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By the Committees on Rules; and Budget; and Senator Smith

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A bill to be entitled An act relating to insurance; amending s. 120.80, F.S.; allowing the Division of Administrative Hearings to have final order authority with respect to certain license applicants; amending s. 316.066, F.S.; revising the type of information that must be included in crash reports; authorizing the investigating officer to testify at trial or provide an affidavit concerning the content of the reports; amending ss. 440.12 and 440.20, F.S.; authorizing the payment of workers' compensation benefits through the use of a prepaid card; providing requirements; amending s. 440.49, F.S.; specifying that the assessment for the Special Disability Trust Fund be applied on a calendar year basis; amending s. 624.402, F.S.; revising provisions relating to certain insurers covering nonresidents domiciled outside the United States who are exempt from requirements to obtain a certificate of authority; amending s. 626.207, F.S., relating to penalties; providing definitions; barring persons convicted of certain crimes from licensure as an insurance agent; revising provisions relating to disqualifying periods for persons convicted of other crimes; providing an exemption from the limitation against state employment for persons convicted of certain crimes; amending s. 627.4133, F.S.; changing the designated person or persons who must be notified by an insurer from the "insured" to the "first-named

insured" in situations involving the nonrenewal,

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renewal premium, cancellation, or termination of workers' compensation, employer liability, or certain property and casualty insurance coverage; specifying the effective date for the cancellation of a policy requested in writing by the insured; amending s. 627.4137, F.S.; requiring a claimant's request about insurance coverage to be appropriately served upon the disclosing entity; amending s. 627.442, F.S.; providing that premium audits for workers' compensation coverage is not required; providing exceptions; amending s. 627.7277, F.S.; making a conforming change that specifies the "first-named insured" as the person who is to receive notification of a renewal premium; amending s. 627.728, F.S.; changing the designated person or persons who must be notified by an insurer from the "insured" to the "first-named insured" in certain situations involving the cancellation or nonrenewal of motor vehicle insurance coverage; making a conforming change that specifies the "first-named insured's insurance agent" as a person who is to receive certain notifications relating to motor vehicle insurance coverage; amending s. 627.7281, F.S.; making a conforming change that specifies the "first-named insured" as the person who is to receive notification of cancellation of motor vehicle insurance coverage; amending s. 627.7295, F.S.; providing that a binder or policy for motor vehicle insurance is not effective until a certain amount of the premium is paid; amending s. 628.901,

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F.S.; providing definitions; repealing s. 628.903, F.S., relating to the definition of the term "industrial insured captive insurer"; amending s. 628.905, F.S.; requiring a captive insurer to obtain a license and to file evidence that a person or firm with whom it intends to conduct business is reputable; providing that a certificate of insurance for an association captive insurer does not exceed the total funds of the association members; creating s. 628.908, F.S.; requiring a licensed captive insurer to maintain its principal place of business in this state and hold an annual meeting in this state; amending s. 628.909, F.S.; applying additional provisions of the insurance code to captive insurers; amending s. 634.403, F.S.; exempting certain persons from service warranty licensure requirements under certain circumstances; amending s. 817.234, F.S.; providing civil penalties for fraudulent insurance claims; providing effective dates.

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

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Section 1. Subsection (17) of section 120.80, Florida Statutes, is created to read:

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120.80 Exceptions and special requirements; agencies.—
(17) DEPARTMENT OF FINANCIAL SERVICES.—Notwithstanding ss.
120.569, 120.57, and 120.60, if an applicant for licensure as an

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been convicted of, or pled guilty or nolo contendere to, a

agent or adjuster pursuant to the Florida Insurance Code has

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felony, the disqualifying periods have been met, and the department has denied the application pursuant to s. 626.207(6), the division shall have final order authority.

Section 2. Subsection (1) of section 316.066, Florida Statutes, is amended to read:

316.066 Written reports of crashes.-

- (1) (a) A Florida Traffic Crash Report, Long Form, must is required to be completed and submitted to the department within 10 days after completing an investigation is completed by the every law enforcement officer who in the regular course of duty investigates a motor vehicle crash:
- 1. That resulted in death, or personal injury, or any indication of complaints of pain or discomfort by any of the parties or passengers involved in the crash;
- 2. That involved one or more passengers, other than the drivers of the vehicles, in any of the vehicles involved in the crash;
- $\underline{3.2.}$ That involved a violation of s. 316.061(1) or s. 316.193; or-
- $\underline{4.3.}$ In which a vehicle was rendered inoperative to a degree that required a wrecker to remove it from traffic, if such action is appropriate, in the officer's discretion.
- (b) In every crash for which a Florida Traffic Crash Report, Long Form, is not required by this section, the law enforcement officer may complete a short-form crash report or provide a short-form crash report to be completed by each party involved in the crash. Short-form crash reports prepared by the law enforcement officer shall be maintained by the officer's agency.

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(c) The long-form and the short-form report must include:

- 1. The date, time, and location of the crash.
- 2. A description of the vehicles involved.
- 3. The names and addresses of the parties involved.
- 4. The names and addresses of all passengers in all vehicles involved in the crash, each clearly identified as being a passenger and the identification of the vehicle in which they were a passenger.
 - 5.4. The names and addresses of witnesses.
- $\underline{6.5.}$ The name, badge number, and law enforcement agency of the officer investigating the crash.
- 7.6. The names of the insurance companies for the respective parties involved in the crash.
- (d) (e) Each party to the crash <u>must shall</u> provide the law enforcement officer with proof of insurance, <u>which must to</u> be included in the crash report. If a law enforcement officer submits a report on the accident, proof of insurance must be provided to the officer by each party involved in the crash. Any party who fails to provide the required information commits a noncriminal traffic infraction, punishable as a nonmoving violation as provided in chapter 318, unless the officer determines that due to injuries or other special circumstances such insurance information cannot be provided immediately. If the person provides the law enforcement agency, within 24 hours after the crash, proof of insurance that was valid at the time of the crash, the law enforcement agency may void the citation.
- <u>(e) (d)</u> The driver of a vehicle that was in any manner involved in a crash resulting in damage to any vehicle or other property in an amount of \$500 or more, which erash was not

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investigated by a law enforcement agency, shall, within 10 days after the crash, submit a written report of the crash to the department or traffic records center. The entity receiving the report may require witnesses of the crash erashes to render reports and may require any driver of a vehicle involved in a crash of which a written report must be made as provided in this section to file supplemental written reports if whenever the original report is deemed insufficient by the receiving entity.

