Bill No. HB 1A (2022A)

Amendment No.1

COMMITTEE/SUBCOMMITTEE ACTIONADOPTED(Y/N)ADOPTED AS AMENDED(Y/N)ADOPTED W/O OBJECTION(Y/N)FAILED TO ADOPT(Y/N)WITHDRAWN(Y/N)OTHER

Committee/Subcommittee hearing bill: Commerce Committee Representative Rayner-Goolsby offered the following:

Amendment (with title amendment)

Remove lines 2424-2696 and insert:

6 (4) In a suit arising under a residential or commercial
7 property insurance policy, the right to attorney fees under this
8 section may not be transferred to, assigned to, or acquired in
9 any other manner by anyone other than a named or omnibus insured
10 or a named beneficiary.

Section 14. Paragraph (b) of subsection (4) of section 627.7011, Florida Statutes, is amended to read:

13 627.7011 Homeowners' policies; offer of replacement cost 14 coverage and law and ordinance coverage.-

15 (4)

1 2

3 4

5

826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 1 of 13

Bill No. HB 1A (2022A)

Amendment No.1

21

31

(b) An insurer that issues a homeowner's insurance policy that does not provide flood insurance coverage must include <u>on</u> <u>the policy declarations page</u> with the policy documents at initial issuance and every renewal, in bold type no smaller than 18 points, the following statement:

22 "FLOOD INSURANCE: YOU SHOULD MAY ALSO NEED TO CONSIDER 23 THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S 24 INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE 25 RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD 26 INSURANCE COVERAGE, YOUR YOU MAY HAVE UNCOVERED LOSSES 27 CAUSED BY FLOOD ARE NOT COVERED. PLEASE DISCUSS THE 28 29 NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE 30 WITH YOUR INSURANCE AGENT."

32 Section 15. Effective March 1, 2023, present subsection 33 (8) of section 627.70131, Florida Statutes, is redesignated as 34 subsection (9), a new subsection (8) is added to that section, 35 and paragraph (a) of subsection (1), subsections (3), (4), and 36 (5), and paragraph (a) of subsection (7) of that section are 37 amended, to read:

38 627.70131 Insurer's duty to acknowledge communications 39 regarding claims; investigation.-

826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 2 of 13

Bill No. HB 1A (2022A)

Amendment No.1

40 (1) (a) Upon an insurer's receiving a communication with respect to a claim, the insurer shall, within 7 14 calendar 41 42 days, review and acknowledge receipt of such communication unless payment is made within that period of time or unless the 43 44 failure to acknowledge is caused by factors beyond the control 45 of the insurer which reasonably prevent such acknowledgment. If 46 the acknowledgment is not in writing, a notification indicating acknowledgment shall be made in the insurer's claim file and 47 48 dated. A communication made to or by a representative of an 49 insurer with respect to a claim shall constitute communication 50 to or by the insurer.

(3) (a) Unless otherwise provided by the policy of insurance or by law, within <u>7</u> 14 days after an insurer receives proof-of-loss statements, the insurer shall begin such investigation as is reasonably necessary unless the failure to begin such investigation is caused by factors beyond the control of the insurer which reasonably prevent the commencement of such investigation.

(b) If such investigation involves a physical inspection
of the property, the licensed adjuster assigned by the insurer
must provide the policyholder with a printed or electronic
document containing his or her name and state adjuster license
number. For claims other than those subject to a hurricane
deductible, An insurer must conduct any such physical inspection

826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 3 of 13

Bill No. HB 1A (2022A)

