.
23	2. Undergone drug testing and background checks.
24	3. Been certified, in a manner satisfactory to the
25	department, to conduct the inspections.
26	(b) Provide a quality assurance program including a
27	reinspection component.
28	(4) The Department of Community Affairs shall adopt
29	rules pursuant to ss. 120.536(1) and 120.54 governing the wind
30	certification and wind mitigation inspection program.
31	Section 4. Paragraph (a) of subsection (4) of section 19
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1	193.155, Florida Statutes, is amended to read:
2	193.155 Homestead assessmentsHomestead property
3	shall be assessed at just value as of January 1, 1994.
4	Property receiving the homestead exemption after January 1,
5	1994, shall be assessed at just value as of January 1 of the
6	year in which the property receives the exemption.
7	(4)(a) Changes, additions, or improvements to
8	homestead property shall be assessed at just value as of the
9	first January 1 after the changes, additions, or improvements
10	are substantially completed. <u>However, the addition of storm</u>
11	shutters, impact-resistant glazing, hurricane clips and
12	straps, garage door bracing, or generators for purposes of
13	mitigating hurricane damage and disaster preparedness shall
14	not be included or otherwise increase the assessed value of
15	homestead property.
16	Section 5. Section 252.63, Florida Statutes, is
17	created to read:
18	252.63 Commissioner of Insurance Regulation; powers in
19	a state of emergency
20	(1) It is the purpose and intent of this section to
21	provide the Commissioner of Insurance Regulation the authority
22	to temporarily modify or suspend provisions of the Florida
23	Insurance Code in order to expedite the recovery of
24	communities affected by a disaster or other emergency and
25	encourage insurance companies, entities, and persons subject
26	to the Florida Insurance Code and the jurisdiction of the
27	office to meet the insurance needs of such communities.
28	(2)(a) When the Governor declares a state of emergency
29	pursuant to s. 252.36, the commissioner may issue:
30	1. One or more general orders applicable to all
31	insurance companies, entities, and persons, as defined in s.

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624.04, which are subject to the Florida Insurance Code and serve any portion of the area of the state under the state of emergency; or

- 2. One or more specific orders to particular insurance companies, entities, and persons that are subject to the Florida Insurance Code, as defined in s. 624.01, which orders may modify or suspend, as to those companies, entities, and persons, all or any part of the Florida Insurance Code, or any applicable rule, consistent with the stated purposes of the Florida Insurance Code.
- (b) An order issued by the commissioner under this section becomes effective upon issuance and continues for 120 days unless terminated sooner by the commissioner. The commissioner may extend an order for one additional period of 120 days if he or she determines that the emergency conditions that gave rise to the initial order still exist. By concurrent resolution, the Legislature may terminate any order issued under this section.
- (3) The commissioner shall publish in the next available publication of the Florida Administrative Weekly a copy of the text of any order issued under this section, together with a statement describing the modification or suspension and explaining how the modification or suspension will facilitate recovery from the emergency.
- (4) The commissioner shall consider on a continuing basis steps that could be taken to mitigate the harmful consequences of emergencies and from time to time make recommendations to the Legislature and other appropriate private entities regarding such mitigation.
- Section 6. Subsections (1) and (2) of section 626.918, 30 31 Florida Statutes, are amended to read:

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626.918 Eligible surplus lines insurers.--

- (1) \underline{A} No surplus lines agent \underline{may} not \underline{shall} place any coverage with any unauthorized insurer which is not then an eligible surplus lines insurer, except as permitted under subsections (5) and (6).
- (2) An No unauthorized insurer may not shall be or become an eligible surplus lines insurer unless made eligible by the office in accordance with the following conditions:
- (a) Eligibility of the insurer must be requested in writing by the Florida Surplus Lines Service Office. +
- (b) The insurer must be currently an authorized insurer in the state or country of its domicile as to the kind or kinds of insurance proposed to be so placed and must have been such an insurer for not less than the 3 years next preceding or must be the wholly owned subsidiary of such authorized insurer or must be the wholly owned subsidiary of an already eligible surplus lines insurer as to the kind or kinds of insurance proposed for a period of not less than the 3 years next preceding. However, the office may waive the 3-year requirement if the insurer provides a product or service not readily available to the consumers of this state or has operated successfully for a period of at least 1 year next preceding and has capital and surplus of not less than \$25 million.+
- (c) Before granting eligibility, the requesting surplus lines agent or the insurer shall furnish the office with a duly authenticated copy of its current annual financial statement in the English language and with all monetary values therein expressed in United States dollars, at an exchange rate (in the case of statements originally made in the 31 currencies of other countries) then-current and shown in the

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1	statement, and with such additional information relative to
2	the insurer as the office may request <u>.</u> +
3	(d)1. <u>a.</u> The insurer must have and maintain surplus as
4	to policyholders of not less than \$15 million; in addition, an
5	alien insurer must also have and maintain in the United States
6	a trust fund for the protection of all its policyholders in
7	the United States under terms deemed by the office to be
8	reasonably adequate, in an amount not less than \$5.4 million.
9	Any such surplus as to policyholders or trust fund shall be
10	represented by investments consisting of eligible investments
11	for like funds of like domestic insurers under part II of
12	chapter 625 provided, however, that in the case of an alien
13	insurance company, any such surplus as to policyholders may be
14	represented by investments permitted by the domestic regulator
15	of such alien insurance company if such investments are
16	substantially similar in terms of quality, liquidity, and
17	security to eligible investments for like funds of like
18	domestic insurers under part II of chapter 625 <u>. Clean,</u>
19	irrevocable, unconditional, and evergreen letters of credit
20	issued or confirmed by a qualified United States financial
21	institution, as defined in subparagraph 2., may be used to
22	fund the trust. +
23	<u>b.2.</u> For those surplus lines insurers that were
24	eligible on January 1, 1994, and that maintained their
25	eligibility thereafter, the required surplus as to
26	policyholders shall be:
27	$\frac{(I)a.}{a.}$ On December 31, 1994, and until December 30,
28	1995, \$2.5 million.
29	(II) b. On December 31, 1995, and until December 30,
30	1996, \$3.5 million.
31	(III) c. On December 31, 1996, and until December 30,

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1	1997, \$4.5 million.
2	(IV) d. On December 31, 1997, and until December 30,
3	1998, \$5.5 million.
4	(V) e. On December 31, 1998, and until December 30,
5	1999, \$6.5 million.
6	(VI)f. On December 31, 1999, and until December 30,
7	2000, \$8 million.
8	(VII) g. On December 31, 2000, and until December 30,
9	2001, \$9.5 million.
10	(VIII) h. On December 31, 2001, and until December 30,
11	2002, \$11 million.
12	(IX) i. On December 31, 2002, and until December 30,
13	2003, \$13 million.
14	$\frac{(\mathrm{X})^{\frac{1}{1}}}{\mathrm{I}}$ On December 31, 2003, and thereafter, \$15
15	million.
16	c.3. The capital and surplus requirements as set forth
17	in <u>sub-subparagraph b.</u> subparagraph 2. do not apply in the
18	case of an insurance exchange created by the laws of
19	individual states, where the exchange maintains capital and
20	surplus pursuant to the requirements of that state, or
21	maintains capital and surplus in an amount not less than \$50
22	million in the aggregate. For an insurance exchange which
23	maintains funds in the amount of at least \$12 million for the
24	protection of all insurance exchange policyholders, each
25	individual syndicate shall maintain minimum capital and
26	surplus in an amount not less than \$3 million. If the
27	insurance exchange does not maintain funds in the amount of at
28	least \$12 million for the protection of all insurance exchange
29	policyholders, each individual syndicate shall meet the
30	minimum capital and surplus requirements set forth in
31	sub-subparagraph b. subparagraph 2.7
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d.4. A surplus lines insurer which is a member of an insurance holding company that includes a member which is a Florida domestic insurer as set forth in its holding company registration statement, as set forth in s. 628.801 and rules adopted thereunder, may elect to maintain surplus as to policyholders in an amount equal to the requirements of s. 624.408, subject to the requirement that the surplus lines insurer shall at all times be in compliance with the requirements of chapter 625.

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The election shall be submitted to the office and shall be effective upon the office's being satisfied that the requirements of <u>sub-subparagraph d.</u> subparagraph 4. have been met. The initial date of election shall be the date of office approval. The election approval application shall be on a form adopted by commission rule. The office may approve an election form submitted pursuant to sub-subparagraph d. subparagraph 4. only if it was on file with the former Department of Insurance before February 28, 1998. +

- 2. For purposes of letters of credit under 20 subparagraph 1., the term "qualified United States financial 21 institution" means an institution that: 22
 - a. Is organized or, in the case of a United States office of a foreign banking organization, is licensed under the laws of the United States or any state.
 - b. Is regulated, supervised, and examined by authorities of the United States or any state having regulatory authority over banks and trust companies.
- c. Has been determined by the office or the Securities Valuation Office of the National Association of Insurance 31 Commissioners to meet such standards of financial condition

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and standing as are considered necessary and appropriate to regulate the quality of financial institutions whose letters of credit are acceptable to the office.

- (e) The insurer must be of good reputation as to the providing of service to its policyholders and the payment of losses and claims. +
- (f) The insurer must be eligible, as for authority to transact insurance in this state, under s. 624.404(3). + and
- (g) This subsection does not apply as to unauthorized insurers made eligible under s. 626.917 as to wet marine and aviation risks.
- Section 7. Effective July 1, 2006, paragraph (b) of subsection (2) and subsection (5) of section 627.062, Florida Statutes, are amended, and subsection (9) is added to that section, to read:

627.062 Rate standards.--

- (2) As to all such classes of insurance:
- (b) Upon receiving a rate filing, the office shall review the rate filing to determine if a rate is excessive, inadequate, or unfairly discriminatory. In making that determination, the office shall, in accordance with generally accepted and reasonable actuarial techniques, consider the following factors:
- 1. Past and prospective loss experience within and without this state.
 - 2. Past and prospective expenses.
- 3. The degree of competition among insurers for the risk insured.
- 4. Investment income reasonably expected by the insurer, consistent with the insurer's investment practices, 31 from investable premiums anticipated in the filing, plus any

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- other expected income from currently invested assets 2 representing the amount expected on unearned premium reserves and loss reserves. The commission may adopt rules utilizing 3 reasonable techniques of actuarial science and economics to specify the manner in which insurers shall calculate 5 investment income attributable to such classes of insurance 7 written in this state and the manner in which such investment income shall be used in the calculation of insurance rates. 8 9 Such manner shall contemplate allowances for an underwriting profit factor and full consideration of investment income 10 11 which produce a reasonable rate of return; however, investment income from invested surplus shall not be considered. 12
 - 5. The reasonableness of the judgment reflected in the filing.
 - 6. Dividends, savings, or unabsorbed premium deposits allowed or returned to Florida policyholders, members, or subscribers.
 - 7. The adequacy of loss reserves.
 - 8. The cost of reinsurance, as further specified in subsection (5).
 - 9. Trend factors, including trends in actual losses per insured unit for the insurer making the filing.
 - 10. Conflagration and catastrophe hazards, if applicable.
- 11. A reasonable margin for underwriting profit and contingencies. For that portion of the rate covering the risk of hurricanes and other catastrophic losses for which the insurer has not purchased reinsurance and has exposed its capital and surplus to such risk, the office must approve a rating factor that provides the insurer a reasonable rate of 31 return that is commensurate with such risk.

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- 12. The cost of medical services, if applicable.
- 13. Other relevant factors which impact upon the frequency or severity of claims or upon expenses.

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The provisions of this subsection shall not apply to workers' compensation and employer's liability insurance and to motor vehicle insurance.

8 (5) With respect to a rate filing involving coverage 9 of the type for which the insurer is required to pay a 10 reimbursement premium to the Florida Hurricane Catastrophe 11 Fund, the insurer may fully recoup in its property insurance 12 premiums any reimbursement premiums paid to the Florida

Hurricane Catastrophe Fund, together with reasonable costs of other reinsurance consistent with prudent business practices

15 and sound actuarial principles, but may not recoup reinsurance

16 costs that duplicate coverage provided by the Florida

17 Hurricane Catastrophe Fund. The burden is on the office to

18 establish that any costs of other reinsurance are in excess of

amounts consistent with prudent business practices and sound

20 <u>actuarial principles.</u> An insurer may not recoup more than 1

21 year of reimbursement premium at a time. Any under-recoupment

22 from the prior year may be added to the following year's

reimbursement premium and any over-recoupment shall be

24 subtracted from the following year's reimbursement premium.

(9) Rates for personal lines residential coverage with a dwelling replacement cost of \$1 million or more and for condominium units with a combined dwelling and contents replacement cost of \$1 million or more are not subject to disapproval by the office based on a determination that the rate is excessive.

30 rate is excessive.
31 Section 8. Effective July 1,

Section 8. Effective July 1, 2006, subsection (6) of 28

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section 627.351, Florida Statutes, is amended to read:

- 627.351 Insurance risk apportionment plans.-(6) CITIZENS PROPERTY INSURANCE CORPORATION.--
- 3 (a)1. The Legislature finds that actual and threatened 5 catastrophic losses to property in this state from hurricanes have caused insurers to be unwilling or unable to provide 7 property insurance coverage to the extent sought and needed. It is in the public interest and a public purpose to assist in 8 9 assuring that property in the state is insured so as to facilitate the remediation, reconstruction, and replacement of 10 11 damaged or destroyed property in order to reduce or avoid the negative effects otherwise resulting to the public health, 12 safety, and welfare; to the economy of the state; and to the 13 revenues of the state and local governments needed to provide 14 for the public welfare. It is necessary, therefore, to provide 15 property insurance to applicants who are in good faith entitled to procure insurance through the voluntary market but 17 18 are unable to do so. The Legislature intends by this 19 subsection that property insurance be provided and that it 20 continues, as long as necessary, through an entity organized to achieve efficiencies and economies, while providing service 21 to policyholders, applicants, and agents that is no less than 22 23 the quality generally provided in the voluntary market, all toward the achievement of the foregoing public purposes. 2.4 2.5 Because it is essential for the corporation to have the maximum financial resources to pay claims following a 26 catastrophic hurricane, it is the intent of the Legislature 27 28 that the income of the corporation be exempt from federal 29 income taxation and that interest on the debt obligations 30 issued by the corporation be exempt from federal income

31 taxation.