- (f) The investigating law enforcement officer may testify at trial or provide a signed affidavit to confirm or supplement the information included on the long-form or short-form report.
- (e) Short-form crash reports prepared by law enforcement shall be maintained by the law enforcement officer's agency.

Section 3. Subsection (1) of section 440.12, Florida Statutes, is amended to read:

440.12 Time for commencement and limits on weekly rate of compensation.—

- (1) No Compensation is not shall be allowed for the first 7 days of the disability, except for benefits provided under for in s. 440.13. However, if the injury results in disability of more than 21 days, compensation shall be allowed from the commencement of the disability.
- (a) All weekly compensation payments, except for the first payment, shall be paid by check or, if authorized by the employee, on a prepaid card pursuant to paragraph (b) or deposited directly into the employee's account at a financial institution. As used in this subsection, the term "financial institution" means a financial institution as defined in s. 655.005(1)(h).

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(b) Upon receipt of authorization by the employee as provided in paragraph (a), a carrier may use a prepaid card to deliver compensation payments to an employee if the employee:

- 1. Has at least one means of accessing his or her entire compensation payment once per week without incurring fees;
- 2. Has the ability to make point-of-sale purchases without incurring fees from the financial institution issuing the prepaid card; and
- 3. Is provided with terms and conditions of the prepaid card program, including a description of any fees that may be assessed.
- (c) Each carrier shall keep a record of all payments made under this subsection and the time and manner of such payments, and shall furnish these records, or a report based on these records, to the Division of Insurance Fraud and the Division of Workers' Compensation upon request.
- (d) The department may adopt rules to administer this subsection.
- Section 4. Paragraph (a) of subsection (1) of section 440.20, Florida Statutes, is amended to read:
- 440.20 Time for payment of compensation and medical bills; penalties for late payment.—
- (1) (a) Unless the carrier it denies compensability or entitlement to benefits, the carrier shall pay compensation directly to the employee as required by ss. 440.14, 440.15, and 440.16, in accordance with the obligations set forth in those such sections. Upon receipt of the employee's authorization as provided in s. 440.12(1) If authorized by the employee, the carrier's obligation to pay compensation directly to the

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employee is satisfied when the carrier directly deposits, by electronic transfer or other means, compensation into the employee's account at a financial institution or onto a prepaid card in accordance with s. 440.12(1). As used in this paragraph, the term "financial institution" means a financial institution as defined in s. 655.005(1)(h). Compensation by direct deposit or through the use of a prepaid card is considered paid on the date the funds become available for withdrawal by the employee.

Section 5. Paragraph (b) of subsection (9) of section 440.49, Florida Statutes, is amended to read:

440.49 Limitation of liability for subsequent injury through Special Disability Trust Fund.—

- (9) SPECIAL DISABILITY TRUST FUND.-
- (b) 1. The Special Disability Trust Fund shall be maintained by annual assessments on upon the insurance companies writing compensation insurance in the state, the commercial selfinsurers under ss. 624.462 and 624.4621, the assessable mutuals as defined in s. 628.6011, and the self-insurers under this chapter, which assessments are due and payable shall become due and be paid quarterly at the same time and in addition to the assessments provided in s. 440.51.
- 1. The department shall estimate annually in advance the amount necessary for the administration of this subsection and the maintenance of this fund and shall make such assessment as provided in this subparagraph in the manner hereinafter provided.
- $\underline{a.2.}$ The annual assessment shall be calculated to produce during the ensuing fiscal year an amount which, when combined with that part of the balance in the fund on June 30 of the

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current fiscal year which is in excess of \$100,000, is equal to the average of:

- $\underline{\text{(I)}_{a}}$. The sum of disbursements from the fund during the immediate past 3 calendar years; τ and
- $\underline{\text{(II)}}_{\mbox{\ensuremath{b.}}}$ Two times the disbursements of the most recent calendar year.
- b. The assessment shall be applied on a calendar year basis beginning January 1, 2012, and be included in the workers' compensation rate filings approved by the office which become effective on or after January 1, 2012. The assessment effective January 1, 2011, also applies to the interim period from July 1, 2011, through December 31, 2011, and is included in the workers' compensation rate filings, whether regular or amended, approved by the office which are effective on or after July 1, 2011. Thereafter, the annual assessment takes effect January 1 of the next calendar year and is included in the workers' compensation rate filings approved by the office which become effective on or after January 1 of the next calendar year.
- <u>c.</u> Such amount shall be prorated among the insurance companies writing compensation insurance in the state and the self-insurers. Provided However, for those carriers that have excluded ceded reinsurance premiums from their assessments on or before January 1, 2000, no assessments on ceded reinsurance premiums may not shall be paid by those carriers until such time as the former Division of Workers' Compensation of the Department of Labor and Employment Security or the department advises each of those carriers of the impact that the inclusion of ceded reinsurance premiums has on their assessment. The division department may not recover any past underpayments of

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assessments levied against any carrier that on or before January 1, 2000, excluded ceded reinsurance premiums from their assessment <u>before</u> prior to the point that the former Division of Workers' Compensation of the Department of Labor and Employment Security or the department advises of the appropriate assessment that should have been paid.

