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By Representatives Lippman, Gay, Rojas, Tobin, Stafford, Dennis, Garcia, Miller, Crady, Frankel, Ritchie, Mackenzie, Wasserman Schultz, Brennan, Villalobos, Peaden, Bloom, Hafner, Fasano, Melvin, Horan, Bullard, Wise, Cosgrove, Arnold, Roberts-Burke, Effman, Rayson, Ritter and Bronson

A bill to be entitled An act relating to insurance; providing a short title; amending s. 215.555, F.S.; revising definitions; excluding the Fair Access to Insurance Requirements Plan from application of reimbursement contract requirements; defining "insurer" for purposes of certain revenue bonds; providing for deactivation of the Residential Property and Casualty Joint Underwriting Association and termination of the association's plan of operation under certain circumstances; providing for additional assessments and augmented assessments for certain purposes; providing for appropriating certain moneys in the Florida Hurricane Catastrophe Fund to the Department of Community Affairs for certain purposes; amending s. 626.916, F.S.; authorizing certain surplus lines insurers to remove and insure policies from the Residential Property and Casualty Joint Underwriting Association and the Florida Windstorm Underwriting Association under certain circumstances; providing procedures and limitations; requiring reinsurance; prohibiting eligibility for windstorm coverage for certain risks; amending s. 627.0629, F.S.; requiring the Department of Insurance to adopt certain credits for use by insurers in certain rate filings under certain circumstances; clarifying the application of certain discounts for mobile home owner's insurance rate filings; requiring

1 insurers to implement certain discounts or rate 2 differentials for mobile home insurance 3 premiums; providing criteria; requiring the 4 department to adopt certain credits used by 5 insurers for certain residential property insurance policies; providing requirements; 6 7 authorizing the establishment of the Blue Ribbon Homes Program for certain purposes; 8 9 providing priority for evaluations and 10 mitigation funds for certain applicants; authorizing the department to develop and adopt 11 certain actuarial methodologies for certain 12 13 purposes; authorizing the department to enter 14 into contracts for such development; providing 15 criteria; amending s. 627.0651, F.S.; specifying use of certain underwriting rules 16 17 for motor vehicle insurance; amending s. 18 627.351, F.S.; proscribing coverage by the 19 Florida Windstorm Underwriting Association for 20 certain persons and properties; revising 21 criteria and requirements for the association's 22 plan of operation to provide windstorm 23 coverage; requiring the Florida Windstorm Underwriting Association and the Residential 24 25 Property and Casualty Joint Underwriting 26 Association to allow insurers to remove 27 packages of policies from the association; 28 providing criteria and requirements for 29 packaging; providing procedures, requirements, 30 and limitations on removal of such policies; providing for assignments of policies from the

1 association under certain circumstances; 2 imposing assignment fees; providing 3 requirements and limitations for such assignments; providing exceptions; providing 4 5 definitions; authorizing the department to 6 adopt rules; authorizing the department to 7 require revisions or amendments to certain plans; amending s. 627.3513, F.S.; clarifying a 8 9 definition; providing construction; amending s. 10 627.3515, F.S.; revising requirements for the department's market assistance plan; specifying 11 additional criteria and requirements for such 12 13 plan; providing for assignment or placement of policies under the plan; providing limitations; 14 15 providing definitions; providing powers of the department; providing for transferring plan 16 17 funding obligations from the Residential 18 Property and Casualty Joint Underwriting 19 Association to the FAIR Plan; amending s. 627.3516, F.S.; revising the principal entities 20 21 responsible for creating a residual property 22 insurance market coordinating council; revising 23 council membership; creating s. 627.3518, F.S.; establishing the Florida Access to Insurance 24 25 Requirements (FAIR) Plan; providing purposes; 26 providing definitions; creating the Florida 27 FAIR Plan Association; providing for operation 28 and membership; requiring insurers to 29 participate in the association; providing 30 requirements; providing for assessments; providing for additional assessments under

1 certain circumstances; authorizing local 2 governments to issue bonds under certain circumstances; providing procedures and 3 4 requirements; requiring property insurance rate 5 filings under certain circumstances; providing 6 requirements; declaring the FAIR Plan to be a 7 political subdivision; exempting the plan from 8 the corporate income tax; protecting financial 9 characteristics of the association; requiring 10 the association to contract with the Florida Hurricane Catastrophe Fund for certain 11 12 purposes; requiring the association to develop 13 and adopt a plan of operation; providing for department approval of the plan; providing for 14 15 amending the plan; specifying requirements for the plan; requiring certificates of eligibility 16 17 for coverage; providing procedures, criteria, 18 and standards; providing for levy of market 19 equalization surcharges by the plan; amending 20 s. 627.4091, F.S.; prohibiting insurers from canceling or nonrenewing residential policies 21 without notice; providing requirements for such 22 23 notice; amending s. 627.4133, F.S.; providing additional requirements relating to notices of 24 25 cancellation or nonrenewal; requiring insurers 26 to offer coverage for certain replacement 27 property under certain circumstances; creating 28 s. 627.4138, F.S.; providing restrictions on cancellation or nonrenewal of residential 29 30 coverage; providing legislative findings; requiring insurers to reduce rates after

1 deactivation of the Residential Property and 2 Casualty Joint Underwriting Association; providing an exception; providing procedures; 3 requiring insurers' rate filings to reflect 4 certain savings; authorizing the Department of 5 6 Insurance to adopt rules; providing 7 appropriations; repealing s. 627.062(6), F.S., 8 relating to arbitration of certain rate 9 filings; repealing s. 627.0628, F.S., relating 10 to contract provisions for illegal occupation; providing severability; amending ss. 624.4071, 11 626.918, 626.932, 626.9325, and 626.9541, F.S.; 12 13 correcting cross references; providing an 14 effective date.