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1	2. The Residential Property and Casualty Joint
2	Underwriting Association originally created by this statute
3	shall be known, as of July 1, 2002, as the Citizens Property
4	Insurance Corporation. The corporation shall provide insurance
5	for residential and commercial property, for applicants who
6	are in good faith entitled, but are unable, to procure
7	insurance through the voluntary market. The corporation shall
8	operate pursuant to a plan of operation approved by order of
9	the <u>Financial Services Commission</u> office. The plan is subject
10	to continuous review by the <u>commission</u> office. The <u>commission</u>
11	office may, by order, withdraw approval of all or part of a
12	plan if the <u>commission</u> office determines that conditions have
13	changed since approval was granted and that the purposes of
14	the plan require changes in the plan. The corporation shall
15	continue to operate pursuant to the plan of operation approved
16	by the Office of Insurance Regulation until October 1, 2006.
17	For the purposes of this subsection, residential coverage
18	includes both personal lines residential coverage, which
19	consists of the type of coverage provided by homeowner's,
20	mobile home owner's, dwelling, tenant's, condominium unit
21	owner's, and similar policies, and commercial lines
22	residential coverage, which consists of the type of coverage
23	provided by condominium association, apartment building, and
24	similar policies.
25	3. For the purposes of this subsection, the term
26	"homestead property" means:
27	a. Property that has been granted a homestead

- exemption under chapter 196;
- b. Property for which the owner has a current, written lease with a renter for a term of at least 6 months;
 - c. An owner-occupied mobile home or manufactured home

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1	as defined in s. 320.01, permanently affixed to real property;
2	d. Tenants coverage; or
3	e. Commercial lines coverage, including both
4	residential and nonresidential.
5	4. For the purposes of this subsection, the term
6	"nonhomestead property" means property that is not homestead
7	property.
8	5. Effective January 1, 2007, a personal lines
9	residential structure with a dwelling replacement cost of \$1
10	million or more, or condominium unit with combined dwelling
11	and content replacement cost of \$1 million or more is not
12	eligible for coverage by the corporation, except for:
13	a. Property insured by the corporation on December 31,
14	2006, which may continue to be insured by the corporation
15	until the end of the policy term for a renewal effective on or
16	before December 31, 2007; and
17	b. Property for which a building permit has been
18	issued on or before January 1, 2007, and for which a
19	certificate of occupancy has been issued on or before December
20	31, 2007, which may be insured by the corporation until the
21	end of the policy term for a policy issued on or before
22	December 31, 2007.
23	6.3. It is the intent of the Legislature that
24	policyholders, applicants, and agents of the corporation
25	receive service and treatment of the highest possible level
26	but never less than that generally provided in the voluntary
27	market. It also is intended that the corporation be held to
28	service standards no less than those applied to insurers in
29	the voluntary market by the office with respect to
30	responsiveness, timeliness, customer courtesy, and overall
31	dealings with policyholders, applicants, or agents of the 31

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- (b)1. All insurers authorized to write one or more subject lines of business in this state are subject to assessment by the corporation and, for the purposes of this subsection, are referred to collectively as "assessable insurers." Insurers writing one or more subject lines of business in this state pursuant to part VIII of chapter 626 are not assessable insurers, but insureds who procure one or more subject lines of business in this state pursuant to part VIII of chapter 626 are subject to assessment by the corporation and are referred to collectively as "assessable insureds." An authorized insurer's assessment liability shall begin on the first day of the calendar year following the year in which the insurer was issued a certificate of authority to transact insurance for subject lines of business in this state and shall terminate 1 year after the end of the first calendar year during which the insurer no longer holds a certificate of authority to transact insurance for subject lines of business in this state.
- 2.a. All revenues, assets, liabilities, losses, and expenses of the corporation shall be divided into three separate accounts as follows:
- (I) A personal lines account for personal residential policies issued by the corporation or issued by the Residential Property and Casualty Joint Underwriting Association and renewed by the corporation that provide comprehensive, multiperil coverage on risks that are not located in areas eligible for coverage in the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002, and for such policies that do not provide 31 coverage for the peril of wind on risks that are located in

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such areas;

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(II) A commercial lines account for commercial residential policies issued by the corporation or issued by the Residential Property and Casualty Joint Underwriting Association and renewed by the corporation that provide coverage for basic property perils on risks that are not located in areas eligible for coverage in the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002, and for such policies that do not provide coverage for the peril of wind on risks that are located in such areas; and

(III) A high-risk account for personal residential policies and commercial residential and commercial nonresidential property policies issued by the corporation or transferred to the corporation that provide coverage for the peril of wind on risks that are located in areas eligible for coverage in the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002. The high-risk account must also include quota share primary insurance under subparagraph (c)2. The area eligible for coverage under the high-risk account also includes the area within Port Canaveral, which is bordered on the south by the City of Cape Canaveral, bordered on the west by the Banana River, and bordered on the north by Federal Government property. The office may remove territory from the area eligible for wind-only and quota share coverage if, after a public hearing, the office finds that authorized insurers in the voluntary market are willing and able to write sufficient amounts of personal and commercial residential coverage for all perils in the territory, including coverage for the peril of wind, such 31 | that risks covered by wind-only policies in the removed

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territory could be issued a policy by the corporation in either the personal lines or commercial lines account without a significant increase in the corporation's probable maximum loss in such account. Removal of territory from the area eligible for wind-only or quota share coverage does not alter the assignment of wind coverage written in such areas to the high-risk account.

b. The three separate accounts must be maintained as long as financing obligations entered into by the Florida Windstorm Underwriting Association or Residential Property and Casualty Joint Underwriting Association are outstanding, in accordance with the terms of the corresponding financing documents. When the financing obligations are no longer outstanding, in accordance with the terms of the corresponding financing documents, the corporation may use a single account for all revenues, assets, liabilities, losses, and expenses of the corporation. Consistent with the requirement of this subparagraph and prudent investment policies that minimize the cost of carrying debt, the board shall exercise its best efforts to retire existing debt or to obtain approval of necessary parties to amend the terms of existing debt, so as to structure the most efficient plan to consolidate the three separate accounts into a single account. By February 1, 2007, the board shall submit a report to the Financial Services Commission, the President of the Senate, and the Speaker of the House of Representatives which includes an analysis of consolidating the accounts, the actions the board has taken to minimize the cost of carrying debt, and its recommendations for executing the most efficient plan.

c. Creditors of the Residential Property and Casualty 31 | Joint Underwriting Association shall have a claim against, and

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recourse to, the accounts referred to in sub-sub-subparagraphs a.(I) and (II) and shall have no claim against, or recourse to, the account referred to in sub-sub-subparagraph a.(III). Creditors of the Florida Windstorm Underwriting Association shall have a claim against, and recourse to, the account referred to in sub-sub-subparagraph a.(III) and shall have no claim against, or recourse to, the accounts referred to in sub-sub-subparagraphs a.(I) and (II).

- d. Revenues, assets, liabilities, losses, and expenses not attributable to particular accounts shall be prorated among the accounts.
- e. The Legislature finds that the revenues of the corporation are revenues that are necessary to meet the requirements set forth in documents authorizing the issuance of bonds under this subsection.
- f. No part of the income of the corporation may inure to the benefit of any private person.
 - 3. With respect to a deficit in an account:
- a. When the deficit incurred in a particular calendar year is not greater than 10 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year, the entire deficit shall be recovered through regular assessments of assessable insurers under paragraph(p) (g) and assessable insureds.
- b. When the deficit incurred in a particular calendar year exceeds 10 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year, the corporation shall levy regular assessments on assessable insurers under paragraph(p) (g) and on assessable insureds in an amount equal to the greater of 10 31 percent of the deficit or 10 percent of the aggregate

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statewide direct written premium for the subject lines of business for the prior calendar year. Any remaining deficit shall be recovered through emergency assessments under sub-subparagraph d.

c. Each assessable insurer's share of the amount being assessed under sub-subparagraph a. or sub-subparagraph b. shall be in the proportion that the assessable insurer's direct written premium for the subject lines of business for the year preceding the assessment bears to the aggregate statewide direct written premium for the subject lines of business for that year. The assessment percentage applicable to each assessable insured is the ratio of the amount being assessed under sub-subparagraph a. or sub-subparagraph b. to the aggregate statewide direct written premium for the subject lines of business for the prior year. Assessments levied by the corporation on assessable insurers under sub-subparagraphs a. and b. shall be paid as required by the corporation's plan of operation and paragraph(p) (g). Notwithstanding any other provision of this subsection, the aggregate amount of a regular assessment for a deficit incurred in a particular calendar year shall be reduced by the estimated amount to be received by the corporation from surcharges on corporation policyholders under subparagraph (c)11. Assessments levied by the corporation on assessable insureds under sub-subparagraphs a. and b. shall be collected by the surplus lines agent at the time the surplus lines agent collects the surplus lines tax required by s. 626.932 and shall be paid to the Florida Surplus Lines Service Office at the time the surplus lines agent pays the surplus lines tax to the Florida Surplus Lines Service Office. Upon receipt of regular assessments from 31 | surplus lines agents, the Florida Surplus Lines Service Office

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shall transfer the assessments directly to the corporation as determined by the corporation.

d. Upon a determination by the board of governors that a deficit in an account exceeds the amount that will be recovered through regular assessments under sub-subparagraph a. or sub-subparagraph b., the board shall levy, after verification by the office, emergency assessments, for as many years as necessary to cover the deficits, to be collected by assessable insurers and the corporation and collected from assessable insureds upon issuance or renewal of policies for subject lines of business, excluding National Flood Insurance policies. The amount of the emergency assessment collected in a particular year shall be a uniform percentage of that year's direct written premium for subject lines of business and all accounts of the corporation, excluding National Flood Insurance Program policy premiums, as annually determined by the board and verified by the office. The office shall verify the arithmetic calculations involved in the board's determination within 30 days after receipt of the information on which the determination was based. Notwithstanding any other provision of law, the corporation and each assessable insurer that writes subject lines of business shall collect emergency assessments from its policyholders without such obligation being affected by any credit, limitation, exemption, or deferment. Emergency assessments levied by the corporation on assessable insureds shall be collected by the surplus lines agent at the time the surplus lines agent collects the surplus lines tax required by s. 626.932 and shall be paid to the Florida Surplus Lines Service Office at the time the surplus lines agent pays the surplus lines tax to 31 | the Florida Surplus Lines Service Office. The emergency

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assessments so collected shall be transferred directly to the 2 corporation on a periodic basis as determined by the 3 corporation and shall be held by the corporation solely in the applicable account. The aggregate amount of emergency assessments levied for an account under this sub-subparagraph in any calendar year may not exceed the greater of 10 percent of the amount needed to cover the original deficit, plus interest, fees, commissions, required reserves, and other costs associated with financing of the original deficit, or 10 percent of the aggregate statewide direct written premium for subject lines of business and for all accounts of the corporation for the prior year, plus interest, fees, 12 commissions, required reserves, and other costs associated 13 with financing the original deficit. 14

e. The corporation may pledge the proceeds of assessments, projected recoveries from the Florida Hurricane Catastrophe Fund, other insurance and reinsurance recoverables, policyholder market equalization surcharges and other surcharges, and other funds available to the corporation as the source of revenue for and to secure bonds issued under paragraph(p) (g), bonds or other indebtedness issued under subparagraph (c)3., or lines of credit or other financing mechanisms issued or created under this subsection, or to retire any other debt incurred as a result of deficits or events giving rise to deficits, or in any other way that the board determines will efficiently recover such deficits. The purpose of the lines of credit or other financing mechanisms is to provide additional resources to assist the corporation in covering claims and expenses attributable to a catastrophe. As used in this subsection, the term "assessments" includes 31 regular assessments under sub-subparagraph a.,

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1 sub-subparagraph b., or subparagraph (p)1. (g)1. and emergency 2 assessments under sub-subparagraph d. Emergency assessments 3 collected under sub-subparagraph d. are not part of an insurer's rates, are not premium, and are not subject to premium tax, fees, or commissions; however, failure to pay the 5 emergency assessment shall be treated as failure to pay 7 premium. The emergency assessments under sub-subparagraph d. shall continue as long as any bonds issued or other 8 9 indebtedness incurred with respect to a deficit for which the 10 assessment was imposed remain outstanding, unless adequate 11 provision has been made for the payment of such bonds or other indebtedness pursuant to the documents governing such bonds or 12 13 other indebtedness.

- f. As used in this subsection, the term "subject lines of business" means insurance written by assessable insurers or procured by assessable insureds on real or personal property, as defined in s. 624.604, including insurance for fire, industrial fire, allied lines, farmowners multiperil, homeowners multiperil, commercial multiperil, and mobile homes, and including liability coverage on all such insurance, but excluding inland marine as defined in s. 624.607(3) and excluding vehicle insurance as defined in s. 624.605(1) other than insurance on mobile homes used as permanent dwellings.
- g. The Florida Surplus Lines Service Office shall determine annually the aggregate statewide written premium in subject lines of business procured by assessable insureds and shall report that information to the corporation in a form and at a time the corporation specifies to ensure that the corporation can meet the requirements of this subsection and the corporation's financing obligations.
 - h. The Florida Surplus Lines Service Office shall

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verify the proper application by surplus lines agents of assessment percentages for regular assessments and emergency assessments levied under this subparagraph on assessable insureds and shall assist the corporation in ensuring the accurate, timely collection and payment of assessments by surplus lines agents as required by the corporation.

- (c) The plan of operation of the corporation:
- 1. Must provide for adoption of residential property and casualty insurance policy forms and commercial residential and nonresidential property insurance forms, which forms must be approved by the office prior to use. The corporation shall adopt the following policy forms:
- Standard personal lines policy forms that are comprehensive multiperil policies providing full coverage of a residential property equivalent to the coverage provided in the private insurance market under an HO-3, HO-4, or HO-6 policy.
- b. Basic personal lines policy forms that are policies similar to an HO-8 policy or a dwelling fire policy that provide coverage meeting the requirements of the secondary mortgage market, but which coverage is more limited than the coverage under a standard policy.
- c. Commercial lines residential policy forms that are generally similar to the basic perils of full coverage obtainable for commercial residential structures in the admitted voluntary market.
- d. Personal lines and commercial lines residential property insurance forms that cover the peril of wind only. The forms are applicable only to residential properties located in areas eligible for coverage under the high-risk 31 account referred to in sub-subparagraph (b)2.a.