- 3. The net premiums written by the companies for workers' compensation in this state and the net premium written applicable to the self-insurers in this state are the basis for computing the amount to be assessed as a percentage of net premiums. Such payments shall be made by each carrier and self-insurer to the department for the Special Disability Trust Fund in accordance with such regulations as the department prescribes.
- 4. The Chief Financial Officer <u>may</u> is authorized to receive and credit to such Special Disability Trust Fund any sum or sums that may at any time be contributed to the state by the United States under any Act of Congress, or otherwise, to which the state may be or become entitled by reason of any payments made out of such fund.

Section 6. Subsection (8) of section 624.402, Florida Statutes, is amended to read:

- 624.402 Exceptions, certificate of authority required.—A certificate of authority shall not be required of an insurer with respect to:
- (8) An insurer domiciled outside the United States covering only persons who, at the time of issuance or renewal, are nonresidents of the United States.
 - (a) In order to qualify for this exemption, the insurer:

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291 <u>1. Must register with the office via a letter of</u> 292 notification upon commencing business from this state.

- 2. Must provide the following information to the office annually by March 1:
- a. The name of the insurer; the insurer's country of domicile; the address of the insurer's principal office and office in this state; the names of the owners of the insurer and their percentage of ownership; the names of the officers and directors of the insurer; the name, e-mail, and telephone number of a contact person for the insurer; and the number of individuals who are employed by the insurer or its affiliates in this state;
 - b. The type of products offered by the insurer;
- c. A statement from the applicable regulatory body of the insurer's domicile certifying that the insurer is licensed or registered in that domicile; and
- d. A copy of the filings required by the applicable regulatory body of the insurer's domicile.
- 3. Or any affiliated person as defined in s. 624.04 under common ownership or control with the insurer, may not solicit, sell, or accept an application for any insurance policy or contract to be delivered or issued for delivery to any individual other than a nonresident.
- (b) All policies or certificates delivered to nonresidents in this state must include the following statement in a contrasting color and at least 10-point type: "The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation."

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(c) If the insurer ceases to do business from this state, the insurer must agree to provide written notification to the office within 30 days after cessation.

- (d) Subject to the limitations contained in this subsection, services, including those listed in s. 624.10, may be provided by the insurer or an affiliated person as defined in s. 624.04 under common ownership or control with the insurer.
- (e) An alien insurer transacting insurance in this state without complying with this subsection is in violation of this chapter and subject to the penalties under s. 624.15.
- (f) An insurer that holds a certificate of authority in this state may issue and deliver policies to nonresidents at temporary or secondary addresses in this state, along with a notice that the policy form and rate is not subject to the approval of the Office of Insurance Regulation.
- in and maintains a physical place of domicile in a country other than the United States, which he or she recognizes as and intends to maintain as his or her permanent home. The term does not include an unauthorized immigrant present in the United States. Notwithstanding any other provision of law, it is conclusively presumed that an individual is a resident of the United States if such individual:
- 1. Has had his or her principal place of domicile in the United States for 180 days or more in the 365 days before issuance or renewal the policy;
 - 2. Has registered to vote in any state;
 - 3. Has made a statement of domicile in any state; or
 - 4. Has filed for homestead tax exemption on property in any

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349 state.

(a) Life insurance policies or annuity contracts issued by an insurer domiciled outside the United States covering only persons who, at the time of issuance, are not residents of the United States and are not nonresidents illegally residing in the United States, provided:

1. The insurer must currently be an authorized insurer in its country of domicile as to the kind or kinds of insurance proposed to be offered and must have been such an insurer for not fewer than the immediately preceding 3 years, or must be the wholly owned subsidiary of such authorized insurer or must be the wholly owned subsidiary of an already eligible authorized insurer as to the kind or kinds of insurance proposed for a period of not fewer than the immediately preceding 3 years. However, the office may waive the 3-year requirement if the insurer has operated successfully for a period of at least the immediately preceding year and has capital and surplus of not less than \$25 million.

2. Before the office may grant eligibility, the requesting insurer shall furnish the office with a duly authenticated copy of its current annual financial statement, in English, and with all monetary values therein expressed in United States dollars, at an exchange rate then-current and shown in the statement, in the case of statements originally made in the currencies of other countries, and with such additional information relative to the insurer as the office may request.

3. The insurer must have and maintain surplus as to policyholders of not less than \$15 million. Any such surplus as to policyholders shall be represented by investments consisting

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of eligible investments for like funds of like domestic insurers under part II of chapter 625; however, any such surplus as to policyholders may be represented by investments permitted by the domestic regulator of such alien insurance company if such investments are substantially similar in terms of quality, liquidity, and security to eligible investments for like funds of like domestic insurers under part II of chapter 625.

- 4. The insurer must be of good reputation as to the providing of service to its policyholders and the payment of losses and claims.
- 5. To maintain eligibility, the insurer shall furnish the office within the time period specified in s. 624.424(1)(a) a duly authenticated copy of its current annual and quarterly financial statements, in English, and with all monetary values therein expressed in United States dollars, at an exchange rate then-current and shown in the statement, in the case of statements originally made in the currencies of other countries, and with such additional information relative to the insurer as the office may request.
- 6. An insurer receiving eligibility under this subsection shall agree to make its books and records pertaining to its operations in this state available for inspection during normal business hours upon request of the office.
- 7. The insurer shall provide to the applicant for the policy or contract a copy of the most recent quarterly financial statements of the insurer providing, in clear and conspicuous language:
 - a. The date of organization of the insurer.
 - b. The identity of and rating assigned by each recognized

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insurance company rating organization that has rated the insurer or, if applicable, that the insurer is unrated.

c. That the insurer does not hold a certificate of authority issued in this state and that the office does not exercise regulatory oversight over the insurer.

d. The identity and address of the regulatory authority exercising oversight of the insurer.