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WHEREAS, it is in the best interests of both the property owners of this state and the insurance industry to maximize available resources for catastrophic losses, to allow private markets to operate to the extent of their capacity, and to provide for tax free growth of reserves for catastrophic events, and

WHEREAS, the reallocation of resources from frequent losses of limited severity to coverage of less frequent more severe catastrophic events can most effectively be accomplished by eliminating the Residential Property and Casualty Joint Underwriting Association, by reducing the geographic scope of the Florida Windstorm Underwriting Association, and by expansion of the financing capabilities of the Florida Hurricane Catastrophe Fund, NOW, THEREFORE,

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

Section 1. This act may be cited as the "Homeowners' Protection Act."

Section 2. Paragraph (c) of subsection (2), paragraphs (d), (e), and (f) of subsection (4), paragraph (a) of subsection (6), and subsection (7) of section 215.555, Florida Statutes, are amended to read:

215.555 Florida Hurricane Catastrophe Fund. --

- (2) DEFINITIONS.--As used in this section:
- (c) "Covered policy" means any insurance policy covering residential property in this state, including, but not limited to, any homeowner's, mobile home owner's, farm owner's, condominium association, condominium unit owner's, tenant's, or apartment building policy, or any other policy covering a residential structure or its contents issued by any authorized insurer, including any joint underwriting association created pursuant to s. 627.351 or s. 627.3518 or similar entity created pursuant to law or issued by an eligible surplus lines insurer pursuant to s. 626.916(2)(a). "Covered policy" does not include any policy that excludes wind coverage or hurricane coverage or any reinsurance agreement.
 - (4) REIMBURSEMENT CONTRACTS.--
- (d)1. The contract shall require the insurer to report to the board, as directed by the board, but no later than December 31 of each year, and quarterly thereafter, its 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, 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. If the board determines that the projected year-end balance of the fund, together with the amount that the board determines that it is possible to raise through revenue bonds issued under subsection (6) and through other borrowing and financing arrangements under paragraph (7)(b), are insufficient to pay reimbursement to all insurers at the level promised in the contract, the board shall:
- a. First reimburse insurers writing covered policies, which insurers are in full compliance with this section and have petitioned the Department of Insurance and qualified as limited apportionment companies under $\underline{s.\ 627.351(2)(b)4}\ \underline{s.}$ $\underline{627.351(2)(b)3}$. 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 capacity of the fund, exceeds \$2 billion. Only one member of any insurer group may receive reimbursement under this sub-subparagraph.
- b. Next pay to each insurer 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. This determination shall be adjusted to reflect payments made under sub-subparagraph a.

- c. Thereafter, establish, based on reimbursable losses, the prorated reimbursement level at the highest level for which any remaining fund balance or bond proceeds are sufficient.
- (e)1. Except as provided in subparagraphs 2. and 3., the contract shall provide that if an insurer demonstrates to the board that it is likely to qualify for reimbursement under the contract, and demonstrates to the board that the immediate receipt of moneys from the board is likely to prevent the insurer from becoming insolvent, the board shall advance the insurer, at market interest rates, the amounts necessary to maintain the solvency of the insurer, up to 50 percent of the board's estimate of the reimbursement due the insurer. The insurer's reimbursement shall be reduced by an amount equal to the amount of the loan and interest thereon.
- 2. With respect only to an entity created under s. 627.351, the contract shall also provide that the board may, upon application by such entity, advance to such entity, at market interest rates, up to 90 percent of the lesser of:
- a. The board's estimate of the amount of reimbursement due to such entity; or
- b. The entity's share of the actual reimbursement premium paid for that contract year, multiplied by the currently available liquid assets of the fund. In order for the entity to qualify for an advance under this subparagraph, the entity must demonstrate to the board that the advance is essential to allow the entity to pay claims for a covered event and the board must determine that the fund's assets are sufficient and are sufficiently liquid to allow the board to make an advance to the entity and still fulfill the board's reimbursement obligations to other insurers. The entity's

final reimbursement for any contract year in which an advance has been made under this subparagraph must be reduced by an amount equal to the amount of the advance and any interest on such advance. In order to determine what amounts, if any, are due the entity, the board may require the entity to report its exposure and its losses at any time to determine retention levels and reimbursements payable.

- 3. The contract shall also provide specifically and solely with respect to any limited apportionment company under $\underline{s. 627.351(2)(b)4.s. 627.351(2)(b)3.}$ that the board may, upon application by such company, advance to such company up to the lesser of:
- a. Ninety percent of the board's estimate of the reimbursement due to such company, or
- b. Ninety percent of the company's share of the total fund premiums applied to the board's currently available liquid assets,

at market rates, if the company demonstrates to the board that the immediate receipt of such moneys is essential to permit it to pay claims for a covered event and if the board determines that the fund's assets are sufficient and are sufficiently liquid to permit the board to make an advance to such company and at the same time fulfill its reimbursement obligations to the insurers that are participants in the fund. Such company's final reimbursement for any contract year in which an advance pursuant to this subparagraph has been made shall be reduced by an amount equal to the amount of the advance and interest thereon. In order to determine what amounts, if any, are due to such company, the board may require such company to report its exposure and its losses at such times as may be

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required to determine retention levels and loss reimbursements payable.

- (f) The contract shall provide that in the event of the insolvency of an insurer, the fund shall pay directly to the Florida Insurance Guaranty Association for the benefit of Florida policyholders of the insurer the net amount of all reimbursement moneys owed to the insurer. As used in this paragraph, the term "net amount of all reimbursement moneys" means that amount which remains after reimbursement for preliminary or duplicate payments owed to private reinsurers or other inuring reinsurance payments to private reinsurers that satisfy statutory or contractual obligations of the insolvent insurer attributable to covered events to such reinsurers. Such private reinsurers shall be reimbursed or otherwise paid prior to payment to the Florida Insurance Guaranty Association, notwithstanding any law to the contrary. The guaranty association shall pay all claims up to the maximum amount permitted by chapter 631; thereafter, any remaining moneys shall be paid pro rata to claims not fully satisfied. This paragraph does not apply to a joint underwriting association, risk apportionment plan, or other entity created under s. 627.351 or s. 627.3518.
 - (6) REVENUE BONDS.--
 - (a) General provisions. --
- 1. Upon the occurrence of a hurricane and a determination that the moneys in the fund are or will be insufficient to pay reimbursement at the levels promised in the reimbursement contracts, the board may take the necessary steps under paragraph (b) or paragraph (c) for the issuance of revenue bonds for the benefit of the fund. The proceeds of such revenue bonds may be used to make reimbursement payments