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- e. Commercial lines nonresidential property insurance forms that cover the peril of wind only. The forms are applicable only to nonresidential properties located in areas eligible for coverage under the high-risk account referred to in sub-subparagraph (b)2.a.
- 2.a. Must provide that the corporation adopt a program in which the corporation and authorized insurers enter into quota share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt property insurance forms for eligible risks which cover the peril of wind only. As used in this subsection, the term:
- "Quota share primary insurance" means an arrangement in which the primary hurricane coverage of an eligible risk is provided in specified percentages by the corporation and an authorized insurer. The corporation and authorized insurer are each solely responsible for a specified percentage of hurricane coverage of an eligible risk as set forth in a quota share primary insurance agreement between the corporation and an authorized insurer and the insurance contract. The responsibility of the corporation or authorized insurer to pay its specified percentage of hurricane losses of an eligible risk, as set forth in the quota share primary insurance agreement, may not be altered by the inability of the other party to the agreement to pay its specified percentage of hurricane losses. Eligible risks that are provided hurricane coverage through a quota share primary insurance arrangement must be provided policy forms that set forth the obligations of the corporation and authorized insurer under the arrangement, clearly specify the percentages 31 of quota share primary insurance provided by the corporation

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and authorized insurer, and conspicuously and clearly state that neither the authorized insurer nor the corporation may be held responsible beyond its specified percentage of coverage of hurricane losses.

- (II) "Eligible risks" means personal lines residential and commercial lines residential risks that meet the underwriting criteria of the corporation and are located in areas that were eligible for coverage by the Florida Windstorm Underwriting Association on January 1, 2002.
- b. The corporation may enter into quota share primary insurance agreements with authorized insurers at corporation coverage levels of 90 percent and 50 percent.
- c. If the corporation determines that additional coverage levels are necessary to maximize participation in quota share primary insurance agreements by authorized insurers, the corporation may establish additional coverage levels. However, the corporation's quota share primary insurance coverage level may not exceed 90 percent.
- d. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation must provide for a uniform specified percentage of coverage of hurricane losses, by county or territory as set forth by the corporation board, for all eligible risks of the authorized insurer covered under the quota share primary insurance agreement.
- e. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation is subject to review and approval by the office. However, such agreement shall be authorized only as to insurance contracts entered into between an authorized insurer and an insured who 31 is already insured by the corporation for wind coverage.

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- f. For all eligible risks covered under quota share primary insurance agreements, the exposure and coverage levels for both the corporation and authorized insurers shall be reported by the corporation to the Florida Hurricane Catastrophe Fund. For all policies of eligible risks covered under quota share primary insurance agreements, the corporation and the authorized insurer shall maintain complete and accurate records for the purpose of exposure and loss reimbursement audits as required by Florida Hurricane Catastrophe Fund rules. The corporation and the authorized insurer shall each maintain duplicate copies of policy declaration pages and supporting claims documents.
- g. The corporation board shall establish in its plan of operation standards for quota share agreements which ensure that there is no discriminatory application among insurers as to the terms of quota share agreements, pricing of quota share agreements, incentive provisions if any, and consideration paid for servicing policies or adjusting claims.
- h. The quota share primary insurance agreement between the corporation and an authorized insurer must set forth the specific terms under which coverage is provided, including, but not limited to, the sale and servicing of policies issued under the agreement by the insurance agent of the authorized insurer producing the business, the reporting of information concerning eligible risks, the payment of premium to the corporation, and arrangements for the adjustment and payment of hurricane claims incurred on eligible risks by the claims adjuster and personnel of the authorized insurer. Entering into a quota sharing insurance agreement between the corporation and an authorized insurer shall be voluntary and 31 at the discretion of the authorized insurer.

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1	May provide that the corporation may employ or
2	otherwise contract with individuals or other entities to
3	provide administrative or professional services that may be
4	appropriate to effectuate the plan. The corporation shall have
5	the power to borrow funds, by issuing bonds or by incurring
6	other indebtedness, and shall have other powers reasonably
7	necessary to effectuate the requirements of this subsection,
8	including, without limitation, the power to issue bonds and
9	incur other indebtedness in order to refinance outstanding
10	bonds or other indebtedness. The corporation may, but is not
11	required to, seek judicial validation of its bonds or other
12	indebtedness under chapter 75. The corporation may issue bonds
13	or incur other indebtedness, or have bonds issued on its
14	behalf by a unit of local government pursuant to subparagraph
15	(g)2., in the absence of a hurricane or other weather-related
16	event, upon a determination by the corporation, subject to
17	approval by the office, that such action would enable it to
18	efficiently meet the financial obligations of the corporation
19	and that such financings are reasonably necessary to
20	effectuate the requirements of this subsection. The
21	corporation is authorized to take all actions needed to
22	facilitate tax-free status for any such bonds or indebtedness,
23	including formation of trusts or other affiliated entities.
24	The corporation shall have the authority to pledge
25	assessments, projected recoveries from the Florida Hurricane
26	Catastrophe Fund, other reinsurance recoverables, market
27	equalization and other surcharges, and other funds available
28	to the corporation as security for bonds or other
29	indebtedness. In recognition of s. 10, Art. I of the State
30	Constitution, prohibiting the impairment of obligations of
31	contracts, it is the intent of the Legislature that no action 44

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be taken whose purpose is to impair any bond indenture or financing agreement or any revenue source committed by contract to such bond or other indebtedness.

4.a. Must require that the corporation operate subject to the supervision and approval of a board of governors consisting of 8 individuals who are residents of this state, from different geographical areas of this state. The Governor, the Chief Financial Officer, the President of the Senate, and the Speaker of the House of Representatives shall each appoint two members of the board, effective August 1, 2005. At least one of the two members appointed by each appointing officer must have demonstrated expertise in insurance. The Chief Financial Officer shall designate one of the appointees as chair. All board members serve at the pleasure of the appointing officer. All board members, including the chair, must be appointed to serve for 3-year terms beginning annually on a date designated by the plan. Any board vacancy shall be filled for the unexpired term by the appointing officer. The Chief Financial Officer shall appoint a technical advisory group to provide information and advice to the board of governors in connection with the board's duties under this subsection. The executive director and senior managers of the corporation shall be engaged by the board, as recommended by the Chief Financial Officer, and serve at the pleasure of the board. Any executive director appointed on or after July 1, 2006, is subject to confirmation by the Senate. The executive director is responsible for employing other staff as the corporation may require, subject to review and concurrence by the board and the Chief Financial Officer.

b. The board shall create a Market Accountability 31 Advisory Committee to assist the corporation in developing

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awareness of its rates and its customer and agent service 2 levels in relationship to the voluntary market insurers 3 writing similar coverage. The members of the advisory committee shall consist of the following 11 persons, one of whom must be elected chair by the members of the committee: 5 four representatives, one appointed by the Florida Association 7 of Insurance Agents, one by the Florida Association of Insurance and Financial Advisors, one by the Professional 8 9 Insurance Agents of Florida, and one by the Latin American Association of Insurance Agencies; three representatives 10 11 appointed by the insurers with the three highest voluntary market share of residential property insurance business in the 12 state; one representative from the Office of Insurance 13 Regulation; one consumer appointed by the board who is insured 14 by the corporation at the time of appointment to the 15 committee; one representative appointed by the Florida Association of Realtors; and one representative appointed by 17 18 the Florida Bankers Association. All members must serve for 19 3-year terms and may serve for consecutive terms. The 20 committee shall report to the corporation at each board meeting on insurance market issues which may include rates and 21 rate competition with the voluntary market; service, including 22 23 policy issuance, claims processing, and general responsiveness to policyholders, applicants, and agents; and matters relating 2.4 25 to depopulation.

- 5. Must provide a procedure for determining the eligibility of a risk for coverage, as follows:
- Subject to the provisions of s. 627.3517, with respect to personal lines residential risks, if the risk is offered coverage from an authorized insurer at the insurer's 31 approved rate under either a standard policy including wind

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coverage or, if consistent with the insurer's underwriting rules as filed with the office, a basic policy including wind coverage, the risk is not eligible for any policy issued by the corporation. If the risk is not able to obtain any such offer, the risk is eligible for either a standard policy including wind coverage or a basic policy including wind coverage issued by the corporation; however, if the risk could not be insured under a standard policy including wind coverage regardless of market conditions, the risk shall be eligible for a basic policy including wind coverage unless rejected under subparagraph 8. The corporation shall determine the type of policy to be provided on the basis of objective standards specified in the underwriting manual and based on generally accepted underwriting practices.

- (I) If the risk accepts an offer of coverage through the market assistance plan or an offer of coverage through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or to the corporation is not currently appointed by the insurer, the insurer shall:
- (A) Pay to the producing agent of record of the policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record of the policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of 31 | the insurer's or the corporation's usual and customary

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commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

(II) When the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:

(A) Pay to the producing agent of record of the corporation policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or

(B) Offer to allow the producing agent of record of the corporation policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

b. With respect to commercial lines residential risks, if the risk is offered coverage under a policy including wind coverage from an authorized insurer at its approved rate, the risk is not eligible for any policy issued by the corporation. If the risk is not able to obtain any such offer, the risk is eligible for a policy including wind coverage issued by the corporation.

(I) If the risk accepts an offer of coverage through

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the market assistance plan or an offer of coverage through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or the corporation is not currently appointed by the insurer, the insurer shall:

- (A) Pay to the producing agent of record of the policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record of the policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

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If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-subparagraph (A).

- (II) When the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:
- (A) Pay to the producing agent of record of the corporation policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record of 31 the corporation policy to continue servicing the policy for a

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period of not less than 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

6. Must provide by July 1, 2007, that an application for coverage for a new policy is subject to a waiting period of 10 days before coverage is effective, during which time the corporation shall make such application available for review by general lines agents and authorized property and casualty insurers. The board may approve exceptions that allow for coverage to be effective before the end of the 10-day waiting period, for coverage issued in conjunction with a real estate closing, and for such other exceptions as the board determines are necessary to prevent lapses in coverage.

 $\underline{7.6}$. Must include rules for classifications of risks and rates therefor.

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8.7. Must provide that if premium and investment income for an account attributable to a particular calendar year are in excess of projected losses and expenses for the account attributable to that year, such excess shall be held in surplus in the account. Such surplus shall be available to defray deficits in that account as to future years and shall be used for that purpose prior to assessing assessable insurers and assessable insureds as to any calendar year.

9.8. Must provide objective criteria and procedures to be uniformly applied for all applicants in determining whether an individual risk is so hazardous as to be uninsurable. In

30 an individual risk is so hazardous as to be uninsurable. In
31 making this determination and in establishing the criteria and

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procedures, the following shall be considered:

- a. Whether the likelihood of a loss for the individual risk is substantially higher than for other risks of the same class; and
- b. Whether the uncertainty associated with the individual risk is such that an appropriate premium cannot be determined.

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> The acceptance or rejection of a risk by the corporation shall be construed as the private placement of insurance, and the provisions of chapter 120 shall not apply.

> 10.9. Must provide that the corporation shall make its best efforts to procure catastrophe reinsurance at reasonable rates, to cover its projected 100-year probable maximum loss as determined by the board of governors.

11.10. Must provide that in the event of regular deficit assessments under sub-subparagraph (b)3.a. or sub-subparagraph (b)3.b., in the personal lines account, the commercial lines residential account, or the high-risk account, the corporation shall levy upon corporation policyholders in its next rate filing, or by a separate rate filing solely for this purpose, the following surcharges:

a. A <u>Citizens policyholder</u> market equalization surcharge arising from a regular assessment in such account in a percentage equal to the total amount of such regular assessments divided by the aggregate statewide direct written premium for subject lines of business for the prior calendar year. For purposes of calculating the Citizens policyholder surcharge to be levied under this subparagraph, the total amount of the regular assessment to which this surcharge is 31 related shall be determined as set forth in subparagraph

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(b)3., without deducting the estimated Citizens policyholder surcharge. Market equalization surcharges under this subparagraph are not considered premium and are not subject to commissions, fees, or premium taxes; however, failure to pay a market equalization surcharge shall be treated as failure to pay premium.

b. A deficit surcharge of 25 percent of the total premium on nonhomestead property owned by a nonresident of this state.

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> Surcharges under this subparagraph are not considered a premium and are not subject to commissions, fees, or premium taxes; however, failure to pay a surcharge shall be treated in the same manner as failure to pay premium.

> 12.11. The policies issued by the corporation must provide that, if the corporation or the market assistance plan obtains an offer from an authorized insurer to cover the risk at its approved rates, the risk is no longer eligible for renewal through the corporation.

> 13.12. Corporation policies and applications must include a notice that the corporation policy could, under this section, be replaced with a policy issued by an authorized insurer that does not provide coverage identical to the coverage provided by the corporation. The notice shall also specify that acceptance of corporation coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.

14.13. May establish, subject to approval by the office, different eligibility requirements and operational procedures for any line or type of coverage for any specified 31 | county or area if the board determines that such changes to

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the eliqibility requirements and operational procedures are justified due to the voluntary market being sufficiently stable and competitive in such area or for such line or type of coverage and that consumers who, in good faith, are unable to obtain insurance through the voluntary market through ordinary methods would continue to have access to coverage from the corporation. When coverage is sought in connection with a real property transfer, such requirements and procedures shall not provide for an effective date of coverage later than the date of the closing of the transfer as established by the transferor, the transferee, and, if applicable, the lender.

15.14. Must provide that, with respect to the high-risk account, any assessable insurer with a surplus as to policyholders of \$25 million or less writing 25 percent or more of its total countrywide property insurance premiums in this state may petition the office, within the first 90 days of each calendar year, to qualify as a limited apportionment company. In no event shall a limited apportionment company be required to participate in the portion of any assessment, within the high-risk account, pursuant to sub-subparagraph (b)3.a. or sub-subparagraph (b)3.b. in the aggregate which exceeds \$50 million after payment of available high-risk account funds in any calendar year. However, a limited apportionment company shall collect from its policyholders any emergency assessment imposed under sub-subparagraph (b)3.d. The plan shall provide that, if the office determines that any regular assessment will result in an impairment of the surplus of a limited apportionment company, the office may direct that all or part of such assessment be deferred as provided in 31 subparagraph (g)4. However, there shall be no limitation or

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deferment of an emergency assessment to be collected from policyholders under sub-subparagraph (b)3.d.

16.15. Must provide that the corporation appoint as its licensed agents only those agents who also hold an appointment as defined in s. 626.015(3) with an insurer who at the time of the agent's initial appointment by the corporation is authorized to write and is actually writing personal lines residential property coverage, commercial residential property coverage, or commercial nonresidential property coverage within the state.

17. Must provide, by July 1, 2007, a premium payment plan option to its policyholders which allows for quarterly and semiannual payment of premiums.