This paragraph does not impose upon the office any duty or responsibility to determine the actual financial condition or claims practices of any unauthorized insurer, and the status of eligibility, if granted by the office, indicates only that the insurer appears to be financially sound and to have satisfactory claims practices and that the office has no credible evidence to the contrary.

(b) If at any time the office has reason to believe that an insurer issuing policies or contracts pursuant to this subsection is insolvent or is in unsound financial condition, does not make reasonable prompt payment of benefits, or is no longer eligible under the conditions specified in this subsection, the office may conduct an examination or investigation in accordance with s. 624.316, s. 624.3161, or s. 624.320 and, if the findings of such examination or investigation warrant, may withdraw the eligibility of the insurer to issue policies or contracts pursuant to this subsection without having a certificate of authority issued by the office.

(c) This subsection does not provide an exception to the agent licensure requirements of chapter 626. Any insurer issuing

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the agents that the insurer uses to sell such policies or contracts as provided in chapter 626.

(d) An insurer issuing policies or contracts pursuant to this subsection is subject to part IX of chapter 626, Unfair Insurance Trade Practices, and the office may take such actions against the insurer for a violation as are provided in that part.

(e) Policies and contracts issued pursuant to this subsection are not subject to the premium tax specified in s. 624.509.

(f) Applications for life insurance coverage offered under this subsection must contain, in contrasting color and not less than 12 point type, the following statement on the same page as the applicant's signature:

policies or contracts pursuant to this subsection shall appoint

This policy is primarily governed by the laws of a foreign country. As a result, all of the rating and underwriting laws applicable to policies filed in this state do not apply to this coverage, which may result in your premiums being higher than would be permissible under a Florida-approved policy. Any purchase of individual life insurance should be considered carefully, as future medical conditions may make it impossible to qualify for another individual life policy. If the insurer issuing your policy becomes insolvent, this policy is not covered by the Florida Life and Health Insurance Guaranty Association. For information concerning individual

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595-05124A-11 20111252c2 life coverage under a Florida-approved policy, consult your agent or the Florida Department of Financial Services. (g) All life insurance policies and annuity contracts issued pursuant to this subsection must contain on the first page of the policy or contract, in contrasting color and not less than 10-point type, the following statement: The benefits of the policy providing your coverage are governed primarily by the law of a country other than the United States. (h) All single-premium life insurance policies and singlepremium annuity contracts issued to persons who are not residents of the United States and are not nonresidents illegally residing in the United States pursuant to this subsection shall be subject to the provisions of chapter 896. Section 7. Effective upon this act becoming a law, section 626.207, Florida Statutes, is amended to read: 626.207 Department rulemaking authority; waiting periods for applicants; Penalties against licensees.-(1) As used in this section, the term: (a) "Financial services business" means any financial activity regulated by the Department of Financial Services, the Office of Insurance Regulation, or the Office of Financial Regulation. (b) "First-degree felony" and "capital felony" include all

felonies so designated by the laws of this state, as well as any

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felony so designated in the jurisdiction in which the plea is entered or judgment is rendered.

- (1) The department shall adopt rules establishing specific waiting periods for applicants to become eligible for licensure following denial, suspension, or revocation pursuant to s. 626.611, s. 626.621, s. 626.8437, s. 626.844, s. 626.935, s. 634.181, s. 634.191, s. 634.320, s. 634.321, s. 634.422, s. 634.423, s. 642.041, or s. 642.043. The purpose of the waiting periods is to provide sufficient time to demonstrate reformation of character and rehabilitation. The waiting periods shall vary based on the type of conduct and the length of time since the conduct occurred and shall also be based on the probability that the propensity to commit illegal conduct has been overcome. The waiting periods may be adjusted based on aggravating and mitigating factors established by rule and consistent with this purpose.
- (2) An applicant who commits a first-degree felony; a capital felony; a felony involving money laundering, fraud, or embezzlement; or a felony directly related to a financial services business is permanently barred from applying for a license under this part. This bar applies to convictions, guilty pleas, or nolo contendere pleas, regardless of adjudication, by an applicant, officer, director, majority owner, partner, manager, or other person who manages or controls an applicant.
- (3) For all other crimes not included in subsection (2), the department shall adopt rules establishing the process and application of disqualifying periods:
- (a) A 15-year disqualifying period for all felonies involving moral turpitude that are not specifically included in

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523 the permanent bar in subsection (2).

(b) A 7-year disqualifying period for all felonies to which the permanent bar in subsection (2) and the 15 year disqualifying period in paragraph (a) do not apply.

- (c) A 7-year disqualifying period for all misdemeanors directly related to the financial services business.
- (4) The department shall adopt rules providing for additional disqualifying periods due to the commitment of multiple crimes and other factors reasonably related to the applicant's criminal history. The rules shall provide for mitigating and aggravating factors. However, mitigation may not result in a period of disqualification of less than 7 years and may not mitigate the disqualifying periods in paragraphs (3)(b) and (c).
- (5) For purposes of this section, the disqualifying periods begin upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence, including payment of fines, restitution, and court costs, for the crime for which the disqualifying period applies.
- (6) After the disqualifying period has been met, the burden is on the applicant to demonstrate that the applicant has been rehabilitated, does not pose a risk to the insurance buying public, is fit and trustworthy to engage in the business of insurance pursuant to s. 626.611(7), and is otherwise qualified for licensure. Hearings shall be conducted in accordance with s. 120.80(17).
- (7) (2) The department shall adopt rules establishing specific penalties against licensees <u>in accordance with ss.</u>
 626.641 and 626.651 for violations of s. 626.611, s. 626.621, s.