Amendment No.1

64 within 30 45 days after its receipt of the proof-of-loss 65 statements. 66 (C) Any subsequent communication with the policyholder regarding the claim must also include the name and license 67 68 number of the adjuster communicating about the claim. 69 Communication of the adjuster's name and license number may be 70 included with other information provided to the policyholder. 71 An insurer may use electronic methods to investigate (d) 72 the loss. Such electronic methods may include any method that 73 provides the insurer with clear, color pictures or video 74 documenting the loss, including, but not limited to, electronic 75 photographs or video recordings of the loss, video conferencing 76 between the adjuster and the policyholder which includes video 77 recording of the loss, and video recordings or photographs of 78 the loss using a drone, driverless vehicle, or other machine 79 that can move independently or through remote control. The 80 insurer also may allow the policyholder to use such methods to 81 assist in the investigation of the loss. An insurer may void the 82 insurance policy if the policyholder or any other person at the direction of the policyholder, with intent to injure, defraud, 83 or deceive any insurer, commits insurance fraud by providing 84 false, incomplete, or misleading information concerning any fact 85 86 or thing material to a claim using electronic methods. The use 87 of electronic methods to investigate the loss does not prohibit

826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 4 of 13

Bill No. HB 1A (2022A)

Amendment No.1

88	an insurer from assigning a licensed adjuster to physically
89	inspect the property.
90	(e) Within 7 days after the insurer's assignment of an
91	adjuster to the claim, The insurer must send notify the
92	policyholder that he or she may request a copy of any detailed
93	estimate of the amount of the loss within 7 days after the
94	estimate is generated by an insurer's adjuster. After receiving
95	such a request from the policyholder, the insurer must send any
96	such detailed estimate to the policyholder within the later of 7
97	days after the insurer received the request or 7 days after the
98	detailed estimate of the amount of the loss is completed. This
99	paragraph does not require that an insurer create a detailed
100	estimate of the amount of the loss if such estimate is not
101	reasonably necessary as part of the claim investigation.
102	(4) An insurer shall maintain <u>:</u>
103	(a) A record or log of each adjuster who communicates with
104	the policyholder as provided in paragraphs (3)(b) and (c) and
105	provide a list of such adjusters to the insured, office, or
106	department upon request.
107	(b) Claim records, including dates, of:
108	1. Any claim-related communication made between the
109	insurer and the policyholder or the policyholder's
110	representative;
111	2. The insurer's receipt of the policyholder's proof of
112	loss statement;
8	26607 - h0001A-2424.docx
	Published On: 12/12/2022 7:41:42 PM

Page 5 of 13

Bill No. HB 1A (2022A)

Amendment No.1

113	3. Any claim-related request for information made by the
114	insurer to the policyholder or the policyholder's
115	representative;
116	4. Any claim-related inspections of the property made by
117	the insurer, including physical inspections and inspections made
118	by electronic means;
119	5. Any detailed estimate of the amount of the loss
120	generated by the insurer's adjuster;
121	6. The beginning and end of any tolling period provided
122	for in subsection (8); and
123	7. The insurer's payment or denial of the claim.
124	(5) For purposes of this section, the term:
125	(a) "Factors beyond the control of the insurer" means:
126	1. Any of the following events that is the basis for the
127	office issuing an order finding that such event renders all or
128	specified residential property insurers reasonably unable to
129	meet the requirements of this section in specified locations and
130	ordering that such insurer or insurers may have additional time
131	as specified by the office to comply with the requirements of
132	this section: a state of emergency declared by the Governor
133	under s. 252.36, a breach of security that must be reported
134	under s. 501.171(3), or an information technology issue. The
135	office may not extend the period for payment or denial of a
136	claim for more than 30 additional days.

826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 6 of 13

Bill No. HB 1A (2022A)

Amendment No.1

137 2. Actions by the policyholder or the policyholder's
138 representative which constitute fraud, lack of cooperation, or
139 intentional misrepresentation regarding the claim for which
140 benefits are owed when such actions reasonably prevent the
141 insurer from complying with any requirement of this section.

142

(b) "Insurer" means any residential property insurer.