18. Must provide, effective July 1, 2007, that the corporation contract with each insurer providing the non-wind coverage for risks insured by the corporation in the high-risk account, requiring that the insurer provide claims adjusting services for the wind coverage provided by the corporation for such risks. An insurer is required to enter into this contract as a condition of providing non-wind coverage for a risk that is insured by the corporation in the high-risk account unless the board finds, after a hearing, that the insurer is not capable of providing adjusting services at an acceptable level of quality to corporation policyholders. The terms and conditions of such contracts must be substantially the same as the contracts that the corporation executed with insurers under the "adjust-your-own" program in 2006, except as may be mutually agreed to by the parties and except for such changes that the board determines are necessary to ensure that claims are adjusted appropriately. The corporation shall provide a 31 process for neutral arbitration of any dispute between the

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corporation and the insurer regarding the terms of the contract. The corporation shall review and monitor the performance of insurers under these contracts.

(d)1. All prospective employees for senior management positions, as defined by the plan of operation, are subject to background checks as a prerequisite for employment. The office shall conduct background checks on such prospective employees pursuant to ss. 624.404(3) and 628.261.

2. On or before July 1 of each year, employees of the corporation are required to sign and submit a statement attesting that they do not have a conflict of interest, as defined in part III of chapter 112. As a condition of employment, all prospective employees are required to sign and submit to the corporation a conflict-of-interest statement.

3. Senior managers and members of the board of governors are subject to the provisions of part III of chapter 112, including, but not limited to, the code of ethics and public disclosure and reporting of financial interests, pursuant to s. 112.3145. Senior managers and board members are also required to file such disclosures with the Office of Insurance Regulation. The executive director of the corporation or his or her designee shall notify each newly appointed and existing appointed member of the board of governors and senior managers of their duty to comply with the reporting requirements of part III of chapter 112. At least quarterly, the executive director or his or her designee shall submit to the Commission on Ethics a list of names of the senior managers and members of the board of governors that are subject to the public disclosure requirements under s. 112.3145.

4. Notwithstanding s. 112.3148 or s. 112.3149, or any

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597-2109B-06 other provision of law, an employee or board member may not 1 2 knowingly accept, directly or indirectly, any gift or 3 expenditure from a person or entity, or an employee or representative of such person or entity, that has a contractual relationship with the corporation or who is under 5 consideration for a contract. An employee or board member that 7 fails to comply with this subparagraph is subject to penalties provided under ss. 112.317 and 112.3173. 8 9 5. Any senior manager of the corporation who is employed on or after January 1, 2007, regardless of the date 10 11 of hire, who subsequently retires or terminates employment is prohibited from representing another person or entity before 12 the corporation for 2 years after retirement or termination of 13 14 employment from the corporation. 6. Any employee of the corporation who is employed on 15 16 or after January 1, 2007, regardless of the date of hire, who subsequently retires or terminates employment is prohibited 17 18 from having any employment or contractual relationship for 2 19 years with an insurer that has received a take-out bonus from 20 the corporation. (e) Purchases that equal or exceed \$2,500, but are 21 less than \$25,000, shall be made by receipt of written quotes, 22 23 written record of telephone quotes, or informal bids, whenever practical. The procurement of goods or services valued at or 2.4 2.5 over \$25,000 shall be subject to competitive solicitation, except in situations where the goods or services are provided 26 by a sole source or are deemed an emergency purchase; the 2.7 28 services are exempted from competitive solicitation 29 requirements under s. 287.057(5)(f); or the procurement of

services is subject to s. 627.3513. Justification for the

31 sole-sourcing or emergency procurement must be documented.

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Contracts for goods or services valued at or over \$100,000 are subject to approval by the board.

- (f) The board shall determine whether it is more cost-effective and in the best interests of the corporation to use legal services provided by in-house attorneys employed by the corporation rather than contracting with outside counsel. In making such determination, the board shall document its findings and shall consider: the expertise needed; whether time commitments exceed in-house staff resources; whether local representation is needed; the travel, lodging and other costs associated with in-house representation; and such other factors that the board determines are relevant.
- (g) The corporation may not retain a lobbyist to represent it before the legislative branch or executive branch. However, full-time employees of the corporation may register as lobbyists and represent the corporation before the <u>legislative</u> branch or executive branch.
- (h)1. The Office of the Internal Auditor is established within the corporation to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency to the policyholders and to the taxpayers of this state. The internal auditor shall be appointed by the board of governors, shall report to and be under the general supervision of the board of governors, and is not subject to supervision by any employee of the corporation. Administrative staff and support shall be provided by the corporation. The internal auditor shall be appointed without regard to political affiliation. It is the duty and responsibility of the internal auditor to:
- a. Provide direction for, supervise, conduct, and 31 coordinate audits, investigations, and management reviews

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relating to the programs and operations of the corporation.

- b. Conduct, supervise, or coordinate other activities carried out or financed by the corporation for the purpose of promoting efficiency in the administration of, or preventing and detecting fraud, abuse, and mismanagement in, its programs and operations.
 - c. Submit final audit reports, reviews, or investigative reports to the board of governors, the executive director, the members of the Financial Services Commission, and the President of the Senate and the Speaker of the House of Representatives.
 - d. Keep the board of governors informed concerning fraud, abuses, and internal control deficiencies relating to programs and operations administered or financed by the corporation, recommend corrective action, and report on the progress made in implementing corrective action.
 - e. Report expeditiously to the Department of Law Enforcement or other law enforcement agencies, as appropriate, whenever the internal auditor has reasonable grounds to believe there has been a violation of criminal law.
- 21 2. On or before February 15, the internal auditor shall prepare an annual report evaluating the effectiveness of 22 the internal controls of the corporation and providing 23 24 recommendations for corrective action, if necessary, and 2.5 summarizing the audits, reviews, and investigations conducted by the office during the preceding fiscal year. The final 26 27 report shall be furnished to the board of governors and the 28 executive director, the President of the Senate, the Speaker 29 of the House of Representatives, and the Financial Services 30 Commission.
 - (i) All records of the corporation, except as

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otherwise provided by law, are subject to the record retention requirements of s. 119.021.

- (j)1. The corporation shall establish and maintain a unit or division to investigate possible fraudulent claims by insureds or by persons making claims for services or repairs against policies held by insureds; or it may contract with others to investigate possible fraudulent claims for services or repairs against policies held by the corporation pursuant to s. 626.9891. The corporation must comply with reporting requirements of s. 626.9891.
- The corporation shall establish a unit or division responsible for receiving and responding to consumer complaints, which unit or division is the sole responsibility of a senior manager of the corporation.
- (k) The office shall conduct a comprehensive market conduct examination of the corporation every 2 years to determine compliance with its plan of operation and internal operations procedures. The first market conduct examination report shall be submitted to the President of the Senate and the Speaker of the House of Representatives no later than February 1, 2009. Subsequent reports shall be submitted on or before February 1 every 2 years thereafter.
- (1) The Auditor General shall conduct an operational audit of the corporations every 3 years to evaluate management's performance in administering laws, policies, and procedures governing the operations of the corporation in an efficient and effective manner. The scope of the review shall include, but is not limited to, evaluating claims handling, customer service, take-out programs and bonuses, financing arrangements, procurement of goods and services, internal 31 controls, and the internal audit function.

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It is the intent of the Legislature that the Rates for coverage provided by the corporation shall be actuarially sound and not competitive with approved rates charged in the admitted voluntary market, so that the corporation functions as a residual market mechanism to provide insurance only when the insurance cannot be procured in the voluntary market. Rates shall include an appropriate catastrophe loading factor that reflects the actual catastrophic exposure of the corporation.

- 2. For each county, the average rates of the corporation for each line of business for personal lines residential policies excluding rates for wind-only policies shall be no lower than the average rates charged by the insurer that had the highest average rate in that county among the 20 insurers with the greatest total direct written premium in the state for that line of business in the preceding year, except that with respect to mobile home coverages, the average rates of the corporation shall be no lower than the average rates charged by the insurer that had the highest average rate in that county among the 5 insurers with the greatest total written premium for mobile home owner's policies in the state in the preceding year.
- 3. Rates for personal lines residential wind-only policies must be actuarially sound and not competitive with approved rates charged by authorized insurers. Corporation rate manuals shall include a rate surcharge for seasonal occupancy. To ensure that personal lines residential wind-only rates are not competitive with approved rates charged by authorized insurers, the corporation, in conjunction with the office, shall develop a wind-only ratemaking methodology, 31 | which methodology shall be contained in each rate filing made

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by the corporation with the office. If the office determines that the wind-only rates or rating factors filed by the corporation fail to comply with the wind-only ratemaking methodology provided for in this subsection, it shall so notify the corporation and require the corporation to amend its rates or rating factors to come into compliance within 90 days of notice from the office.

4. For policies issued or renewed on or after January 1, 2007, rates for coverage provided by the corporation for nonhomestead property shall include a 25-percent surcharge.

5.4. For the purposes of establishing a pilot program to evaluate issues relating to the availability and affordability of insurance in an area where historically there has been little market competition, the provisions of subparagraph 2. do not apply to coverage provided by the corporation in Monroe County if the office determines that a reasonable degree of competition does not exist for personal lines residential policies. The provisions of subparagraph 3. do not apply to coverage provided by the corporation in Monroe County if the office determines that a reasonable degree of competition does not exist for personal lines residential policies in the area of that county which is eligible for wind-only coverage. In this county, the rates for personal lines residential coverage shall be actuarially sound and not excessive, inadequate, or unfairly discriminatory and are subject to the other provisions of the paragraph and s. 627.062. The commission shall adopt rules establishing the criteria for determining whether a reasonable degree of competition exists for personal lines residential policies in Monroe County. By March 1, 2006, the office shall submit a 31 report to the Legislature providing an evaluation of the

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implementation of the pilot program affecting Monroe County.

6.5. Rates for commercial lines coverage shall not be subject to the requirements of subparagraph 2., but shall be subject to all other requirements of this paragraph and s. 627.062.

7.6. Nothing in this paragraph shall require or allow the corporation to adopt a rate that is inadequate under s. 627.062.

8.7. The corporation shall certify to the office at least twice annually that its personal lines rates comply with the requirements of subparagraphs 1. and 2. If any adjustment in the rates or rating factors of the corporation is necessary to ensure such compliance, the corporation shall make and implement such adjustments and file its revised rates and rating factors with the office. If the office thereafter determines that the revised rates and rating factors fail to comply with the provisions of subparagraphs 1. and 2., it shall notify the corporation and require the corporation to amend its rates or rating factors in conjunction with its next rate filing. The office must notify the corporation by electronic means of any rate filing it approves for any insurer among the insurers referred to in subparagraph 2.

9.8. In addition to the rates otherwise determined pursuant to this paragraph, the corporation shall impose and collect an amount equal to the premium tax provided for in s. 624.509 to augment the financial resources of the corporation.

9.a. To assist the corporation in developing additional ratemaking methods to assure compliance with subparagraphs 1. and 4., the corporation shall appoint a rate methodology panel consisting of one person recommended by the 31 | Florida Association of Insurance Agents, one person

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recommended by the Professional Insurance Agents of Florida, one person recommended by the Florida Association of Insurance and Financial Advisors, one person recommended by the insurer with the highest voluntary market share of residential property insurance business in the state, one person recommended by the insurer with the second-highest voluntary market share of residential property insurance business in the state, one person recommended by an insurer writing commercial residential property insurance in this state, one person recommended by the Office of Insurance Regulation, and one board member designated by the board chairman, who shall serve as chairman of the panel. b. By January 1, 2004, the rate methodology panel

shall provide a report to the corporation of its findings and recommendations for the use of additional ratemaking methods and procedures, including the use of a rate equalization surcharge in an amount sufficient to assure that the total cost of coverage for policyholders or applicants to the corporation is sufficient to comply with subparagraph 1.

c. Within 30 days after such report, the corporation shall present to the President of the Senate, the Speaker of the House of Representatives, the minority party leaders of each house of the Legislature, and the chairs of the standing committees of each house of the Legislature having jurisdiction of insurance issues, a plan for implementing the additional ratemaking methods and an outline of any legislation needed to facilitate use of the new methods.

d. The plan must include a provision that producer commissions paid by the corporation shall not be calculated in such a manner as to include any rate equalization surcharge. 31 However, without regard to the plan to be developed or its

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implementation, producer commissions paid by the corporation for each account, other than the quota share primary program, shall remain fixed as to percentage, effective rate, calculation, and payment method until January 1, 2004.

a notice to policyholders or applicants that the rates of Citizens Property Insurance Corporation are intended to be higher than the rates of any admitted carrier and providing other information the corporation deems necessary to assist consumers in finding other voluntary admitted insurers willing to insure their property.

(n)(e) If coverage in an account is deactivated
pursuant to paragraph (f), coverage through the corporation
shall be reactivated by order of the office only under one of
the following circumstances:

- 1. If the market assistance plan receives a minimum of 100 applications for coverage within a 3-month period, or 200 applications for coverage within a 1-year period or less for residential coverage, unless the market assistance plan provides a quotation from admitted carriers at their filed rates for at least 90 percent of such applicants. Any market assistance plan application that is rejected because an individual risk is so hazardous as to be uninsurable using the criteria specified in subparagraph (c)8. shall not be included in the minimum percentage calculation provided herein. In the event that there is a legal or administrative challenge to a determination by the office that the conditions of this subparagraph have been met for eligibility for coverage in the corporation, any eligible risk may obtain coverage during the pendency of such challenge.
 - 2. In response to a state of emergency declared by the

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Governor under s. 252.36, the office may activate coverage by order for the period of the emergency upon a finding by the office that the emergency significantly affects the availability of residential property insurance.

(o) (f) 1. The corporation shall file with the office quarterly statements of financial condition, an annual statement of financial condition, and audited financial statements in the manner prescribed by law. In addition, the corporation shall report to the office monthly on the types, premium, exposure, and distribution by county of its policies in force, and shall submit other reports as the office requires to carry out its oversight of the corporation.

2. The activities of the corporation shall be reviewed at least annually by the office to determine whether coverage shall be deactivated in an account on the basis that the conditions giving rise to its activation no longer exist.