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552 626.8437, s. 626.844, s. 626.935, s. 634.181, s. 634.191, s. 553 634.320, s. 634.321, s. 634.422, s. 634.423, s. 642.041, or s. 554 642.043. The purpose of the revocation or suspension is to 555 provide a sufficient penalty to deter future violations of the 556 Florida Insurance Code. The imposition of a revocation or the 557 length of suspension shall be based on the type of conduct and 558 the probability that the propensity to commit further illegal 559 conduct has been overcome at the time of eligibility for 560 relicensure. The revocation or the length of suspension may be 561 adjusted based on aggravating or mitigating factors, established 562 by rule and consistent with this purpose.

(8) The provisions of s. 112.011 do not apply to applicants for licensure under the Florida Insurance Code, including, but not limited to agents, agencies, adjusters, adjusting firms, customer representatives, or managing general agents.

Section 8. Paragraphs (a) and (b) of subsection (1), paragraphs (a) and (b) of subsection (2), and subsection (4) of section 627.4133, Florida Statutes, are amended to read:

627.4133 Notice of cancellation, nonrenewal, or renewal premium.—

- (1) Except as provided in subsection (2):
- (a) An insurer issuing a policy providing coverage for workers' compensation and employer's liability insurance, property, casualty, except mortgage guaranty, surety, or marine insurance, other than motor vehicle insurance subject to s. 627.728, shall give the <u>first-named named</u> insured at least 45 days' advance written notice of nonrenewal or of the renewal premium. If the policy is not to be renewed, the written notice must <u>shall</u> state the reason or reasons <u>as to</u> why the policy is

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not to be renewed. This requirement applies only if the insured has furnished all of the necessary information so as to enable the insurer to develop the renewal premium <u>before</u> prior to the expiration date of the policy to be renewed.

- (b) An insurer issuing a policy providing coverage for property, casualty, except mortgage guaranty, surety, or marine insurance, other than motor vehicle insurance subject to s. 627.728 or s. 627.7281, shall give the first-named named insured written notice of cancellation or termination other than nonrenewal at least 45 days before prior to the effective date of the cancellation or termination, including in the written notice the reason or reasons for the cancellation or termination, except that:
- 1. If When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason for cancellation must therefor shall be given. As used in this subparagraph and s. 440.42(3), the term "nonpayment of premium" means failure of the named insured to discharge when due any of her or his obligations in connection with the payment of premiums on a policy or any installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance coverage. The term "Nonpayment of premium" also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium, even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check

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represents the initial premium payment, the contract and all contractual obligations <u>are</u> shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail., and If the contract is void, any premium received by the insurer from a third party <u>must</u> shall be refunded to that party in full.; and

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

After the policy has been in effect for 90 days, no such policy may not shall be canceled by the insurer except when there has been a material misstatement, a nonpayment of premium, a failure to comply with underwriting requirements established by the insurer within 90 days after of the date of effectuation of coverage, or a substantial change in the risk covered by the policy or when the cancellation is for all insureds under such policies for a given class of insureds. This subsection does not apply to individually rated risks having a policy term of less than 90 days.

(2) With respect to any personal lines or commercial

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residential property insurance policy, including, but not limited to, any homeowner's, mobile home owner's, farmowner's, condominium association, condominium unit owner's, apartment building, or other policy covering a residential structure or its contents:

- (a) The insurer shall give the <u>first-named</u> named insured at least 45 days' advance written notice of the renewal premium.
- written notice of nonrenewal, cancellation, or termination at least 100 days before prior to the effective date of the nonrenewal, cancellation, or termination. However, the insurer shall give at least 100 days' written notice, or written notice by June 1, whichever is earlier, for any nonrenewal, cancellation, or termination that would be effective between June 1 and November 30. The notice must include the reason or reasons for the nonrenewal, cancellation, or termination, except that:
- 1. The insurer shall give the <u>first-named</u> named insured written notice of nonrenewal, cancellation, or termination at least 180 days <u>before</u> prior to the effective date of the nonrenewal, cancellation, or termination for a <u>first-named</u> named insured whose residential structure has been insured by that insurer or an affiliated insurer for at least a 5-year period immediately <u>before</u> prior to the date of the written notice.
- 2. If When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason for cancellation must therefor shall be given. As used in this subparagraph, the term "nonpayment of premium" means failure of the named insured to discharge when due any of her or

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his obligations in connection with the payment of premiums on a policy or any installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance coverage. The term "Nonpayment of premium" also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium, even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail., and If the contract is void, any premium received by the insurer from a third party must shall be refunded to that party in full.

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

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nonrenewal by June 1 of any nonrenewal that would be effective between June 1 and November 30 does not apply to the following situations, but the insurer remains subject to the requirement to provide such notice at least 100 days <u>before</u> prior to the effective date of nonrenewal:

- a. A policy that is nonrenewed due to a revision in the coverage for sinkhole losses and catastrophic ground cover collapse pursuant to s. 627.706, as amended by s. 30, chapter 2007-1, Laws of Florida.
- b. A policy that is nonrenewed by Citizens Property Insurance Corporation, pursuant to s. 627.351(6), for a policy that has been assumed by an authorized insurer offering replacement or renewal coverage to the policyholder.

After the policy has been in effect for 90 days, the policy <u>may</u> shall not be canceled by the insurer except when there has been a material misstatement, a nonpayment of premium, a failure to comply with underwriting requirements established by the insurer within 90 days of the date of effectuation of coverage, or a substantial change in the risk covered by the policy or <u>if</u> when the cancellation is for all insureds under such policies for a given class of insureds. This paragraph does not apply to individually rated risks having a policy term of less than 90 days.