143 (7)(a) Within 60 90 days after an insurer receives notice of an initial, reopened, or supplemental property insurance 144 145 claim from a policyholder, the insurer shall pay or deny such 146 claim or a portion of the claim unless the failure to pay is 147 caused by factors beyond the control of the insurer which reasonably prevent such payment. The insurer shall provide a 148 149 reasonable explanation in writing to the policyholder of the 150 basis in the insurance policy, in relation to the facts or 151 applicable law, for the payment, denial, or partial denial of a 152 claim. If the insurer's claim payment is less than specified in 153 any insurer's detailed estimate of the amount of the loss, the 154 insurer must provide a reasonable explanation in writing of the 155 difference to the policyholder. Any payment of an initial or 156 supplemental claim or portion of such claim made 60 90 days 157 after the insurer receives notice of the claim, or made more 158 than 15 days after the expiration of any additional timeframe 159 provided to pay or deny a claim or a portion of a claim made 160 pursuant to an order of the office finding there are no longer factors beyond the control of the insurer which reasonably 161 826607 - h0001A - 2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 7 of 13

Bill No. HB 1A (2022A)

Amendment No.1

162 prevented such payment, whichever is later, bears interest at 163 the rate set forth in s. 55.03. Interest begins to accrue from 164 the date the insurer receives notice of the claim. The 165 provisions of this subsection may not be waived, voided, or 166 nullified by the terms of the insurance policy. If there is a 167 right to prejudgment interest, the insured must select whether 168 to receive prejudgment interest or interest under this 169 subsection. Interest is payable when the claim or portion of the 170 claim is paid. Failure to comply with this subsection 171 constitutes a violation of this code. However, failure to comply with this subsection does not form the sole basis for a private 172 173 cause of action.

174

(8) The requirements of this section are tolled:

175 (a) During the pendency of any mediation proceeding under
 176 s. 627.7015 or any alternative dispute resolution proceeding
 177 provided for in the insurance contract. The tolling period ends
 178 upon the end of the mediation or alternative dispute resolution
 179 proceeding.

(b) Upon the failure of a policyholder or a representative of the policyholder to provide material claims information requested by the insurer within 10 days after the request was received. The tolling period ends upon the insurer's receipt of the requested information. Tolling under this paragraph applies only to requests sent by the insurer to the policyholder or a representative of the policyholder at least 15 days before the 826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 8 of 13

Bill No. HB 1A (2022A)

Amendment No.1

187	insurer is required to pay or deny the claim or a portion of the
188	claim under subsection (7).
189	Section 16. Subsection (2) of section 627.70132, Florida
190	Statutes, is amended to read:
191	627.70132 Notice of property insurance claim
192	(2) A claim or reopened claim, but not a supplemental
193	claim, under an insurance policy that provides property
194	insurance, as defined in s. 624.604, including a property
195	insurance policy issued by an eligible surplus lines insurer,
196	for loss or damage caused by any peril is barred unless notice
197	of the claim was given to the insurer in accordance with the
198	terms of the policy within <u>1 year</u> 2 years after the date of
199	loss. A supplemental claim is barred unless notice of the
200	supplemental claim was given to the insurer in accordance with
201	the terms of the policy within <u>18 months</u> 3 years after the date
202	of loss.
203	Section 17. Subsections (1), (2), (6), and (8) of section
204	627.70152, Florida Statutes, are amended to read:
205	627.70152 Suits arising under a property insurance
206	policy
207	(1) APPLICATIONThis section applies exclusively to all
208	suits not brought by an assignee arising under a residential or
209	commercial property insurance policy, including a residential or
210	commercial property insurance policy issued by an eligible
211	surplus lines insurer.
	826607 - h0001A-2424.docx
	Published On: 12/12/2022 7:41:42 PM

Page 9 of 13

Bill No. HB 1A (2022A)

Amendment No.1

(2) DEFINITIONS.—As used in this section, the term:
(a) "Amount obtained" means damages recovered, if any, but
the term does not include any amount awarded for attorney fees,
costs, or interest.

216 (b) "Claimant" means an insured who is filing suit under a 217 residential or commercial property insurance policy.