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under reimbursement contracts; to refinance or replace previously existing borrowings or financial arrangements; to pay interest on bonds; to fund reserves for the bonds; to pay expenses incident to the issuance or sale of any bond issued under this section, including costs of validating, printing, and delivering the bonds, costs of printing the official statement, costs of publishing notices of sale of the bonds, and related administrative expenses; or for such other purposes related to the financial obligations of the fund as the board may determine. The term of the bonds may not exceed 30 years. The board may pledge or authorize the corporation to pledge all or a portion of all revenues under subsection (5) and under subparagraph 3. to secure such revenue bonds and the board may execute such agreements between the board and the issuer of any revenue bonds and providers of other financing arrangements under paragraph (7)(b) as the board deems necessary to evidence, secure, preserve, and protect such pledge. If reimbursement premiums received under subsection (5) or earnings on such premiums are used to pay debt service on revenue bonds, such premiums and earnings shall be used only after the use of the moneys derived from assessments under subparagraph 3. The funds, credit, property, or taxing power of the state or political subdivisions of the state shall not be pledged for the payment of such bonds. The board may also enter into agreements under paragraph (b) or paragraph (c) for the purpose of issuing revenue bonds in the absence of a hurricane upon a determination that such action would maximize the ability of the fund to meet future obligations.

2. The Legislature finds and declares that the

issuance of bonds under this subsection is for the public

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purpose of paying the proceeds of the bonds to insurers, thereby enabling insurers to pay the claims of policyholders to assure that policyholders are able to pay the cost of construction, reconstruction, repair, restoration, and other costs associated with damage to property of policyholders of covered policies after the occurrence of a hurricane. Revenue bonds may not be issued under this subsection until validated under chapter 75. The validation of at least the first obligations incurred pursuant to this subsection shall be appealed to the Supreme Court, to be handled on an expedited basis.

3.a. 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, including repayment of revenue bonds, the board shall direct the Department of Insurance to levy an emergency assessment on each insurer writing property and casualty business in this state. For the purposes of this subsection, "insurer" means any authorized insurer writing property casualty business in this state, any joint underwriting association created under s. 627.351, the FAIR Plan created pursuant to s. 627.3518 or a similar entity created pursuant to law, and any eligible surplus lines insurer which has issued covered policies pursuant to s. 626.916(2), provided, as to such surplus lines insurer, the emergency assessment shall be levied only on the direct written premium attributable to the covered policies issued pursuant to s. 626.916(2). Pursuant to the emergency assessment, each such insurer shall pay to the fund by July 1 of each year an amount set by the board not exceeding 2 percent of its gross direct written premium for the prior year from all property and casualty business in this state except

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for workers' compensation, except that, if the Governor has declared a state of emergency under s. 252.36 due to the occurrence of a covered event, the amount of the assessment may be increased to an amount not exceeding 4 percent of such premium. 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 by s. 624.424 and any rules adopted under such section, except for those lines identified as accident and health insurance. The annual assessments under this subparagraph shall continue as long as the revenue bonds issued with respect to which the assessment was imposed are outstanding, unless adequate provision has been made for the payment of such bonds pursuant to the documents authorizing issuance of the bonds. An insurer shall not at any time be subject to aggregate annual assessments under this subparagraph of more than 2 percent of premium, except that in the case of a declared emergency, an insurer shall not at any time be subject to aggregate annual assessments under this subparagraph of more than 4 percent of premium. Any rate filing or portion of a rate filing reflecting a rate change attributable entirely to the assessment levied under this subparagraph shall be deemed approved when made, subject to the authority of the Department of Insurance to require actuarial justification as to the adequacy of any rate at any time. If the rate filing reflects only a rate change attributable to the assessment under this paragraph, the filing may consist of a certification so stating. b. Notwithstanding any other provision to the contrary and subject to this subparagraph, at such time as the

Residential and Casualty Joint Underwriting Association,

established under s. 627.351(6), certifies to the department that the association no longer has any residential policies in 2 3 force and arrangements have been made to satisfy the 4 association's outstanding liabilities, including liabilities 5 arising under letters of credit, bonding, or other financing 6 mechanisms, and the department has verified the matters set forth in the certification, the department shall enter an 7 8 order deactivating the association and terminating its plan of 9 operation. Upon deactivation of the association, the premium assessment of up to 4 percent under sub-subparagraph a. and 10 the aggregate assessment of up to 4 percent under 11 sub-subparagraph a. shall be augmented by additional 12 13 assessment authority, applicable against each insurer writing property and casualty business in this state. Pursuant to the 14 15 augmented assessment, and upon declaration by the Governor of a state of emergency under s. 252.36 due to the occurrence of 16 17 a covered event, each insurer shall pay an additional amount 18 set by the board not exceeding 6 percent of such insurer's 19 gross direct written premium for the prior year from all 20 property and casualty business in this state except for 21 workers compensation, accident and health, and motor vehicle 22 insurance. If the Internal Revenue Service issues a ruling 23 that the fund can issue tax exempt financing prior to the effective date of the augmentation, the department shall not 24 proceed with the augmentation order. The augmentation of the 25 26 fund's assessment authority under this sub-subparagraph shall 27 not take effect until such time as the board certifies to the 28 department that the board has obtained confirmation from the Internal Revenue Service that the augmentation would not 29 30 result in the loss of the fund's exemption from federal income tax on accumulated funds.