(4) Notwithstanding the provisions of s. 440.42(3), if cancellation of a policy providing coverage for workers' compensation and employer's liability insurance is requested in writing by the insured, such cancellation is shall be effective on the date requested by the insured, or if no date is

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written request the carrier sends the notice of cancellation to the insured. The carrier is not required to send notice of cancellation to the insured if the cancellation is requested in writing. Any retroactive assumption of coverage and liabilities under a policy providing workers' compensation and employer's liability insurance may not exceed 21 days.

Section 9. Subsection (3) is added to section 627.4137, Florida Statutes, to read:

- 627.4137 Disclosure of certain information required.-
- (3) Any request made to a self-insured corporation pursuant to this section shall be sent by certified mail to the registered agent of the disclosing entity.

Section 10. Section 627.442, Florida Statutes, is amended to read:

- 627.442 Insurance contracts.-
- (1) A person who requires a workers' compensation insurance policy pursuant to a construction contract may not reject a workers' compensation insurance policy issued by a self-insurance fund that is subject to part V of chapter 631 based upon the self-insurance fund not being rated by a nationally recognized insurance rating service.
- (2) Notwithstanding s. 440.381(3), premium audits are not required for workers' compensation coverage, except as provided by the insurance policy, by an order of the office, or at least once per policy period if requested by the insured.

Section 11. Subsection (2) of section 627.7277, Florida Statutes, is amended to read:

627.7277 Notice of renewal premium.-

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(2) An insurer shall mail or deliver to the first-named insured its policyholder at least 30 days' advance written notice of the renewal premium for the policy.

Section 12. Paragraph (a) of subsection (3), paragraphs (a) and (d) of subsection (4), and subsections (5) and (6) of section 627.728, Florida Statutes, are amended to read:

627.728 Cancellations; nonrenewals.-

- (3) (a) No Notice of cancellation of a policy to which this section applies <u>is not shall be</u> effective unless mailed or delivered by the insurer to the <u>first-named named</u> insured and to the <u>first-named named</u> insured's insurance agent at least 45 days <u>before prior to</u> the effective date of cancellation, except that, <u>if when</u> cancellation is for nonpayment of premium, at least 10 days' notice of cancellation accompanied by the reason <u>for cancellation must therefor shall</u> be given. A No notice of cancellation <u>is not of a policy to which this section applies shall be</u> effective unless the <u>reason or</u> reasons for cancellation accompany the notice of cancellation.
- (4) (a) An No insurer must shall fail to renew a policy unless it mails or delivers to the first-named named insured, at the address shown in the policy, and to the first-named named insured's insurance agent at her or his business address, at least 45 days' advance notice of its intention not to renew; and the reasons for refusal to renew must accompany such notice. This subsection does not apply:
- 1. If the insurer has manifested its willingness to renew; or
 - 2. In case of nonpayment of premium.

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Notwithstanding the failure of an insurer to comply with this subsection, the policy terminates shall terminate on the effective date of any other automobile liability insurance policy procured by the insured with respect to any automobile designated in both policies. Unless a written explanation for refusal to renew accompanies the notice of intention not to renew, the policy remains shall remain in full force and effect.

- (d) Instead of canceling or nonrenewing a policy, an insurer may, upon expiration of the policy term, transfer a policy to another insurer under the same ownership or management as the transferring insurer, by giving the first-named named insured at least 45 days' advance notice of its intent to transfer the policy and of the premium and the specific reasons for any increase in the premium.
- (5) United States postal proof of mailing or certified or registered mailing of notice of cancellation, of intention not to renew, or of reasons for cancellation, or of the intention of the insurer to issue a policy by an insurer under the same ownership or management, to the <u>first-named</u> named insured at the address shown in the policy <u>is</u> shall be sufficient proof of notice.
- (6) If When a policy is canceled, other than for nonpayment of premium, or in the event of failure to renew a policy to which subsection (4) applies, the insurer shall notify the first-named named insured of her or his possible eligibility for insurance through the Automobile Joint Underwriting Association. Such notice must shall accompany or be included in the notice of cancellation or the notice of intent not to renew and shall state that the such notice of availability of the Automobile

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Joint Underwriting Association is given pursuant to this section.

Section 13. Section 627.7281, Florida Statutes, is amended to read:

of motor vehicle insurance not covered under the cancellation provisions of s. 627.728 shall give the <u>first-named named</u> insured notice of cancellation at least 45 days <u>before prior to</u> the effective date of cancellation, except that <u>if</u>, when cancellation is for nonpayment of premium, at least 10 days' notice of cancellation accompanied by the reason <u>for cancellation must therefor shall</u> be given. As used in this section, <u>the term</u> "policy" does not include a binder as defined in s. 627.420 unless the duration of the binder period exceeds 60 days.

Section 14. Subsections (4) and (7) of section 627.7295, Florida Statutes, are amended to read:

- 627.7295 Motor vehicle insurance contracts.-
- (4) If subsection (7) does not apply, the insurer may cancel the policy in accordance with this code except that, notwithstanding s. 627.728, an insurer may not cancel a new policy or binder during the first 60 days immediately following the effective date of the policy or binder for nonpayment of premium unless the reason for the cancellation is the issuance of a check for the premium that is dishonored for any reason.
- (7) <u>Before the effective date of a binder or policy</u>, a policy of private passenger motor vehicle insurance or a binder for such a policy may be initially issued in this state only if the insurer or agent has collected from the insured an amount

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equal to 2 months' premium. An insurer, agent, or premium finance company may not, directly or indirectly, take any action resulting in the insured having paid from the insured's own funds an amount less than the 2 months' premium required by this subsection. This subsection applies without regard to whether the premium is financed by a premium finance company or is paid pursuant to a periodic payment plan of an insurer or an insurance agent.