(b) (c) "Disputed amount" means the difference between the claimant's presuit settlement demand, not including attorney fees and costs listed in the demand, and the insurer's presuit settlement offer, not including attorney fees and costs, if part of the offer.

223 (c) (d) "Presuit settlement demand" means the demand made 224 by the claimant in the written notice of intent to initiate 225 litigation as required by paragraph (3)(a). The demand must 226 include the amount of reasonable and necessary attorney fees and 227 costs incurred by the claimant, to be calculated by multiplying 228 the number of hours actually worked on the claim by the claimant's attorney as of the date of the notice by a reasonable 229 230 hourly rate.

231 <u>(d) (e)</u> "Presuit settlement offer" means the offer made by 232 the insurer in its written response to the notice as required by 233 subsection (3).

(6) ADMISSIBILITY OF NOTICE AND RESPONSE.—The notice provided pursuant to subsection (3) and, if applicable, the documentation to support the information provided in the notice: 826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 10 of 13

Bill No. HB 1A (2022A)

Amendment No.1

237 Are not admissible as evidence only in any a (a) 238 proceeding regarding attorney fees. 239 (b) Do not limit the evidence of attorney fees or costs, 240 damages, or loss which may be offered at trial. 241 (c) Do not relieve any obligation that an insured or 242 assignee has to give notice under any other provision of law. 243 (8) ATTORNEY FEES.-244 (a) In a suit arising under a residential or commercial 245 property insurance policy not brought by an assignee, the amount 246 of reasonable attorney fees and costs under s. 626.9373(1) or s. 247 627.428(1) shall be calculated and awarded as follows: 248 1. If the difference between the amount obtained by the 249 claimant and the presuit settlement offer, excluding reasonable 250 attorney fees and costs, is less than 20 percent of the disputed 251 amount, each party pays its own attorney fees and costs and a 252 claimant may not be awarded attorney fees under s. 626.9373(1) 253 or s. 627.428(1). 254 2. If the difference between the amount obtained by the 255 claimant and the presuit settlement offer, excluding reasonable attorney fees and costs, is at least 20 percent but less than 50 256 257 percent of the disputed amount, the insurer pays the claimant's 258 attorney fees and costs under s. 626.9373(1) or s. 627.428(1) 259 equal to the percentage of the disputed amount obtained times 260 the total attorney fees and costs.

826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 11 of 13

Bill No. HB 1A (2022A)

Amendment No.1

261	3. If the difference between the amount obtained by the
262	claimant and the presuit settlement offer, excluding reasonable
263	attorney fees and costs, is at least 50 percent of the disputed
264	amount, the insurer pays the claimant's full attorney fees and
265	costs under s. 626.9373(1) or s. 627.428(1).
266	(b) In a suit arising under a residential or commercial
267	property insurance policy not brought by an assignee, if a court
268	dismisses a claimant's suit pursuant to subsection (5), the
269	court may not award to the claimant any incurred attorney fees
270	for services rendered before the dismissal of the suit. When a
271	claimant's suit is dismissed pursuant to subsection (5), the
272	court may award to the insurer reasonable attorney fees and
273	costs associated with securing the dismissal.
274	(c) In awarding attorney fees under this subsection, a
275	strong presumption is created that a lodestar fee is sufficient
276	and reasonable. Such presumption may be rebutted only in a rare
277	and exceptional circumstance with evidence that competent
278	counsel could not be retained in a reasonable manner.
279	
280	
281	TITLE AMENDMENT
282	Remove line 102 and insert:
283	policies; deleting the prohibition on attorney fees
284	being transferred to, assigned to, or acquired under
8	826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 12 of 13

Bill No. HB 1A (2022A)

Amendment No.1

revising

285 certain conditions; amending s. 627.7011, F.S.;

286

826607 - h0001A-2424.docx

Published On: 12/12/2022 7:41:42 PM

Page 13 of 13