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- (7) ADDITIONAL POWERS AND DUTIES. --
- (a) The board may procure reinsurance from reinsurers approved under s. 624.610 for the purpose of maximizing the capacity of the fund.
- (b) In addition to borrowing under subsection (6), the board may also borrow from, or enter into other financing arrangements with, any market sources at prevailing interest rates.
- (c) Each fiscal year, the Legislature shall appropriate from the investment income of the Florida Hurricane Catastrophe Fund an amount no less than \$10 million and no more than 35 percent of the investment income from the prior fiscal year for the purpose of providing funding for local governments, state agencies, public and private educational institutions, and nonprofit organizations to support programs intended to improve hurricane preparedness, reduce potential losses in the event of a hurricane, provide research into means to reduce such losses, educate or inform the public as to means to reduce hurricane losses, assist the public in determining the appropriateness of particular upgrades to structures or in the financing of such upgrades, or other actions to reduce the risk of protect local infrastructure from potential damage from a hurricane. Moneys shall first be available for appropriation under this paragraph in fiscal year 1997-1998. Moneys in excess of the \$10 million specified in this paragraph shall not be available for appropriation under this paragraph if the State Board of Administration finds that an appropriation of investment income from the fund would jeopardize the actuarial soundness of the fund.

- (d) Of the moneys appropriated under paragraph (c) in any fiscal year:
- 1. Eighty-five percent shall be appropriated to the Department of Community Affairs for programs to improve the wind resistance of residences, including loan subsidies, grants, and demonstration projects; for cooperative programs with local governments, the federal government, and the Institute for Business and Home Safety; and for other efforts to prevent or reduce losses or reduce the cost of rebuilding after a disaster.
- 2. Ten percent shall be appropriated to the State
 University System to fund programs and projects which have the
 primary goal of reducing hurricane losses to residences.
- 3. Five percent shall be appropriated to the

 Department of Insurance to fund consumer education programs
 with the primary focus of reducing property insurance costs to consumers.
- (e)(d) The board may allow insurers to comply with reporting requirements and reporting format requirements by using alternative methods of reporting if the proper administration of the fund is not thereby impaired and if the alternative methods produce data which is consistent with the purposes of this section.
- $\underline{(f)}$ (e) In order to assure the equitable operation of the fund, the board may impose a reasonable fee on an insurer to recover costs involved in reprocessing inaccurate, incomplete, or untimely exposure data submitted by the insurer.
- Section 3. Subsections (2), (3), and (4) of section 626.916, Florida Statutes, are renumbered as subsections (3),

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(4), and (5), respectively, and new subsection (2) is added to
   said section, to read:
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           626.916 Eligibility for export.--
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         (2)(a) Notwithstanding any other provision of this
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   section, prior to assignment of policies pursuant to s.
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   627.351(2)(g) and (6)(q), eligible surplus lines insurers
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   which have a Best's rating of B++ or better and a capital and
   surplus of at least $25,000,000 shall be eligible to remove
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   policies from the Residential Property and Casualty Joint
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   Underwriting Association and the Florida Windstorm
   Underwriting Association and to insure such policies. The
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   policies may be removed without undertaking due diligence
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   pursuant to paragraph (1)(a) and shall be written at rates and
   on forms no less favorable to the policyholder than those
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   provided by the association from which the policies are
   removed. The removal shall be subject to approval by the
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   department based upon the criteria set forth in s.
   627.3511(2)(a) and (c). All surplus lines insurers taking
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   association policies pursuant to this paragraph shall
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   purchase, and maintain for as long as the risks remain covered
   by the insurer, reinsurance by entering into a reimbursement
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   contract with the State Board of Administration, which
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   reinsurance shall be applicable only to the removed policies.
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          (b) Pursuant to s. 627.351(2)(b)1., no risk for which
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   property coverage has been exported is eligible for windstorm
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   coverage through the Florida Windstorm Underwriting
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   Association.
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           Section 4. Subsections (1), (3), (8), (9), (10), and
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   (11) of section 627.0629, Florida Statutes, are amended, and
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   subsections (12) and (13) are added to said section, to read:
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627.0629 Residential property insurance; rate filings.--

- (1) Effective July 1, 1994, a rate filing for residential property insurance must include appropriate discounts, credits, or other rate differentials, or appropriate reductions in deductibles, for properties on which fixtures actuarially demonstrated to reduce the amount of loss in a windstorm have been installed. The department, by rule, shall adopt appropriate credits to be used by each insurer in residential property insurance rate filings unless the insurer establishes by credible data maintained by the insurer that different credits or rate differentials are supported for such insurer's book of business.
- (3) A rate filing made on or after July 1, 1995, for mobile home owner's insurance must include appropriate discounts, credits, or other rate differentials for <u>a</u> mobile home homes constructed to comply with American Society of Civil Engineers Standard ANSI/ASCE 7-88, adopted by the United States Department of Housing and Urban Development on July 13, 1994, provided the policyholder has, with respect to the mobile home which is the subject of the discount, complied and that also comply with all applicable tie-down requirements provided by state law. The discount authorized under this subsection shall be in addition to any other discounts, credits, or rate differentials authorized under this code, including those authorized under subsection (8).
- (8) An insurer <u>shall</u> <u>may</u> implement appropriate discounts or other rate differentials of up to 10 percent of the annual premium to mobile home owners who provide to the insurer evidence of a current inspection of tie-downs for the mobile home, certifying that the tie-downs have been properly

installed and are in good condition. Any discount or other rate differential implemented under this subsection shall be in addition to any discount, credit, or rate differential authorized under any other provision of this code including those authorized under subsection (3). The insurer shall not raise its base rate in order to offset the amount of the discount.

- (9) The department, by rule, shall adopt the credits to be used by an insurer with respect to the rate charged for a policy of residential property insurance excluding wind coverage. Such credit shall be used by the insurer unless the insurer demonstrates that some other credit is actuarially justified. In adopting the rule, the department shall consider statistical data, if any, furnished by one or more rating organizations or other relevant insurer data.
- (10)(9) EVALUATION OF RESIDENTIAL PROPERTY STRUCTURAL SOUNDNESS; ESTABLISHMENT OF THE BLUE RIBBON HOMES PROGRAM.--
- (a) It is the intent of the Legislature to provide a program whereby homeowners may obtain an evaluation of the wind resistance of their homes with respect to preventing damage from hurricanes, together with a recommendation of reasonable steps that may be taken to upgrade their homes to better withstand hurricane force winds. Further, it is the intent of the Legislature that the program provide for loan subsidies and grants designed to improve the wind resistance of owner-occupied residential properties.
- (b) To the extent that funds are provided for this purpose in the General Appropriations Act, the Legislature hereby authorizes the establishment of the Blue Ribbon Homes a Program to be administered by the Florida Windstorm Underwriting Association in consultation with the Department

of Community Affairs and the Institute for Business and Home Safety.