(p)(g)1. The corporation shall certify to the office its needs for annual assessments as to a particular calendar year, and for any interim assessments that it deems to be necessary to sustain operations as to a particular year pending the receipt of annual assessments. Upon verification, the office shall approve such certification, and the corporation shall levy such annual or interim assessments. Such assessments shall be prorated as provided in paragraph (b). The corporation shall take all reasonable and prudent steps necessary to collect the amount of assessment due from each assessable insurer, including, if prudent, filing suit to collect such assessment. If the corporation is unable to collect an assessment from any assessable insurer, the uncollected assessments shall be levied as an additional 31 assessment against the assessable insurers and any assessable

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insurer required to pay an additional assessment as a result of such failure to pay shall have a cause of action against such nonpaying assessable insurer. Assessments shall be included as an appropriate factor in the making of rates. The failure of a surplus lines agent to collect and remit any regular or emergency assessment levied by the corporation is considered to be a violation of s. 626.936 and subjects the surplus lines agent to the penalties provided in that section.

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2. The governing body of any unit of local government, any residents of which are insured by the corporation, may issue bonds as defined in s. 125.013 or s. 166.101 from time to time to fund an assistance program, in conjunction with the corporation, for the purpose of defraying deficits of the corporation. In order to avoid needless and indiscriminate proliferation, duplication, and fragmentation of such assistance programs, any unit of local government, any residents of which are insured by the corporation, may provide for the payment of losses, regardless of whether or not the losses occurred within or outside of the territorial jurisdiction of the local government. Revenue bonds under this subparagraph may not be issued until validated pursuant to chapter 75, unless a state of emergency is declared by executive order or proclamation of the Governor pursuant to s. 252.36 making such findings as are necessary to determine that it is in the best interests of, and necessary for, the protection of the public health, safety, and general welfare of residents of this state and declaring it an essential public purpose to permit certain municipalities or counties to issue such bonds as will permit relief to claimants and policyholders of the corporation. Any such unit of local 31 government may enter into such contracts with the corporation

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and with any other entity created pursuant to this subsection as are necessary to carry out this paragraph. Any bonds issued under this subparagraph shall be payable from and secured by moneys received by the corporation from emergency assessments under sub-subparagraph (b)3.d., and assigned and pledged to or on behalf of the unit of local government for the benefit of the holders of such bonds. The funds, credit, property, and taxing power of the state or of the unit of local government shall not be pledged for the payment of such bonds. If any of the bonds remain unsold 60 days after issuance, the office shall require all insurers subject to assessment to purchase the bonds, which shall be treated as admitted assets; each insurer shall be required to purchase that percentage of the unsold portion of the bond issue that equals the insurer's relative share of assessment liability under this subsection. An insurer shall not be required to purchase the bonds to the extent that the office determines that the purchase would endanger or impair the solvency of the insurer.

3.a. The corporation shall adopt one or more programs subject to approval by the office for the reduction of both new and renewal writings in the corporation. The corporation may consider any prudent and not unfairly discriminatory approach to reducing corporation writings, and may adopt a credit against assessment liability or other liability that provides an incentive for insurers to take risks out of the corporation and to keep risks out of the corporation by maintaining or increasing voluntary writings in counties or areas in which corporation risks are highly concentrated and a program to provide a formula under which an insurer voluntarily taking risks out of the corporation by maintaining 31 or increasing voluntary writings will be relieved wholly or

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partially from assessments under sub-subparagraphs (b)3.a. and b. However, any "take-out bonus" or payment to an insurer must be conditioned on the property being insured for at least 5 years by the insurer, unless canceled or nonrenewed by the policyholder. If the policy is canceled or nonrenewed by the policyholder before the end of the 5-year period, the amount of the take-out bonus must be prorated for the time period the policy was insured. When the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on such policy, and the insurer shall either:

- (I) Pay to the producing agent of record of the policy, for the first year, an amount which is the greater of the insurer's usual and customary commission for the type of policy written or a policy fee equal to the usual and customary commission of the corporation; or
- (II) Offer to allow the producing agent of record of the policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the insurer's usual and customary commission for the type of policy written. If the producing agent is unwilling or unable to accept appointment by the new insurer, the new insurer shall pay the agent in accordance with sub-sub-subparagraph (I).
- b. Any credit or exemption from regular assessments adopted under this subparagraph shall last no longer than the 3 years following the cancellation or expiration of the policy by the corporation. With the approval of the office, the board may extend such credits for an additional year if the insurer guarantees an additional year of renewability for all policies 31 removed from the corporation, or for 2 additional years if the

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insurer quarantees 2 additional years of renewability for all policies so removed.

- c. There shall be no credit, limitation, exemption, or deferment from emergency assessments to be collected from policyholders pursuant to sub-subparagraph (b)3.d.
- 4. The plan shall provide for the deferment, in whole or in part, of the assessment of an assessable insurer, other than an emergency assessment collected from policyholders pursuant to sub-subparagraph (b)3.d., if the office finds that payment of the assessment would endanger or impair the solvency of the insurer. In the event an assessment against an assessable insurer is deferred in whole or in part, the amount by which such assessment is deferred may be assessed against the other assessable insurers in a manner consistent with the basis for assessments set forth in paragraph (b).
- 5. Effective July 1, 2007, in order to evaluate the costs and benefits of approved take-out plans, if the corporation pays a bonus or other payment to an insurer for an approved take-out plan, it shall maintain a record of the address or such other identifying information on the property or risk removed in order to track if and when the property or risk is later insured by the corporation.
- (q)(h) Nothing in this subsection shall be construed to preclude the issuance of residential property insurance coverage pursuant to part VIII of chapter 626.
- (r) (i) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any assessable insurer or its agents or employees, the corporation or its agents or employees, members of the board of governors or their respective designees at a board meeting, corporation 31 committee members, or the office or its representatives, for

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any action taken by them in the performance of their duties or responsibilities under this subsection. Such immunity does not apply to:

- 1. Any of the foregoing persons or entities for any willful tort;
- 2. The corporation or its producing agents for breach of any contract or agreement pertaining to insurance coverage;
- 3. The corporation with respect to issuance or payment of debt; or
- 4. Any assessable insurer with respect to any action to enforce an assessable insurer's obligations to the corporation under this subsection.

(s) (j) For the purposes of s. 199.183(1), the corporation shall be considered a political subdivision of the state and shall be exempt from the corporate income tax. The premiums, assessments, investment income, and other revenue of the corporation are funds received for providing property insurance coverage as required by this subsection, paying claims for Florida citizens insured by the corporation, securing and repaying debt obligations issued by the corporation, and conducting all other activities of the corporation, and shall not be considered taxes, fees, licenses, or charges for services imposed by the Legislature on individuals, businesses, or agencies outside state government. Bonds and other debt obligations issued by or on behalf of the corporation are not to be considered "state bonds" within the meaning of s. 215.58(8). The corporation is not subject to the procurement provisions of chapter 287, and policies and decisions of the corporation relating to incurring debt, levying of assessments and the sale, issuance, 31 | continuation, terms and claims under corporation policies, and

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all services relating thereto, are not subject to the provisions of chapter 120. The corporation is not required to obtain or to hold a certificate of authority issued by the office, nor is it required to participate as a member insurer of the Florida Insurance Guaranty Association. However, the corporation is required to pay, in the same manner as an authorized insurer, assessments pledged by the Florida Insurance Guaranty Association to secure bonds issued or other indebtedness incurred to pay covered claims arising from insurer insolvencies caused by, or proximately related to, hurricane losses. It is the intent of the Legislature that the tax exemptions provided in this paragraph will augment the financial resources of the corporation to better enable the corporation to fulfill its public purposes. Any bonds issued by the corporation, their transfer, and the income therefrom, including any profit made on the sale thereof, shall at all times be free from taxation of every kind by the state and any political subdivision or local unit or other instrumentality thereof; however, this exemption does not apply to any tax imposed by chapter 220 on interest, income, or profits on debt obligations owned by corporations other than the corporation. (t)(k) Upon a determination by the office that the

conditions giving rise to the establishment and activation of the corporation no longer exist, the corporation is dissolved. Upon dissolution, the assets of the corporation shall be applied first to pay all debts, liabilities, and obligations of the corporation, including the establishment of reasonable reserves for any contingent liabilities or obligations, and all remaining assets of the corporation shall become property of the state and shall be deposited in the Florida Hurricane 31 | Catastrophe Fund. However, no dissolution shall take effect as

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long as the corporation has bonds or other financial obligations outstanding unless adequate provision has been made for the payment of the bonds or other financial obligations pursuant to the documents authorizing the issuance of the bonds or other financial obligations.

(u)(1)1. Effective July 1, 2002, policies of the Residential Property and Casualty Joint Underwriting Association shall become policies of the corporation. All obligations, rights, assets and liabilities of the Residential Property and Casualty Joint Underwriting Association, including bonds, note and debt obligations, and the financing documents pertaining to them become those of the corporation as of July 1, 2002. The corporation is not required to issue endorsements or certificates of assumption to insureds during the remaining term of in-force transferred policies.

- 2. Effective July 1, 2002, policies of the Florida Windstorm Underwriting Association are transferred to the corporation and shall become policies of the corporation. All obligations, rights, assets, and liabilities of the Florida Windstorm Underwriting Association, including bonds, note and debt obligations, and the financing documents pertaining to them are transferred to and assumed by the corporation on July 1, 2002. The corporation is not required to issue endorsement or certificates of assumption to insureds during the remaining term of in-force transferred policies.
- 3. The Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association shall take all actions as may be proper to further evidence the transfers and shall provide the documents and instruments of further assurance as may reasonably be 31 requested by the corporation for that purpose. The corporation

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shall execute assumptions and instruments as the trustees or 2 other parties to the financing documents of the Florida 3 Windstorm Underwriting Association or the Residential Property and Casualty Joint Underwriting Association may reasonably request to further evidence the transfers and assumptions, 5 which transfers and assumptions, however, are effective on the 7 date provided under this paragraph whether or not, and regardless of the date on which, the assumptions or 8 instruments are executed by the corporation. Subject to the 9 10 relevant financing documents pertaining to their outstanding 11 bonds, notes, indebtedness, or other financing obligations, the moneys, investments, receivables, choses in action, and 12 other intangibles of the Florida Windstorm Underwriting 13 Association shall be credited to the high-risk account of the 14 corporation, and those of the personal lines residential 15 16 coverage account and the commercial lines residential coverage account of the Residential Property and Casualty Joint 17 18 Underwriting Association shall be credited to the personal 19 lines account and the commercial lines account, respectively, 20 of the corporation.

- 4. Effective July 1, 2002, a new applicant for property insurance coverage who would otherwise have been eligible for coverage in the Florida Windstorm Underwriting Association is eligible for coverage from the corporation as provided in this subsection.
- 5. The transfer of all policies, obligations, rights, assets, and liabilities from the Florida Windstorm Underwriting Association to the corporation and the renaming of the Residential Property and Casualty Joint Underwriting Association as the corporation shall in no way affect the 31 coverage with respect to covered policies as defined in s.

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215.555(2)(c) provided to these entities by the Florida 1 2 Hurricane Catastrophe Fund. The coverage provided by the 3 Florida Hurricane Catastrophe Fund to the Florida Windstorm Underwriting Association based on its exposures as of June 30, 2002, and each June 30 thereafter shall be redesignated as 5 coverage for the high-risk account of the corporation. 7 Notwithstanding any other provision of law, the coverage provided by the Florida Hurricane Catastrophe Fund to the 8 9 Residential Property and Casualty Joint Underwriting Association based on its exposures as of June 30, 2002, and 10 11 each June 30 thereafter shall be transferred to the personal lines account and the commercial lines account of the 12 13 corporation. Notwithstanding any other provision of law, the high-risk account shall be treated, for all Florida Hurricane 14 Catastrophe Fund purposes, as if it were a separate 15 participating insurer with its own exposures, reimbursement premium, and loss reimbursement. Likewise, the personal lines 17 18 and commercial lines accounts shall be viewed together, for 19 all Florida Hurricane Catastrophe Fund purposes, as if the two 20 accounts were one and represent a single, separate participating insurer with its own exposures, reimbursement 21 premium, and loss reimbursement. The coverage provided by the 22 23 Florida Hurricane Catastrophe Fund to the corporation shall constitute and operate as a full transfer of coverage from the 2.4 25 Florida Windstorm Underwriting Association and Residential Property and Casualty Joint Underwriting to the corporation. 26

(v) (m) Notwithstanding any other provision of law:

1. The pledge or sale of, the lien upon, and the security interest in any rights, revenues, or other assets of the corporation created or purported to be created pursuant to 31 any financing documents to secure any bonds or other

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documents.

- indebtedness of the corporation shall be and remain valid and
- 2 enforceable, notwithstanding the commencement of and during
- 3 the continuation of, and after, any rehabilitation,
- insolvency, liquidation, bankruptcy, receivership,
- conservatorship, reorganization, or similar proceeding against 5
- the corporation under the laws of this state.
 - 2. No such proceeding shall relieve the corporation of its obligation, or otherwise affect its ability to perform its obligation, to continue to collect, or levy and collect, assessments, market equalization or other surcharges under subparagraph (c)10., or any other rights, revenues, or other assets of the corporation pledged pursuant to any financing
- 3. Each such pledge or sale of, lien upon, and security interest in, including the priority of such pledge, lien, or security interest, any such assessments, market equalization or other surcharges, or other rights, revenues, or other assets which are collected, or levied and collected, after the commencement of and during the pendency of, or after, any such proceeding shall continue unaffected by such proceeding. As used in this subsection, the term "financing documents" means any agreement or agreements, instrument or instruments, or other document or documents now existing or hereafter created evidencing any bonds or other indebtedness of the corporation or pursuant to which any such bonds or other indebtedness has been or may be issued and pursuant to which any rights, revenues, or other assets of the corporation are pledged or sold to secure the repayment of such bonds or indebtedness, together with the payment of interest on such bonds or such indebtedness, or the payment of any other 31 obligation or financial product, as defined in the plan of

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operation of the corporation related to such bonds or indebtedness.

4. Any such pledge or sale of assessments, revenues, contract rights, or other rights or assets of the corporation shall constitute a lien and security interest, or sale, as the case may be, that is immediately effective and attaches to such assessments, revenues, or contract rights or other rights or assets, whether or not imposed or collected at the time the pledge or sale is made. Any such pledge or sale is effective, valid, binding, and enforceable against the corporation or other entity making such pledge or sale, and valid and binding against and superior to any competing claims or obligations owed to any other person or entity, including policyholders in this state, asserting rights in any such assessments, revenues, or contract rights or other rights or assets to the extent set forth in and in accordance with the terms of the pledge or sale contained in the applicable financing documents, whether or not any such person or entity has notice of such pledge or sale and without the need for any physical delivery, recordation, filing, or other action.