- (a) This subsection does not apply if an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group.
- (b) This subsection does not apply to an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents.
- $\underline{\text{(c)}}$ This subsection does not apply if all policy payments are paid pursuant to a payroll deduction plan or an automatic electronic funds transfer payment plan from the policyholder τ provided that the first policy payment is made by cash, cashier's check, check, or a money order.
- <u>(d)</u> This subsection and subsection (4) do not apply if all policy payments to an insurer are paid pursuant to an automatic electronic funds transfer payment plan from an agent, a managing general agent, or a premium finance company and if the policy includes, at a minimum, personal injury protection pursuant to ss. 627.730-627.7407 627.730-627.7405; motor vehicle property damage liability pursuant to s. 627.7275; and bodily injury liability in at least the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident and in

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the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident.

(e) This subsection and subsection (4) do not apply if an insured has had a policy in effect for at least 6 months, the insured's agent is terminated by the insurer that issued the policy, and the insured obtains coverage on the policy's renewal date with a new company through the terminated agent.

Section 15. Section 628.901, Florida Statutes, is amended to read:

628.901 <u>Definitions</u> <u>"Captive insurer" defined.—As used in</u>
For the purposes of this part, <u>the term: except as provided in</u>
s. 628.903, a "captive insurer" is a domestic insurer
established under part I to insure the risks of a specific
corporation or group of corporations under common ownership
owned by the corporation or corporations from which it accepts
risk under a contract of insurance.

- (1) "Association" means a legal association of nursing homes, hospitals, skilled nursing facilities, assisted living facilities, or continuing care retirement communities.
- (2) "Association captive insurer" means a company that insures risks of the member organizations of the association and their affiliated companies.
- (3) "Captive insurer" means a pure captive insurer, an industrial insured captive insurer, or an association captive insurer domiciled in this state and formed or licensed under this part.
 - (4) "Industrial insured" means an insured that:
 - (a) Has gross assets in excess of \$50 million;
 - (b) Procures insurance through the use of a full-time

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employee of the insured who acts as an insurance manager or
buyer or through the services of a person licensed as a property
and casualty insurance agent, broker, or consultant in such
person's state of domicile;

- (c) Has at least 100 full-time employees; and
- (d) Pays annual premiums of at least \$200,000 for each line of insurance purchased from the industrial insured captive insurer, or at least \$75,000 for any line of coverage in excess of at least \$25 million in the annual aggregate. The purchase of umbrella or general liability coverage in excess of \$25 million in the annual aggregate is deemed to be the purchase of a single line of insurance.
- (5) "Industrial insured captive insurer" means a captive
 insurer that:
- (a) Has as its stockholders or members only industrial insureds that the captive insurer insures, or has as its sole stockholder a corporation whose sole stockholders are industrial insureds that the captive insurer insures; and
- 1. Provides insurance only to the industrial insureds that are its stockholders or members, and affiliates thereof, or to the stockholders, and affiliates thereof, of its parent corporation; or
- 2. Provides reinsurance only on risks written by insurers of industrial insureds who are the stockholders or members, and affiliates thereof, of the captive insurer, or the stockholders, and affiliates thereof, of the parent corporation of the captive insurer;
- (b) Maintains unimpaired capital and surplus of at least \$20 million; and

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(c) If licensed in this state before December 31, 1999, or if any subsidiary formed by the licensed insurer on or after December 31, 1999, has:

- 1. Gross assets in excess of \$10 million and procures insurance through the use of a full-time employee of the insured who acts as an insurance manager or buyer or through the services of a person licensed as a property and casualty insurance agent, broker, or consultant in such person's state of domicile;
 - 2. At least 25 full-time employees; and
- 3. Annual aggregate premiums for all insurance risks which total at least \$100,000.

As used in this subsection, the term "affiliate" means a person that directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with one or more of the stockholders or members of an industrial insured captive insurer or one or more of the stockholders of the parent corporation of an industrial insured captive insurer.

- (6) "Pure captive insurer" means a company that insures the risks of its parent, affiliated companies, controlled unaffiliated businesses, or a combination thereof.
- Section 16. Section 628.903, Florida Statutes, is repealed.

 Section 17. Section 628.905, Florida Statutes, is amended to read:
- 628.905 Licensing; authority.—<u>In order to conduct insurance</u> business in this state, a captive insurer must obtain a license from the office.
 - (1) A Any captive insurer, if when permitted by its charter

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or articles of incorporation, may apply to the office for a license to provide commercial property, commercial casualty, and commercial marine insurance. coverage other than workers' compensation and employer's liability insurance coverage, except that An industrial insured captive insurer may also apply for a license to provide workers' compensation and employer's liability insurance as set forth in subsection (5) (6).

- (2) \underline{A} No captive insurer, other than an industrial insured captive insurer, \underline{may} not \underline{shall} insure or accept reinsurance on any risks other than those of its parent and affiliated companies.
- (3) In addition to information otherwise required by this code, each applicant captive insurer shall file with the office evidence:
- (a) Of the adequacy of the loss prevention program of its insureds.
- (b) That it intends to employ or contract with a reputable person or firm that possesses the appropriate expertise, experience, and character to manage the association captive insurer.
- (4) If an association captive insurer operates with separate cells or segregated accounts, a certificate of insurance used to satisfy financial responsibility laws shall be issued in an amount not exceeding the total funds in the segregated accounts or separate cells of each member organization of the association.
 - (5) (4) An industrial insured captive insurer:
- (a) Need not be incorporated in this state if it has been validly incorporated under the laws of another jurisdiction;

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 $\underline{\text{(b)}}$ (5) An industrial insured captive insurer Is subject to all provisions of this part except as otherwise indicated; and.