- (c) The program shall provide grants to homeowners, for the purpose of providing homeowner applicants with funds to conduct an evaluation of the integrity of their homes with respect to withstanding hurricane force winds, recommendations to retrofit the homes to better withstand damage from such winds, and the estimated cost to make the recommended retrofits. Applicants who are insured by the Florida Windstorm Underwriting Association shall be given priority for both evaluations and mitigation funds.
- (d) The Department of Community Affairs shall establish by rule standards to govern the quality of the evaluation, the quality of the recommendations for retrofitting, the eligibility of the persons conducting the evaluation, and the selection of applicants under the program. In establishing the rule, the department shall consult with the advisory committee to minimize the possibility of fraud or abuse in the evaluation and retrofitting process, and to ensure that funds spent by homeowners acting on the recommendations achieve positive results.
- (e) The Florida Windstorm Underwriting Association shall identify areas of this state with the greatest wind risk to residential properties and recommend annually to the department priority target areas for such evaluations and inclusion with the associated residential construction mitigation program.
- (11) (10) A property insurance rate filing that includes any adjustments related to premiums paid to the Florida Hurricane Catastrophe Fund must include a complete calculation of the insurer's catastrophe load, and the

information in the filing may not be limited solely to recovery of moneys paid to the fund.

(12) The Department of Insurance shall contract with one or more institutions of higher learning which are a part of the State University System for the development of a model or improved actuarial methodologies to be used by insurers as the standard in assessing hurricane risk and to project hurricane losses to be used in the development of rates for residential property insurance located in this state. In developing the model or methodologies, the Department of Insurance may, without a bidding process, negotiate and enter into a contract or contracts with one or more institutions of higher learning located in this state and, as necessary or appropriate, with individual professionals or consultants working in relation with such institutions, if any. The model or methodologies shall include items or factors that should be considered in light of local or regional conditions that may affect the accuracy and reliability of the model when used in specific rate filings. Any model or methodologies so developed may be used by insurers in rate filings, and shall be used by the Florida Hurricane Catastrophe Fund established under s. 215.555 in determining its reimbursement premiums, but shall be subject to further review by the department on a case by case basis. The model or methodologies shall be nonproprietary and available for use in this state by insurers in developing rates with respect to assessing hurricane risk and hurricane losses.

(13) When considering the reimbursement capacity of the Florida Hurricane Catastrophe Fund, a rate filing for residential property insurance shall include the effect of

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premiums to be received by the fund during the policy period for which the rates are to be in effect.

Section 5. Subsection (13) of section 627.0651, Florida Statutes, is amended to read:

627.0651 Making and use of rates for motor vehicle insurance.--

- (13)(a) Underwriting rules not contained in rating manuals shall be filed for private passenger automobile insurance and <u>residential coverage as described in s.</u>
 627.4025(1), including homeowners' insurance.
- (b) An insurer shall use only underwriting rules which have been filed with the department pursuant to this subsection or which are contained in an approved rating manual of a licensed rating organization of which the insurer is a subscriber or member.

(c)(b) The submission of rates, rating schedules, and rating manuals to the department by a licensed rating organization of which an insurer is a member or subscriber will be sufficient compliance with this subsection for any insurer maintaining membership or subscribership in such organization, to the extent that the insurer uses the rates, rating schedules, and rating manuals of such organization. All such information shall be available for public inspection, upon receipt by the department, during usual business hours.

 $\underline{(d)}$ (c) The filing requirements of this subsection do not apply to commercial inland marine risks.

Section 6. Subsection (2) and paragraph (d) of subsection (6) of section 627.351, Florida Statutes, are amended, and paragraphs (o), (p), and (q) are added to subsection (6) of said section, to read:

627.351 Insurance risk apportionment plans.--

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- (2) WINDSTORM INSURANCE RISK APPORTIONMENT. --
- (a) Agreements may be made among property insurers with respect to the equitable apportionment among them of insurance which may be afforded applicants who are in good faith entitled to, but are unable to procure, such insurance through ordinary methods; and such insurers may agree among themselves on the use of reasonable rate modifications for such insurance. Such agreements and rate modifications shall be subject to the applicable provisions of this chapter.
- (b) The department shall require all insurers holding a certificate of authority to transact property insurance on a direct basis in this state, other than joint underwriting associations and other entities formed pursuant to this section, to provide windstorm coverage to applicants from areas determined to be eligible pursuant to paragraph (c) who in good faith are entitled to, but are unable to procure, such coverage through ordinary means; or it shall adopt a reasonable plan or plans for the equitable apportionment or sharing among such insurers of windstorm coverage, which may include formation of an association for this purpose. As used in this subsection, the term "property insurance" means insurance 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 coverages 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)(a) other than insurance on mobile homes used as permanent dwellings. The department shall adopt rules that provide a formula for the recovery and repayment of any deferred assessments.

- 1. For the purpose of this section, properties eligible for such windstorm coverage are defined as dwellings, buildings, and other structures, including mobile homes which are used as dwellings and which are tied down in compliance with mobile home tie-down requirements prescribed by the Department of Highway Safety and Motor Vehicles pursuant to s. 320.8325, and the contents of all such properties. An applicant or policyholder is eligible for coverage only if an offer of coverage cannot be obtained by or for the applicant or policyholder from an admitted insurer at approved rates. No applicant or policyholder is eligible for association coverage if his or her property insurance is placed with a surplus lines insurer pursuant to s. 626.916.
- 2. Notwithstanding the provisions of subparagraph 1., after July 1, 2000, properties that are residential risks as described in s. 627.4025 that are not located in Monroe County, on a coastal barrier island, or seaward of the intracoastal waterway shall no longer be eligible for coverage by the association. Further, pursuant to paragraph (e), eligibility for coverage by the association shall not be extended to any area that was not eligible on March 1, 1997.