(w) (m)1. The following records of the corporation are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution:

- a. Underwriting files, except that a policyholder or an applicant shall have access to his or her own underwriting files.
- b. Claims files, until termination of all litigation and settlement of all claims arising out of the same incident, although portions of the claims files may remain exempt, as otherwise provided by law. Confidential and exempt claims file 31 records may be released to other governmental agencies upon

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written request and demonstration of need; such records held by the receiving agency remain confidential and exempt as provided for herein.

- c. Records obtained or generated by an internal auditor pursuant to a routine audit, until the audit is completed, or if the audit is conducted as part of an investigation, until the investigation is closed or ceases to be active. An investigation is considered "active" while the investigation is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings.
- d. Matters reasonably encompassed in privileged attorney-client communications.
- e. Proprietary information licensed to the corporation under contract and the contract provides for the confidentiality of such proprietary information.
- f. All information relating to the medical condition or medical status of a corporation employee which is not relevant to the employee's capacity to perform his or her duties, except as otherwise provided in this paragraph. Information which is exempt shall include, but is not limited to, information relating to workers' compensation, insurance benefits, and retirement or disability benefits.
- g. Upon an employee's entrance into the employee assistance program, a program to assist any employee who has a behavioral or medical disorder, substance abuse problem, or emotional difficulty which affects the employee's job performance, all records relative to that participation shall be confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, except as 31 otherwise provided in s. 112.0455(11).

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h. Information relating to negotiations for financing, reinsurance, depopulation, or contractual services, until the conclusion of the negotiations.

i. Minutes of closed meetings regarding underwriting files, and minutes of closed meetings regarding an open claims file until termination of all litigation and settlement of all claims with regard to that claim, except that information otherwise confidential or exempt by law will be redacted.

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When an authorized insurer is considering underwriting a risk insured by the corporation, relevant underwriting files and confidential claims files may be released to the insurer provided the insurer agrees in writing, notarized and under oath, to maintain the confidentiality of such files. file is transferred to an insurer that file is no longer a public record because it is not held by an agency subject to the provisions of the public records law. Underwriting files and confidential claims files may also be released to staff of and the board of governors of the market assistance plan established pursuant to s. 627.3515, who must retain the confidentiality of such files, except such files may be released to authorized insurers that are considering assuming the risks to which the files apply, provided the insurer agrees in writing, notarized and under oath, to maintain the confidentiality of such files. Finally, the corporation or the board or staff of the market assistance plan may make the following information obtained from underwriting files and confidential claims files available to licensed general lines insurance agents: name, address, and telephone number of the residential property owner or insured; location of the risk; 31 | rating information; loss history; and policy type. The

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receiving licensed general lines insurance agent must retain the confidentiality of the information received.

2. Portions of meetings of the corporation are exempt from the provisions of s. 286.011 and s. 24(b), Art. I of the State Constitution wherein confidential underwriting files or confidential open claims files are discussed. All portions of corporation meetings which are closed to the public shall be recorded by a court reporter. The court reporter shall record the times of commencement and termination of the meeting, all discussion and proceedings, the names of all persons present at any time, and the names of all persons speaking. No portion of any closed meeting shall be off the record. Subject to the provisions hereof and s. 119.07(1)(b)-(d), the court reporter's notes of any closed meeting shall be retained by the corporation for a minimum of 5 years. A copy of the transcript, less any exempt matters, of any closed meeting wherein claims are discussed shall become public as to individual claims after settlement of the claim.

(x) ((x)) It is the intent of the Legislature that the amendments to this subsection enacted in 2002 should, over time, reduce the probable maximum windstorm losses in the residual markets and should reduce the potential assessments to be levied on property insurers and policyholders statewide. In furtherance of this intent:

1. The board shall, on or before February 1 of each year, provide a report to the President of the Senate and the Speaker of the House of Representatives showing the reduction or increase in the 100-year probable maximum loss attributable to wind-only coverages and the quota share program under this subsection combined, as compared to the benchmark 100-year 31 probable maximum loss of the Florida Windstorm Underwriting

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Association. For purposes of this paragraph, the benchmark 100-year probable maximum loss of the Florida Windstorm Underwriting Association shall be the calculation dated February 2001 and based on November 30, 2000, exposures. order to ensure comparability of data, the board shall use the same methods for calculating its probable maximum loss as were used to calculate the benchmark probable maximum loss.

- 2. Beginning February 1, 2009 2007, if the report under subparagraph 1. for any year indicates that the 100-year probable maximum loss attributable to wind-only coverages and the quota share program combined does not reflect a reduction of at least 25 percent from the benchmark, the board shall reduce the boundaries of the high-risk area eligible for wind-only coverages under this subsection in a manner calculated to reduce such probable maximum loss to an amount at least 25 percent below the benchmark.
- 3. Beginning February 1, 2014 2012, if the report under subparagraph 1. for any year indicates that the 100-year probable maximum loss attributable to wind-only coverages and the quota share program combined does not reflect a reduction of at least 50 percent from the benchmark, the boundaries of the high-risk area eligible for wind-only coverages under this subsection shall be reduced by the elimination of any area that is not seaward of a line 1,000 feet inland from the Intracoastal Waterway.

(y) (p) In enacting the provisions of this section, the Legislature recognizes that both the Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association have entered into financing arrangements that obligate each entity to service 31 | its debts and maintain the capacity to repay funds secured

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under these financing arrangements. It is the intent of the 2 Legislature that nothing in this section be construed to 3 compromise, diminish, or interfere with the rights of creditors under such financing arrangements. It is further the intent of the Legislature to preserve the obligations of the 5 Florida Windstorm Underwriting Association and Residential 7 Property and Casualty Joint Underwriting Association with regard to outstanding financing arrangements, with such 8 9 obligations passing entirely and unchanged to the corporation and, specifically, to the applicable account of the 10 11 corporation. So long as any bonds, notes, indebtedness, or other financing obligations of the Florida Windstorm 12 Underwriting Association or the Residential Property and 13 Casualty Joint Underwriting Association are outstanding, under 14 the terms of the financing documents pertaining to them, the 15 governing board of the corporation shall have and shall exercise the authority to levy, charge, collect, and receive 17 18 all premiums, assessments, surcharges, charges, revenues, and 19 receipts that the associations had authority to levy, charge, 20 collect, or receive under the provisions of subsection (2) and this subsection, respectively, as they existed on January 1, 21 2002, to provide moneys, without exercise of the authority 22 23 provided by this subsection, in at least the amounts, and by the times, as would be provided under those former provisions 2.4 25 of subsection (2) or this subsection, respectively, so that the value, amount, and collectability of any assets, revenues, 26 27 or revenue source pledged or committed to, or any lien thereon 28 securing such outstanding bonds, notes, indebtedness, or other 29 financing obligations will not be diminished, impaired, or adversely affected by the amendments made by this act and to 30 31 permit compliance with all provisions of financing documents

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pertaining to such bonds, notes, indebtedness, or other financing obligations, or the security or credit enhancement for them, and any reference in this subsection to bonds, notes, indebtedness, financing obligations, or similar obligations, of the corporation shall include like instruments or contracts of the Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association to the extent not inconsistent with the provisions of the financing documents pertaining to them.

(z) (q) The corporation shall not require the securing of flood insurance as a condition of coverage if the insured or applicant executes a form approved by the office affirming that flood insurance is not provided by the corporation and that if flood insurance is not secured by the applicant or insured in addition to coverage by the corporation, the risk will not be covered for flood damage. A corporation policyholder electing not to secure flood insurance and executing a form as provided herein making a claim for water damage against the corporation shall have the burden of proving the damage was not caused by flooding. Notwithstanding other provisions of this subsection, the corporation may deny coverage to an applicant or insured who refuses to execute the form described herein.

(aa)(r) A salaried employee of the corporation who performs policy administration services subsequent to the effectuation of a corporation policy is not required to be licensed as an agent under the provisions of s. 626.112.

Section 9. The amendments made by this act to s. 627.351(6), Florida Statutes, which change the method for calculating and determining the assessments and surcharges 31 that must be levied or collected to fund deficits in Citizens

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Property Insurance Corporation apply to a deficit incurred by the corporation for calendar year 2006 and thereafter.

Section 10. Effective July 1, 2006, paragraph (a) of subsection (5) of section 627.3511, Florida Statutes, is amended to read:

627.3511 Depopulation of Citizens Property Insurance Corporation. --

(5) APPLICABILITY. --

(a) The take-out bonus provided by subsection (2) and the exemption from assessment provided by paragraph (3)(a) apply only if the corporation policy is replaced by either a standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the office, a basic policy including wind coverage; however, with respect to risks located in areas where coverage through the high-risk account of the corporation is available, the replacement policy need not provide wind coverage. The insurer must renew the replacement policy at approved rates on substantially similar terms for four two additional 1-year terms, unless canceled or not renewed by the policyholder insurer for a lawful reason other than reduction of hurricane exposure. If an insurer assumes the corporation's obligations for a policy, it must issue a replacement policy for a 1-year term upon expiration of the corporation policy and must renew the replacement policy at approved rates on substantially similar terms for four two additional 1-year terms, unless canceled or not renewed by the policyholder insurer for a lawful reason other than reduction of hurricane exposure. For each replacement policy canceled or nonrenewed by the insurer for any reason during the 5-year 3-year coverage period required 31 by this paragraph, the insurer must remove from the

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corporation one additional policy covering a risk similar to the risk covered by the canceled or nonrenewed policy. In addition to these requirements, the corporation must place the bonus moneys in escrow for a period of 5 3 years; such moneys may be released from escrow only to pay claims. If the policy is canceled or nonrenewed before the end of the 5-year period, the amount of the take-out bonus must be prorated for the time period the policy was insured. A take-out bonus provided by subsection (2) or subsection (6) shall not be considered premium income for purposes of taxes and assessments under the Florida Insurance Code and shall remain the property of the corporation, subject to the prior security interest of the insurer under the escrow agreement until it is released from escrow, and after it is released from escrow it shall be considered an asset of the insurer and credited to the insurer's capital and surplus.

Section 11. Effective July 1, 2006, section 627.3517, Florida Statutes, is amended to read:

627.3517 Consumer choice.--

(1) Except as provided in subsection (2), no provision of s. 627.351, s. 627.3511, or s. 627.3515 shall be construed to impair the right of any insurance risk apportionment plan policyholder, upon receipt of any keepout or take-out offer, to retain his or her current agent, so long as that agent is duly licensed and appointed by the insurance risk apportionment plan or otherwise authorized to place business with the insurance risk apportionment plan. This right shall not be canceled, suspended, impeded, abridged, or otherwise compromised by any rule, plan of operation, or depopulation plan, whether through keepout, take-out, midterm assumption, 31 or any other means, of any insurance risk apportionment plan

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or depopulation plan, including, but not limited to, those 2 described in s. 627.351, s. 627.3511, or s. 627.3515. The 3 commission shall adopt any rules necessary to cause any insurance risk apportionment plan or market assistance plan under such sections to demonstrate that the operations of the 5 plan do not interfere with, promote, or allow interference 7 with the rights created under this section. If the policyholder's current agent is unable or unwilling to be 8 9 appointed with the insurer making the take-out or keepout offer, the policyholder shall not be disqualified from 10 11 participation in the appropriate insurance risk apportionment plan because of an offer of coverage in the voluntary market. 12 13 An offer of full property insurance coverage by the insurer currently insuring either the ex-wind or wind-only coverage on 14 the policy to which the offer applies shall not be considered 15 a take-out or keepout offer. Any rule, plan of operation, or plan of depopulation, through keepout, take-out, midterm 17 18 assumption, or any other means, of any property insurance risk 19 apportionment plan under s. 627.351(2) or (6) is subject to ss. 627.351(2)(b) and (6)(c) and 627.3511(4). 20 21 (2) This section does not apply during the first 10 days after a new application for coverage has been submitted 22 23

to Citizens Property Insurance Corporation under s. 627.351(6), whether or not coverage is bound during this period.

Section 12. Paragraph (b) of subsection (3) of section 627.4035, Florida Statutes, is amended to read:

627.4035 Cash payment of premiums; claims.--

- (3) All payments of claims made in this state under any contract of insurance shall be paid:
 - (b) If authorized in writing by the recipient or the

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1	recipient's representative, by debit card or any other form of
2	electronic transfer. Any fees or costs to be charged against
3	the recipient must be disclosed in writing to the recipient or
4	the recipient's representative at the time of written
5	authorization. However, the written authorization requirement
6	may be waived by the recipient or the recipient's
7	representative if the insurer verifies the identity of the
8	insured or the insured's recipient and does not charge a fee
9	for the transaction. If the funds are misdirected, the insurer
10	remains liable for the payment of the claim.
11	Section 13. Section 627.6121, Florida Statutes, is
12	created to read:
13	627.6121 Payment of claims for dual interest
14	propertyFor policies issued or renewed on or after October
15	1, 2006, a property insurer shall transmit claims payments
16	directly to the primary policyholder by check or other
17	allowable payment method, payable to the primary policyholder
18	only, without requiring a dual endorsement from any
19	mortgageholder or lienholder, for the following:
20	(1) Amounts payable under the policy for personal
21	property and contents, additional living expenses, and other
22	covered items that are not subject to a recorded security
23	interest that is noted in the dual interest provision of the
24	policy.
25	(2) Amounts payable under the policy for the lesser of
26	\$20,000 or the first 20 percent of the insurer's estimate of
27	the total projected covered claim amount, for the repair or
28	replacement of property subject to a recorded security
29	interest that is noted in the dual interest provision of the
30	policy. The insurer shall provide written notice to the

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this subsection.

Section 14. Subsection (2) of section 627.7011, Florida Statutes, is amended to read:

627.7011 Homeowners' policies; offer of replacement cost coverage and law and ordinance coverage.--

(2) Unless the insurer obtains the policyholder's written refusal of the policies or endorsements specified in subsection (1), any policy covering the dwelling is deemed to include the <u>law and ordinance</u> coverage <u>limited to 25 percent</u> of the dwelling limit specified in paragraph (1)(b). The rejection or selection of alternative coverage shall be made on a form approved by the office. The form shall fully advise the applicant of the nature of the coverage being rejected. If this form is signed by a named insured, it will be conclusively presumed that there was an informed, knowing rejection of the coverage or election of the alternative coverage on behalf of all insureds. Unless the policyholder requests in writing the coverage specified in this section, it need not be provided in or supplemental to any other policy that renews, insures, extends, changes, supersedes, or replaces an existing policy when the policyholder has rejected the coverage specified in this section or has selected alternative coverage. The insurer must provide such policyholder with notice of the availability of such coverage in a form approved by the office at least once every 3 years. The failure to provide such notice constitutes a violation of this code, but does not affect the coverage provided under the policy.