- (c) (6) An industrial insured captive insurer May not provide workers' compensation and employer's liability insurance except in excess of at least \$25 million in the annual aggregate.
- Section 18. Section 628.908, Florida Statutes, is created to read:
- 628.908 Principal place of business; annual meeting.—In order to conduct insurance business in this state, a licensed captive insurer must:
- (1) Maintain its principal place of business in this state; and
- (2) Annually hold in this state at least one board of directors' meeting; or, in the case of a reciprocal insurer, one subscriber's advisory committee meeting; or, in the case of a limited liability company, one managing board's meeting.
- Section 19. Paragraph (a) of subsection (2) and paragraph (a) of subsection (3) of section 628.909, Florida Statutes, are amended to read:
 - 628.909 Applicability of other laws.-
- (2) The following provisions of the Florida Insurance Code shall apply to captive insurers who are not industrial insured captive insurers to the extent that such provisions are not inconsistent with this part:
- 1012 (a) Chapter 624, except for ss. <u>624.407</u>, <u>624.408</u>, <u>624.4085</u>, 1013 624.40851, 624.4095, 624.425, and 624.426.
 - (3) The following provisions of the Florida Insurance Code shall apply to industrial insured captive insurers to the extent

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that such provisions are not inconsistent with this part:

1017 (a) Chapter 624, except for ss. <u>624.407</u>, 624.408, <u>624.4085</u>, 1018 624.40851, 624.4095, 624.425, 624.426, and 624.609(1).

Section 20. Section 634.403, Florida Statutes, is amended to read:

634.403 License required; exemptions.-

- (1) No person in this state shall provide or offer to provide service warranties to residents of this state unless authorized therefor under a subsisting license issued by the office. The service warranty association shall pay to the office a license fee of \$200 for such license for each license year, or part thereof, the license is in force.
- (2) An insurer, while authorized to transact property or casualty insurance in this state, may also transact a service warranty business without additional qualifications or authority, but <u>is</u> shall be otherwise subject to the applicable provisions of this part.
- (3) The office may, pursuant to s. 120.569, in its discretion and without advance notice and hearing, issue an immediate final order to cease and desist to any person or entity which violates this section. The Legislature finds that a violation of this section constitutes an imminent and immediate threat to the public health, safety, and welfare of the residents of this state.
- (4) Any person that is an affiliate of a domestic insurer as defined in chapter 624 is exempt from application of this part if the person does not issue, or market or cause to be marketed, service warranties to residents of this state and does not administer service warranties that were originally issued to

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residents of this state. The domestic insurer or its wholly owned Florida licensed insurer must be the direct obligor of all service warranties issued by such affiliate or must issue a contractual liability insurance policy to such affiliate that meets the conditions described in s. 634.406(3). If the office of Insurance Regulation determines, after notice and opportunity for a hearing, that a person's intentional business practices do not comply with any of the exemption requirements of this subsection, the person is shall be subject to this part.

- (5) A person is exempt from licensure under this section if it complies with the following:
- (a) The service warranties are sold only to persons who are not residents of this state and the person does not issue, market, or cause to be marketed service warranties to residents of this state.
- (b) The person submits a letter of notification to the office upon the start of business from this state and annually by March 1, which provides the following information:
- 1. The type of products offered and a statement certifying that the products are not regulated in the state in which it is transacting business or that the person is licensed in the state in which it is transacting business.
- 2. The name of the person; the state of domicile; the home address and Florida address of the person; the names of the owners and their percentage of ownership; the names of the officers and directors; the name, e-mail, and telephone number of a contact person; the states in which it is transacting business; and how many individuals are employed in this state.
 - (c) If the person ceases to do business from this state, it

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1074 provides written notification to the office within 30 days after cessation.

(6) (5) Any person who provides, offers to provide, or holds oneself out as providing or offering to provide a service warranty to residents of in this state or from this state without holding a subsisting license commits, in addition to any other violation, a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 21. Subsections (10) and (12) of section 817.234, Florida Statutes, are amended to read:

- 817.234 False and fraudulent insurance claims.
- (10) In addition to any criminal liability, a person convicted of violating any provision of this section for the purpose of receiving insurance proceeds from a motor vehicle insurance contract is subject to a civil penalty.
- (a) Except for a violation of subsection (9), the civil penalty shall be:
 - 1. A fine up to \$5,000 for a first offense.
- $\underline{\text{2. A fine greater than $5,000, but not to exceed $10,000,}}$ for a second offense.
- 3. A fine greater than \$10,000, but not to exceed \$15,000, for a third or subsequent offense.
- (b) The civil penalty for a violation of subsection (9) must be at least \$15,000, but may not exceed \$50,000.
- (c) The civil penalty shall be paid to the Insurance Regulatory Trust Fund within the Department of Financial Services and used by the department for the investigation and prosecution of insurance fraud.
 - (d) This subsection does not prohibit a state attorney from

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entering into a written agreement in which the person charged with the violation does not admit to or deny the charges but consents to payment of the civil penalty. As used in this section, the term "insurer" means any insurer, health maintenance organization, self-insurer, self-insurance fund, or other similar entity or person regulated under chapter 440 or chapter 641 or by the Office of Insurance Regulation under the Florida Insurance Code.

- (12) As used in this section, the term:
- (a) "Insurer" means any insurer, health maintenance organization, self-insurer, self-insurance fund, or similar entity or person regulated under chapter 440 or chapter 641 or by the Office of Insurance Regulation under the Florida Insurance Code.
- 1117 (b) (a) "Property" means property as defined in s. 812.012.

 1118 (c) (b) "Value" has the same meaning means value as defined

 1119 in s. 812.012.
- Section 22. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2011.