3.2.a.(I) All insurers required to be members of such association shall participate in its writings, expenses, and losses. Surplus of the association shall be retained for the payment of claims and shall not be distributed to the member insurers. Such participation by member insurers shall be in the proportion that the net direct premiums of each member insurer written for property insurance in this state during the preceding calendar year bear to the aggregate net direct premiums for property insurance of all member insurers, as reduced by any credits for voluntary writings, in this state

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during the preceding calendar year. For the purposes of this subsection, the term "net direct premiums" means direct written premiums for property insurance, reduced by premium for liability coverage and for the following if included in allied lines: rain and hail on growing crops; livestock; association direct premiums booked; National Flood Insurance Program direct premiums; and similar deductions specifically authorized by the plan of operation and approved by the department. A member's participation shall begin on the first day of the calendar year following the year in which it is issued a certificate of authority to transact property insurance in the state and shall terminate 1 year after the end of the calendar year during which it no longer holds a certificate of authority to transact property insurance in the state. The commissioner, after review of annual statements, other reports, and any other statistics that the commissioner deems necessary, shall certify to the association the aggregate direct premiums written for property insurance in this state by all member insurers.

of directors consisting of the Insurance Consumer Advocate appointed under s. 627.0613, 1 consumer representative appointed by the Insurance Commissioner, 1 consumer representative appointed by the Governor, and 12 additional members appointed as specified in the plan of operation. One of the 12 additional members shall be elected by the domestic companies of this state on the basis of cumulative weighted voting based on the net direct premiums of domestic companies in this state. Nothing in the 1997 amendments to this paragraph terminates the existing board or the terms of any members of the board.

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- (III) The plan of operation shall provide a formula whereby a company voluntarily providing windstorm coverage in affected areas will be relieved wholly or partially from apportionment of a regular assessment pursuant to sub-sub-subparagraph d.(II) or sub-subparagraph d.(II).
- (IV) A company which is a member of a group of companies under common management may elect to have its credits applied on a group basis, and any company or group may elect to have its credits applied to any other company or group.
- (V) There shall be no credits or relief from apportionment to a company for emergency assessments collected from its policyholders under sub-sub-subparagraph d.(III).
- (VI) The plan of operation may also provide for the award of credits, for a period not to exceed 3 years, from a regular assessment pursuant to sub-sub-subparagraph d.(I) or sub-sub-subparagraph d.(II) as an incentive for taking policies out of the Residential Property and Casualty Joint Underwriting Association, the FAIR Plan established under s. 627.3518, or the association. In order to qualify for the exemption under this sub-sub-subparagraph, the take-out plan must provide that at least 40 percent of the policies removed from the Residential Property and Casualty Joint Underwriting Association cover risks located in Dade, Broward, and Palm Beach Counties or at least 30 percent of the policies so removed cover risks located in Dade, Broward, and Palm Beach Counties and an additional 50 percent of the policies so removed cover risks located in other coastal counties, and must also provide that no more than 15 percent of the policies so removed may exclude windstorm coverage. With the approval of the department, the association may waive these geographic

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criteria for a take-out plan that removes at least the lesser of 100,000 Residential Property and Casualty Joint Underwriting Association policies or 15 percent of the total number of Residential Property and Casualty Joint Underwriting 4 Association policies, provided the governing board of the 6 Residential Property and Casualty Joint Underwriting Association certifies that the take-out plan will materially reduce the Residential Property and Casualty Joint Underwriting Association's 100-year probable maximum loss from hurricanes. With the approval of the department, the board may extend such credits for an additional year if the insurer guarantees an additional year of renewability for all policies removed from the Residential Property and Casualty Joint Underwriting Association, or for 2 additional years if the insurer guarantees 2 additional years of renewability for all policies removed from the Residential Property and Casualty 16 Joint Underwriting Association.

- (VII) The plan of the association shall provide for a method whereby insurers who voluntarily assume policies from the association may receive a reduction in the number of assignments such insurers would otherwise receive pursuant to paragraph (g). Nothing in this sub-sub-subparagraph shall preclude the incorporation into the plan of other incentives to encourage voluntary writings of residential property insurance which have high windstorm or hurricane risk.
- b. Assessments to pay deficits in the association under this subparagraph shall be included as an appropriate factor in the making of rates as provided in s. 627.3512.
- The Legislature finds that the potential for unlimited deficit assessments under this subparagraph may induce insurers to attempt to reduce their writings in the

voluntary market, and that such actions would worsen the availability problems that the association was created to remedy. It is the intent of the Legislature that insurers remain fully responsible for paying regular assessments and collecting emergency assessments for any deficits of the association; however, it is also the intent of the Legislature to provide a means by which assessment liabilities may be amortized over a period of years.

- d.(I) When the deficit incurred in a particular calendar year is 10 percent or less of the aggregate statewide direct written premium for property insurance for the prior calendar year for all member insurers, the association shall levy an assessment on member insurers in an amount equal to the deficit.
- (II) When the deficit incurred in a particular calendar year exceeds 10 percent of the aggregate statewide direct written premium for property insurance for the prior calendar year for all member insurers, the association shall levy an assessment on member insurers in an amount equal to the greater of 10 percent of the deficit or 10 percent of the aggregate statewide direct written premium for property insurance for the prior calendar year for member insurers. Any remaining deficit shall be recovered through emergency assessments under sub-sub-subparagraph (III).
- (III) Upon a determination by the board of directors that a deficit exceeds the amount that will be recovered through regular assessments on member insurers, pursuant to sub-sub-subparagraph (I) or sub-sub-subparagraph (II), the board shall levy, after verification by the department, emergency assessments to be collected by member insurers and by underwriting associations created pursuant to this section