Section 15. Section 627.7019, Florida Statutes, is created to read:

627.7019 Standardization of requirements applicable to

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1	insurers after natural disasters
2	(1) The commission shall adopt by rule, pursuant to s.
3	120.54(1)-(3), standardized requirements that may be applied
4	to insurers as a consequence of a hurricane or other natural
5	disaster. The rules shall address the following areas:
6	(a) Claims reporting requirements.
7	(b) Grace periods for payment of premiums and
8	performance of other duties by insureds.
9	(c) Temporary postponement of cancellations and
10	nonrenewals.
11	(2) The rules adopted under this section shall require
12	the office to issue an order within 72 hours after the
13	occurrence of a hurricane or other natural disaster
14	specifying, by line of insurance, which of the standardized
15	requirements apply, the geographic areas in which they apply,
16	the time at which applicability commences, and the time at
17	which applicability terminates.
18	Section 16. Subsection (5) of section 627.707, Florida
19	Statutes, is amended to read:
20	627.707 Standards for investigation of sinkhole claims
21	by insurers; nonrenewalsUpon receipt of a claim for a
22	sinkhole loss, an insurer must meet the following standards in
23	investigating a claim:
24	(5)(a) Subject to paragraph (b), if a sinkhole loss is
25	verified, the insurer shall pay to stabilize the land and
26	building and repair the foundation in accordance with the
27	recommendations of the engineer as provided under s. 627.7073,
28	and in consultation with the policyholder, subject to the

29 coverage and terms of the policy. The insurer shall pay for

30 other repairs to the structure and contents in accordance with

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(b) The insurer may limit its payment to the actual cash value of the sinkhole loss, not including underpinning or grouting or any other repair technique performed below the existing foundation of the building, until the policyholder enters into a contract for the performance of building stabilization or foundation repairs. After the policyholder enters into the contract, the insurer shall pay the amounts necessary to begin and perform such repairs as the work is performed and the expenses are incurred. The insurer may not require the policyholder to advance payment for such repairs. If repair <u>covered by the policy</u> has begun and the engineer selected or approved by the insurer determines that the repair cannot be completed within the policy limits, the insurer must either complete the engineer's recommended repair or tender the policy limits to the policyholder without a reduction for the repair expenses incurred.

(c) Upon written approval of the policyholder and the lienholder, if any, obtained by the insurer, the insurer may make payment directly to the persons selected by the policyholder to perform the land and building stabilization and foundation repairs. The decision by the insurer to make direct payment to such persons does not create liability for the insurer for the work performed.

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This subsection does not apply when two or more buildings,
structures, mobile homes, or manufactured buildings are
insured under a blanket form for a single amount of insurance.

28 Section 17. Section 627.7072, Florida Statutes, is amended to read:

627.7072 Testing standards for sinkholes.--

(1) The engineer and professional geologist shall

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1	perform such tests as <u>are</u> sufficient, in their professional
2	opinion, to determine the presence or absence of sinkhole loss
3	or other cause of damage within reasonable professional
4	probability and for the engineer to make recommendations
5	regarding necessary building stabilization and foundation
6	repair.
7	(2) Testing by a professional geologist shall be
8	conducted in compliance with the Florida Geological Survey
9	Special Publication No. 57 (2005).
10	Section 18. Paragraph (c) of subsection (1) of section
11	
	627.7073, Florida Statutes, is amended to read:
12	627.7073 Sinkhole reports
13	(1) Upon completion of testing as provided in s.
14	627.7072, the engineer and professional geologist shall issue
15	a report and certification to the insurer and the policyholder
16	as provided in this section.
17	(c) The respective findings, opinions, and
18	recommendations of the engineer and professional geologist as
19	to the <u>cause of damage</u> verification or elimination of a
20	sinkhole loss and the findings, opinions, and recommendations
21	of the engineer as to land and building stabilization and
22	foundation repair shall be presumed correct.
23	Section 19. Effective October 1, 2006, section
24	627.7074, Florida Statutes, is created to read:
25	627.7074 Alternative procedure for resolution of
26	disputed sinkhole insurance claims
27	(1) As used in this section, the term:
28	(a) "Neutral evaluation" means the alternative dispute
29	resolution provided for in this section.
30	(b) "Neutral evaluator" means an engineer or a
31	professional geologist who has completed a course of study in

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alternative dispute resolution designed or approved by the department for use in the neutral evaluation process, who is determined to be fair and impartial.

- (2)(a) The department shall certify and maintain a <u>list of persons who are neutral evaluators.</u>
- (b) The department shall prepare a consumer information pamphlet for distribution by insurers to policyholders which clearly describes the neutral evaluation process and includes information and forms necessary for the policyholder to request a neutral evaluation.
- (3) Following the receipt of the report provided under s. 627.7073 or the denial of a claim for a sinkhole loss, the insurer shall notify the policyholder of his or her right to participate in the neutral evaluation program under this section. Neutral evaluation supersedes the alternative dispute resolution process under s. 627.7015. The insurer shall provide to the policyholder the consumer information pamphlet prepared by the department pursuant to paragraph (2)(b).
- (4) Neutral evaluation is optional and nonbinding. Either the policyholder or the insurer may decline to participate. A request for neutral evaluation may be filed with the department by the policyholder or the insurer on a form approved by the department. The request for neutral evaluation must state the reason for the request and must include an explanation of all the issues in dispute at the time of the request. Filing a request for neutral evaluation tolls the applicable time requirements for filing suit for a period of 60 days following the conclusion of the neutral evaluation process or the time prescribed in s. 95.11, whichever is later.
 - (5) Neutral evaluation shall be conducted as an

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- informal process in which formal rules of evidence and 1 2 procedure need not be observed. A party to neutral evaluation 3 is not required to attend neutral evaluation if a representative of the party attends and has the authority to make a binding decision on behalf of the party. All parties 5 6 shall participate in the evaluation in good faith.
 - (6) The insurer shall pay the costs associated with the neutral evaluation.
 - (7) Upon receipt of a request for neutral evaluation, the department shall refer the request to a neutral evaluator. The neutral evaluator shall notify the policyholder and the insurer of the date, time, and place of the neutral evaluation conference. The conference may be held by telephone, if feasible and desirable. The neutral evaluation conference shall be held within 45 days after receipt of the request by the department.
 - (8) The department shall adopt rules of procedure for the neutral evaluation process.
 - (9) For policyholders not represented by an attorney, a consumer affairs specialist of the department or an employee designated as the primary contact for consumers on issues relating to sinkholes under s. 20.121 shall be available for consultation to the extent that he or she may lawfully do so.
 - (10) Evidence of an offer to settle a claim during the neutral evaluation process, as well as any relevant conduct or statements made in negotiations concerning the offer to settle a claim, is inadmissible to prove liability or absence of liability for the claim or its value, except as provided in subsection (13).
- (11) Any court proceeding related to the subject 31 <u>matter of the neutral evaluation shall be stayed pending</u>

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completion of the neutral evaluation.

(12) For matters that are not resolved by the parties at the conclusion of the neutral evaluation, the neutral evaluator shall prepare a report stating that in his or her opinion the sinkhole loss has been verified or eliminated and, if verified, the need for and estimated costs of stabilizing the land and any covered structures or buildings and other appropriate remediation or structural repairs. The evaluator's report shall be sent to all parties in attendance at the neutral evaluation and to the department.

(13) The recommendation of the neutral evaluator is not binding on any party, and the parties retain access to courts. The neutral evaluator's written recommendation is admissible in any subsequent action or proceeding relating to the claim or to the cause of action giving rise to the claim only for purposes of determining the award of attorney's fees.

(14) If the policyholder declines to participate in neutral evaluation requested by the insurer or declines to resolve the matter in accordance with the recommendation of the neutral evaluator pursuant to this section, the insurer is not liable for attorney's fees under s. 627.428 or other provisions of the insurance code or for extra-contractual damages related to a claim for a sinkhole loss.

(15) A party may seek judicial review of the recommendation of the neutral evaluator to determine whether the recommendation is reasonable. A recommendation is reasonable unless: it was procured by corruption, fraud, or other undue means; there was evident partiality by the neutral evaluator or misconduct prejudicing the rights of any party; or the neutral evaluator exceeded the authority and power 31 granted by this section. If the court declares the

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1	recommendation is not reasonable, the neutral evaluation
2	recommendation shall be vacated.
3	Section 20. Subsection (5) of section 627.727, Florida
4	Statutes, is amended to read:
5	627.727 Motor vehicle insurance; uninsured and
6	underinsured vehicle coverage; insolvent insurer protection
7	(5) Any person having a claim against an insolvent
8	insurer as defined in <u>s. $631.54(6)$</u> s. $631.54(5)$ under the
9	provisions of this section shall present such claim for
10	payment to the Florida Insurance Guaranty Association only. In
11	the event of a payment to any person in settlement of a claim
12	arising under the provisions of this section, the association
13	is not subrogated or entitled to any recovery against the
14	claimant's insurer. The association, however, has the rights
15	of recovery as set forth in chapter 631 in the proceeds
16	recoverable from the assets of the insolvent insurer.
17	Section 21. Paragraph (f) is added to subsection (2)
18	of section 631.181, Florida Statutes, to read:
19	631.181 Filing and proof of claim
20	(2)
21	(f) The signed statement required by this section
22	shall not be required on claims for which adequate claims file
23	documentation exists within the records of the insolvent
24	insurer. Claims for payment of unearned premium shall not be
25	required to use the signed statement required by this section
26	if the receiver certifies to the guaranty fund that the
27	records of the insolvent insurer are sufficient to determine
28	the amount of unearned premium owed to each policyholder of
29	the insurer and such information is remitted to the guaranty

30 <u>fund by the receiver in electronic or other mutually</u>

31 <u>agreed-upon format.</u>

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Section 22. Subsection (3) of section 631.54, Florida Statutes, is amended, present subsections (5), (6), (7), and (8) of that section are renumbered as subsections (6), (7), (8), and (9), respectively, and a new subsection (5) is added to that section to read:

631.54 Definitions.--As used in this part:

- (3) "Covered claim" means an unpaid claim, including one of unearned premiums, which arises out of, and is within the coverage, and not in excess of, the applicable limits of an insurance policy to which this part applies, issued by an insurer, if such insurer becomes an insolvent insurer and the claimant or insured is a resident of this state at the time of the insured event or the property from which the claim arises is permanently located in this state. For entities other than individuals, the residence of a claimant, insured, or policyholder is the state in which the entity's principal place of business is located at the time of the insured event. "Covered claim" shall not include:
- (a) Any amount due any reinsurer, insurer, insurance pool, or underwriting association, sought directly or indirectly through a third party, as subrogation, contribution, indemnification, or otherwise; or
- (b) Any claim that would otherwise be a covered claim under this part that has been rejected by any other state guaranty fund on the grounds that an insured's net worth is greater than that allowed under that state's guaranty law.

 Member insurers shall have no right of subrogation, contribution, indemnification, or otherwise, sought directly or indirectly through a third party, against the insured of any insolvent member.
 - (5) "Homeowner's insurance" means personal lines

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1	residential property insurance coverage that consists of the
2	type of coverage provided under homeowner's, dwelling, and
3	similar policies for repair or replacement of the insured
4	structure and contents, which policies are written directly to
5	the individual homeowner. Residential coverage for personal
6	lines as set forth in this section includes policies that
7	provide coverage for particular perils such as windstorm and
8	hurricane coverage but excludes all coverage for mobile homes,
9	renter's insurance, or tenant's coverage. The term
10	"homeowner's insurance" excludes commercial residential
11	policies covering condominium associations or homeowners'
12	associations, which associations have a responsibility to
13	provide insurance coverage on residential units within the
14	association, and also excludes coverage for the common
15	elements of a homeowners' association.
16	Section 23. Subsection (1) of section 631.55, Florida
17	Statutes, is amended to read:
18	631.55 Creation of the association
19	(1) There is created a nonprofit corporation to be
20	known as the "Florida Insurance Guaranty Association,
21	Incorporated. " All insurers defined as member insurers in <u>s.</u>
22	631.54(7) shall be members of the association as
23	a condition of their authority to transact insurance in this
24	state, and, further, as a condition of such authority, an
25	insurer shall agree to reimburse the association for all claim
26	payments the association makes on said insurer's behalf if
27	such insurer is subsequently rehabilitated. The association
28	shall perform its functions under a plan of operation
29	established and approved under s. 631.58 and shall exercise

30 its powers through a board of directors established under s.

31 | 631.56. The corporation shall have all those powers granted or

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1	permitted nonprofit corporations, as provided in chapter 617.
2	Section 24. Paragraph (a) of subsection (1), paragraph
3	(d) of subsection (2), and paragraph (a) of subsection (3) of
4	section 631.57, Florida Statutes, are amended, and paragraph
5	(e) is added to subsection (3) of that section, to read:
6	631.57 Powers and duties of the association
7	(1) The association shall:
8	(a)1. Be obligated to the extent of the covered claims
9	existing:
10	a. Prior to adjudication of insolvency and arising
11	within 30 days after the determination of insolvency;
12	b. Before the policy expiration date if less than 30
13	days after the determination; or
14	c. Before the insured replaces the policy or causes
15	its cancellation, if she or he does so within 30 days of the
16	determination.
17	2. The obligation under subparagraph 1. includes only
18	the amount of each covered claim which is in excess of \$100
19	and is less than \$300,000, except that policies providing
20	coverage for homeowner's insurance shall provide for an
21	additional \$200,000 for the portion of a covered claim which
22	relates only to the damage to the structure and contents.
23	3.a.2. Notwithstanding subparagraph 2., the obligation
24	under subparagraph 1. <u>for</u> shall include only that amount of
25	each covered claim which is in excess of \$100 and is less than
26	\$300,000, except with respect to policies covering condominium
27	associations or homeowners' associations, which associations
28	have a responsibility to provide insurance coverage on
29	residential units within the association, the obligation shall
30	include that amount of each covered property insurance claim

31 which is less than \$100,000 multiplied by the number of

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condominium units or other residential units; however, as to homeowners' associations, this <u>sub-subparagraph</u> applies only to claims for damage or loss to residential units and structures attached to residential units.

b. Notwithstanding sub-subparagraph a., the association has no obligation to pay covered claims that are to be paid from the proceeds of bonds issued under s. 631.695.