which write property insurance, upon issuance or renewal of property insurance policies other than National Flood 3 Insurance policies in the year or years following levy of the regular assessments. The amount of the emergency assessment 4 5 collected in a particular year shall be a uniform percentage 6 of that year's direct written premium for property insurance 7 for all member insurers and underwriting associations, excluding National Flood Insurance policy premiums, as 8 9 annually determined by the board and verified by the department. The department shall verify the arithmetic 10 calculations involved in the board's determination within 30 11 days after receipt of the information on which the 12 13 determination was based. Notwithstanding any other provision 14 of law, each member insurer and each underwriting association 15 created pursuant to this section shall collect emergency assessments from its policyholders without such obligation 16 17 being affected by any credit, limitation, exemption, or 18 deferment. The emergency assessments so collected shall be 19 transferred directly to the association on a periodic basis as 20 determined by the association. The aggregate amount of emergency assessments levied under this sub-sub-subparagraph 21 22 in any calendar year may not exceed the greater of 10 percent 23 of the amount needed to cover the original deficit, plus interest, fees, commissions, required reserves, and other 24 25 costs associated with financing of the original deficit, or 10 percent of the aggregate statewide direct written premium for 26 27 property insurance written by member insurers and underwriting 28 associations for the prior year, plus interest, fees, commissions, required reserves, and other costs associated 29 30 with financing the original deficit. The board may pledge the proceeds of the emergency assessments under this

sub-sub-subparagraph as the source of revenue for bonds, to retire any other debt incurred as a result of the deficit or events giving rise to the deficit, or in any other way that the board determines will efficiently recover the deficit. The emergency assessments under this sub-sub-subparagraph shall continue as long as any bonds issued or other indebtedness incurred with respect to a deficit for which the assessment was imposed remain outstanding, unless adequate provision has been made for the payment of such bonds or other indebtedness pursuant to the document governing such bonds or other indebtedness. Emergency assessments collected under this sub-sub-subparagraph 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 emergency assessment shall be treated as failure to pay premium.

- (IV) Each member insurer's share of the total regular assessments under sub-sub-subparagraph (I) or sub-sub-subparagraph (II) shall be in the proportion that the insurer's net direct premium for property insurance in this state, for the year preceding the assessment bears to the aggregate statewide net direct premium for property insurance of all member insurers, as reduced by any credits for voluntary writings for that year.
- (V) If regular deficit assessments are made under sub-sub-subparagraph (I) or sub-sub-subparagraph (II), or by the Residential Property and Casualty Joint Underwriting Association under sub-subparagraph (6)(b)3.a. or sub-subparagraph (6)(b)3.b., the association shall levy upon the association's policyholders, as part of its next rate filing, or by a separate rate filing solely for this purpose, a market equalization surcharge in a percentage equal to the

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total amount of such regular assessments divided by the aggregate statewide direct written premium for property insurance for member insurers for the prior calendar year. Market equalization surcharges under this sub-sub-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.

The governing body of any unit of local government, any residents of which are insured under the plan, may issue bonds as defined in s. 125.013 or s. 166.101 to fund an assistance program, in conjunction with the association, for the purpose of defraying deficits of the association. 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 association, 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 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 the protection and preservation of the economic stability of insurers operating in this state, and declaring it an essential public purpose to permit certain municipalities or counties to issue bonds as will provide relief to claimants and policyholders of the association and insurers responsible for apportionment of plan

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losses. Any such unit of local government may enter into such contracts with the association and with any other entity created pursuant to this subsection as are necessary to carry out this paragraph. Any bonds issued under this sub-subparagraph shall be payable from and secured by moneys received by the association from assessments under this subparagraph, 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 department 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 department determines that the purchase would endanger or impair the solvency of the insurer. The authority granted by this sub-subparagraph is additional to any bonding authority granted by subparagraph 6.

4.3. The plan shall also provide that any member with a surplus as to policyholders of \$20 million or less writing 25 percent or more of its total countrywide property insurance premiums in this state may petition the department, within the first 90 days of each calendar year, to qualify as a limited apportionment company. The apportionment of such a member company in any calendar year for which it is qualified shall not exceed its gross participation, which shall not be affected by the formula for voluntary writings. In no event

shall a limited apportionment company be required to participate in any apportionment of losses pursuant to sub-sub-subparagraph 3.d.(I)2.d.(I) or sub-sub-subparagraph 3.d.(II)2.d.(II) in the aggregate which exceeds \$50 million after payment of available plan funds in any calendar year. However, a limited apportionment company shall collect from its policyholders any emergency assessment imposed under sub-sub-subparagraph 3.d.(III)2.d.(III). The plan shall provide that, if the department determines that any regular assessment will result in an impairment of the surplus of a limited apportionment company, the department may direct that all or part of such assessment be deferred. However, there shall be no limitation or deferment of an emergency assessment to be collected from policyholders under sub-sub-subparagraph 3.d.(III)2.d.(IIII).

 $5.4\cdot$ The plan shall provide for the deferment, in whole or in part, of a regular assessment of a member insurer under sub-sub-subparagraph 3.d.(I)2.d.(I) or sub-subparagraph 3.d.(II)2.d.(II), but not for an emergency assessment collected from policyholders under sub-sub-subparagraph 3.d.(III)2.d.(III), if, in the opinion of the commissioner, payment of such regular assessment would endanger or impair the solvency of the member insurer. In the event a regular assessment against a member insurer is deferred in whole or in part, the amount by which such assessment is deferred may be assessed against the other member insurers in a manner consistent with the basis for assessments set forth in sub-sub-subparagraph 3.d.(II)2.d.(II).

6.5.a. The plan of operation may include deductibles and rules for classification of risks and rate modifications

consistent with the objective of providing and maintaining funds sufficient to pay catastrophe losses.