However, the association shall assign and pledge the first available moneys from all or part of the assessments to be made under paragraph (3)(a) to or on behalf of the issuer of such bonds for the benefit of the holders of such bonds. The association shall administer any such covered claims and present valid covered claims for payment in accordance with the provisions of the assistance program in connection with which such bonds have been issued.

- 4.3. In no event shall the association be obligated to a policyholder or claimant in an amount in excess of the obligation of the insolvent insurer under the policy from which the claim arises.
 - (2) The association may:
- $\hbox{(d)} \quad \mbox{Negotiate and become a party to such contracts as} \\ \mbox{are necessary to carry out the purpose of this part.}$
- 23 Additionally, the association may enter into such contracts
- 24 with a municipality, a county, or a legal entity created
- 25 pursuant to s. 163.01(7)(g) as are necessary in order for the
- 26 municipality, county, or legal entity to issue bonds under s.
- 27 631.695. In connection with the issuance of any such bonds and
- 28 the entering into of any such necessary contracts, the
- 29 association may agree to such terms and conditions as the
- 30 <u>association deems necessary and proper.</u>
 - (3)(a) To the extent necessary to secure the funds for

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1 the respective accounts for the payment of covered claims, and 2 also to pay the reasonable costs to administer the same, and 3 to the extent necessary to secure the funds for the account specified in s. 631.55(2)(c) or to retire indebtedness, including, without limitation, the principal, redemption 5 premium, if any, and interest on, and related costs of 7 issuance of, bonds issued under s. 631.695 and the funding of any reserves and other payments required under the bond 8 9 resolution or trust indenture pursuant to which such bonds have been issued, the office, upon certification of the board 10 11 of directors, shall levy assessments in the proportion that each insurer's net direct written premiums in this state in 12 the classes protected by the account bears to the total of 13 said net direct written premiums received in this state by all 14 such insurers for the preceding calendar year for the kinds of 15 16 insurance included within such account. Assessments shall be remitted to and administered by the board of directors in the 17 18 manner specified by the approved plan. Each insurer so 19 assessed shall have at least 30 days' written notice as to the 20 date the assessment is due and payable. Every assessment shall be made as a uniform percentage applicable to the net direct 21 written premiums of each insurer in the kinds of insurance 22 23 included within the account in which the assessment is made. The assessments levied against any insurer shall not exceed in 2.4 25 any one year more than 2 percent of that insurer's net direct written premiums in this state for the kinds of insurance 26 27 included within such account during the calendar year next 28 preceding the date of such assessments. 29 (e)1.a. In addition to assessments otherwise authorized in paragraph (a) and to the extent necessary to 30

31 secure the funds for the account specified in s. 631.55(2)(c)

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or to retire indebtedness, including, without limitation, the 1 principal, redemption premium, if any, and interest on, and 2 related costs of issuance of, bonds issued under s. 631.695 3 and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which 5 such bonds have been issued, the office, upon certification of 6 7 the board of directors, shall levy emergency assessments upon insurers holding a certificate of authority. The emergency 8 9 assessments payable under this paragraph by any insurer shall not exceed in any single year more than 2 percent of that 10 11 insurer's direct written premiums, net of refunds, in this state during the preceding calendar year for the kinds of 12 insurance within the account specified in s. 631.55(2)(c). 13 14 b. Any emergency assessments authorized under this paragraph shall be levied by the office upon insurers referred 15 to in sub-subparagraph a., upon certification as to the need for such assessments by the board of directors, in each year 17 18 that bonds issued under s. 631.695 and secured by such 19 emergency assessments are outstanding, in such amounts up to such 2-percent limit as required in order to provide for the 20 full and timely payment of the principal of, redemption 21 premium, if any, and interest on, and related costs of 22 23 issuance of, such bonds. The emergency assessments provided for in this paragraph are assigned and pledged to the 2.4 2.5 municipality, county, or legal entity issuing bonds under s. 631.695 for the benefit of the holders of such bonds, in order 26 to enable such municipality, county, or legal entity to 2.7 28 provide for the payment of the principal of, redemption 29 premium, if any, and interest on such bonds, the cost of issuance of such bonds, and the funding of any reserves and 30 31 other payments required under the bond resolution or trust

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indenture pursuant to which such bonds have been issued, 1 2 without the necessity of any further action by the 3 association, the office, or any other party. To the extent bonds are issued under s. 631.695 and the association determines to secure such bonds by a pledge of revenues 5 received from the emergency assessments, such bonds, upon such 7 pledge of revenues, shall be secured by and payable from the proceeds of such emergency assessments, and the proceeds of 8 9 emergency assessments levied under this paragraph shall be remitted directly to and administered by the trustee or 10

custodian appointed for such bonds.

- c. Emergency assessments under this paragraph may be payable in a single payment or, at the option of the association, may be payable in 12 monthly installments with the first installment being due and payable at the end of the month after an emergency assessment is levied and subsequent installments being due not later than the end of each succeeding month.
- d. If emergency assessments are imposed, the report required by s. 631.695(7) shall include an analysis of the revenues generated from the emergency assessments imposed under this paragraph.
- e. If emergency assessments are imposed, the references in sub-subparagraph (1)(a)3.b. and s. 631.695(2) and (7) to assessments levied under paragraph (a) shall include emergency assessments imposed under this paragraph.
- 27 In order to ensure that insurers paying emergency 28 assessments levied under this paragraph continue to charge 29 rates that are neither inadequate nor excessive, within 90 days after being notified of such assessments, each insurer 30 31 that is to be assessed pursuant to this paragraph shall submit

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1	a rate filing for coverage included within the account
2	specified in s. 631.55(2)(c) and for which rates are required
3	to be filed under s. 627.062. If the filing reflects a rate
4	change that, as a percentage, is equal to the difference
5	between the rate of such assessment and the rate of the
6	previous year's assessment under this paragraph, the filing
7	shall consist of a certification so stating and shall be
8	deemed approved when made. Any rate change of a different
9	percentage shall be subject to the standards and procedures of
10	s. 627.062.
11	3. An annual assessment under this paragraph shall
12	continue while the bonds issued with respect to which the
13	assessment was imposed are outstanding, including any bonds
14	the proceeds of which were used to refund bonds issued
15	pursuant to s. 631.695, unless adequate provision has been
16	made for the payment of the bonds in the documents authorizing
17	the issuance of such bonds.
18	4. Emergency assessments under this paragraph are not
19	premium and are not subject to the premium tax, to any fees,
20	or to any commissions. An insurer is liable for all emergency
21	assessments that the insurer collects and shall treat the
22	failure of an insured to pay an emergency assessment as a
23	failure to pay the premium. An insurer is not liable for
24	uncollectible emergency assessments.
25	Section 25. Section 631.695, Florida Statutes, is
26	created to read:
27	631.695 Revenue bond issuance through counties or
28	municipalities
29	(1) The Legislature finds:
3.0	(a) The potential for widespread and massive damage to

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this state can generate insurance claims of such a number as to render numerous insurers operating within this state insolvent and therefore unable to satisfy covered claims.

- (b) The inability of insureds within this state to receive payment of covered claims or to timely receive such payment creates financial and other hardships for such insureds and places undue burdens on the state, the affected units of local government, and the community at large.
- (c) In addition, the failure of insurers to pay covered claims or to timely pay such claims due to the insolvency of such insurers can undermine the public's confidence in insurers operating within this state, thereby adversely affecting the stability of the insurance industry in this state.
- (d) The state has previously taken action to address these problems by adopting the Florida Insurance Guaranty Association Act, which, among other things, provides a mechanism for the payment of covered claims under certain insurance policies to avoid excessive delay in payment and to avoid financial loss to claimants or policyholders because of the insolvency of an insurer.
- (e) In the wake of the unprecedented destruction caused by various hurricanes that have made landfall in this state, the resultant covered claims, and the number of insurers rendered insolvent thereby, make it evident that alternative programs must be developed to allow the Florida Insurance Guaranty Association to more expeditiously and effectively provide for the payment of covered claims.
- (f) It is therefore determined to be in the best interests of, and necessary for, the protection of the public 31 health, safety, and general welfare of the residents of this

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state and for the protection and preservation of the economic 1 2 stability of insurers operating in this state, and it is 3 declared to be an essential public purpose, to permit certain municipalities and counties to take such actions as will provide relief to claimants and policyholders having covered 5 claims against insolvent insurers operating in this state by 7 expediting the handling and payment of covered claims.

- (g) To achieve the foregoing purposes, it is proper to authorize municipalities and counties of this state substantially affected by the landfall of a hurricane to issue bonds to assist the Florida Insurance Guaranty Association in expediting the handling and payment of covered claims of insolvent insurers.
- (h) In order to avoid the needless and indiscriminate proliferation, duplication, and fragmentation of such assistance programs, it is in the best interests of the residents of this state to authorize municipalities and counties severely affected by a hurricane to provide for the payment of covered claims beyond their territorial limits in the implementation of such programs.
- (i) It is a paramount public purpose for municipalities and counties substantially affected by the landfall of a hurricane to be able to issue bonds for the purposes described in this section. Such issuance shall provide assistance to residents of those municipalities and counties as well as to other residents of this state.
- (2) The governing body of any municipality or county, the residents of which have been substantially affected by a hurricane, may issue bonds to fund an assistance program in conjunction with, and with the consent of, the Florida 31 Insurance Guaranty Association for the purpose of paying

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1	claimants' or policyholders' covered claims, as defined in s.
2	631.54, arising through the insolvency of an insurer, which
3	insolvency is determined by the Florida Insurance Guaranty
4	Association to have been a result of a hurricane, regardless
5	of whether the claimants or policyholders are residents of
6	such municipality or county or the property to which the claim
7	relates is located within or outside the territorial
8	jurisdiction of the municipality or county. The power of a
9	municipality or county to issue bonds, as described in this
10	section, is in addition to any powers granted by law and may
11	not be abrogated or restricted by any provisions in such
12	municipality's or county's charter. A municipality or county
13	issuing bonds for this purpose shall enter into such contracts
14	with the Florida Insurance Guaranty Association or any entity
15	acting on behalf of the Florida Insurance Guaranty Association
16	as are necessary to implement the assistance program. Any
17	bonds issued by a municipality or county or a combination
18	thereof under this subsection shall be payable from and
19	secured by moneys received by or on behalf of the municipality
20	or county from assessments levied under s. 631.57(3)(a) and
21	assigned and pledged to or on behalf of the municipality or
22	county for the benefit of the holders of the bonds in
23	connection with the assistance program. The funds, credit,
24	property, and taxing power of the state or any municipality or
25	county shall not be pledged for the payment of such bonds.
26	(3) Bonds may be validated by the municipality or
27	county pursuant to chapter 75. The proceeds of the bonds may
28	be used to pay covered claims of insolvent insurers; to
29	refinance or replace previously existing borrowings or
30	financial arrangements; to pay interest on bonds; to fund
31	reserves for the bonds; to pay expenses incident to the

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issuance or sale of any bond issued under this section, 1 2 including costs of validating, printing, and delivering the 3 bonds, costs of printing the official statement, costs of publishing notices of sale of the bonds, costs of obtaining credit enhancement or liquidity support, and related 5 administrative expenses; or for such other purposes related to 7 the financial obligations of the fund as the association may determine. The term of the bonds may not exceed 30 years. 8 9 (4) The state covenants with holders of bonds of the assistance program that the state will not take any action 10 11 that will have a material adverse effect on the holders and will not repeal or abrogate the power of the board of 12 directors of the association to direct the Office of Insurance 13 Regulation to levy the assessments and to collect the proceeds 14 15 of the revenues pledged to the payment of the bonds as long as 16 any of the bonds remain outstanding, unless adequate provision has been made for the payment of the bonds in the documents 17 18 authorizing the issuance of the bonds. 19 (5) The accomplishment of the authorized purposes of such municipality or county under this section is in all 20 respects for the benefit of the people of the state, for the 21 increase of their commerce and prosperity, and for the 22 23 improvement of their health and living conditions. The municipality or county, in performing essential governmental 2.4 2.5 functions in accomplishing its purposes, is not required to 26 pay any taxes or assessments of any kind whatsoever upon any property acquired or used by the county or municipality for 2.7 28 such purposes or upon any revenues at any time received by the 29 county or municipality. The bonds, notes, and other 30 obligations of the municipality or county and the transfer of

31 and income from such bonds, notes, and other obligations,

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597-2109B-06 including any profits made on the sale of such bonds, notes, 1 2 and other obligations, are exempt from taxation of any kind by 3 the state or by any political subdivision or other agency or instrumentality of the state. The exemption granted in this subsection is not applicable to any tax imposed by chapter 220 5 on interest, income, or profits on debt obligations owned by 7 corporations. 8 (6) Two or more municipalities or counties, the 9 residents of which have been substantially affected by a hurricane, may create a legal entity pursuant to s. 10 11 163.01(7)(q) to exercise the powers described in this section as well as those powers granted in s. 163.01(7)(q). References 12 in this section to a municipality or county includes such 13 14 legal entity. (7) The association shall issue an annual report on 15 16 the status of the use of bond proceeds as related to insolvencies caused by hurricanes. The report must contain the 17 18 number and amount of claims paid. The association shall also 19 include an analysis of the revenue generated from the assessment levied under s. 631.57(3)(a) to pay such bonds. The 20 association shall submit a copy of the report to the President 21 of the Senate, the Speaker of the House of Representatives, 22 23 and the Chief Financial Officer within 90 days after the end of each calendar year in which bonds were outstanding. 2.4 25 Section 26. No provision of s. 631.57 or s. 631.695, Florida Statutes, shall be repealed until such time as the 26 27 principal, redemption premium, if any, and interest on all 28 bonds issued under s. 631.695, Florida Statutes, payable and 29 secured from assessments levied under s. 631.57(3)(a), Florida

Statutes, have been paid in full or adequate provision for

31 such payment has been made in accordance with the bond

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1	resolution or trust indenture pursuant to which the bonds were
2	issued.
3	Section 27. For the 2006-2007 fiscal year, the sum
4	of is appropriated from the General Revenue Fund to the
5	Department of Community Affairs as a nonrecurring
6	appropriation for the purposes of the Home Retrofit Hardening
7	Program specified in s. 215.558, Florida Statutes, as created
8	by this act.
9	Section 28. For the 2006-2007 fiscal year, the sum
10	of is appropriated from the General Revenue Fund to the
11	Department of Community Affairs as a nonrecurring
12	appropriation for the purposes of wind certification and
13	hurricane mitigation inspections specified in s. 215.5586,
14	Florida Statutes, as created by this act.
15	Section 29. Except as otherwise expressly provided in
16	this act, this act shall take effect upon becoming a law.
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