- b. The association may require arbitration of a rate filing under s. 627.062(6). It is the intent of the Legislature that the rates for coverage provided by the association be actuarially sound and not competitive with approved rates charged in the admitted voluntary market such that the association functions as a residual market mechanism to provide insurance only when the insurance cannot be procured in the voluntary market. The plan of operation shall provide a mechanism to assure that, beginning no later than January 1, 1999, the rates charged by the association for each line of business are reflective of approved rates in the voluntary market for hurricane coverage for each line of business in the various areas eligible for association coverage.
- c. The association shall provide for windstorm coverage on residential properties in limits up to \$10 million for commercial lines residential risks and up to \$1 million for personal lines residential risks. If coverage with the association is sought for a residential risk valued in excess of these limits, coverage shall be available to the risk up to the replacement cost or actual cash value of the property, at the option of the insured, if coverage for the risk cannot be located in the authorized market. The association must accept a commercial lines residential risk with limits above \$10 million or a personal lines residential risk with limits above \$1 million if coverage is not available in the authorized market. The association may write coverage above the limits specified in this subparagraph with or without facultative or

other reinsurance coverage, as the association determines appropriate.

- d. The plan of operation must provide objective criteria and procedures, approved by the department, to be uniformly applied for all applicants in determining whether an individual risk is so hazardous as to be uninsurable. In making this determination and in establishing the criteria and procedures, the following shall be considered:
- (I) Whether the likelihood of a loss for the individual risk is substantially higher than for other risks of the same class; and
- (II) 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 association pursuant to such criteria and procedures must be construed as the private placement of insurance, and the provisions of chapter 120 do not apply.

The policies issued by the association must provide 20 that if the association obtains an offer from an authorized 21 22 insurer to cover the risk at its approved rates under either a 23 standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the department, 24 25 a basic policy including wind coverage, the risk is no longer 26 eligible for coverage through the association. Upon 27 termination of eligibility, the association shall provide 28 written notice to the policyholder and agent of record stating 29 that the association policy must be canceled as of 60 days after the date of the notice because of the offer of coverage 30

code relating to cancellation and notice of cancellation do not apply to actions under this sub-subparagraph.

- f. Association policies and applications must include a notice that the association 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 association. The notice shall also specify that acceptance of association coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.
- 7.6.a. The plan of operation may authorize the formation of a private nonprofit corporation, a private nonprofit unincorporated association, a partnership, a trust, a limited liability company, or a nonprofit mutual company which may be empowered, among other things, to borrow money by issuing bonds or by incurring other indebtedness and to accumulate reserves or funds to be used for the payment of insured catastrophe losses. The plan may authorize all actions necessary to facilitate the issuance of bonds, including the pledging of assessments or other revenues.
- b. Any entity created under this subsection, or any entity formed for the purposes of this subsection, may sue and be sued, may borrow money; issue bonds, notes, or debt instruments; pledge or sell assessments, market equalization surcharges and other surcharges, rights, premiums, contractual rights, projected recoveries from the Florida Hurricane Catastrophe Fund, other reinsurance recoverables, and other assets as security for such bonds, notes, or debt instruments; enter into any contracts or agreements necessary or proper to accomplish such borrowings; and take other actions necessary to carry out the purposes of this subsection. The association

may issue bonds or incur other indebtedness, or have bonds issued on its behalf by a unit of local government pursuant to subparagraph (q)2., in the absence of a hurricane or other weather-related event, upon a determination by the association subject to approval by the department that such action would enable it to efficiently meet the financial obligations of the association and that such financings are reasonably necessary to effectuate the requirements of this subsection. Any such entity may accumulate reserves and retain surpluses as of the end of any association year to provide for the payment of losses incurred by the association during that year or any future year. The association shall incorporate and continue the plan of operation and articles of agreement in effect on the effective date of chapter 76-96, Laws of Florida, to the extent that it is not inconsistent with chapter 76-96, and as subsequently modified consistent with chapter 76-96. The board of directors and officers currently serving shall continue to serve until their successors are duly qualified as provided under the plan. The assets and obligations of the plan in effect immediately prior to the effective date of chapter 76-96 shall be construed to be the assets and obligations of the successor plan created herein.

c. In recognition of s. 10, Art. I of the State Constitution, prohibiting the impairment of obligations of contracts, it is the intent of the Legislature that no action 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 issued or incurred by the association or any other entity created under this subsection.

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8.7. On such coverage, an agent's remuneration shall be that amount of money payable to the agent by the terms of his or her contract with the company with which the business is placed. However, no commission will be paid on that portion of the premium which is in excess of the standard premium of that company.

9.8. Subject to approval by the department, the association may establish different eligibility requirements and operational procedures for any line or type of coverage for any specified eligible area or portion of an eligible area if the board determines that such changes to the eligibility 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 association. 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.

10.9. Notwithstanding any other provision of law:

a. The pledge or sale of, the lien upon, and the security interest in any rights, revenues, or other assets of the association created or purported to be created pursuant to any financing documents to secure any bonds or other indebtedness of the association shall be and remain valid and enforceable, notwithstanding the commencement of and during the continuation of, and after, any rehabilitation, insolvency, liquidation, bankruptcy, receivership,

conservatorship, reorganization, or similar proceeding against the association under the laws of this state or any other applicable laws.

- b. No such proceeding shall relieve the association 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, projected recoveries from the Florida Hurricane Catastrophe Fund, reinsurance recoverables, or any other rights, revenues, or other assets of the association pledged.
- c. 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, emergency assessments, market equalization or renewal surcharges, projected recoveries from the Florida Hurricane Catastrophe Fund, reinsurance recoverables, 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.
- d. As used in this subsection, the term "financing documents" means any agreement, instrument, or other document now existing or hereafter created evidencing any bonds or other indebtedness of the association 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 association 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 obligation of the association related to such bonds or indebtedness.

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- Any such pledge or sale of assessments, revenues, contract rights or other rights or assets of the association shall constitute a lien and security interest, or sale, as the case may be, that is immediately effective and attaches to such assessments, revenues, contract, 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 association 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, contract, 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.
- f. There shall be no liability on the part of, and no cause of action of any nature shall arise against, any member insurer or its agents or employees, agents or employees of the association, members of the board of directors of the association, or the department or its representatives, for any action taken by them in the performance of their duties or responsibilities under this subsection. Such immunity does not apply to actions for breach of any contract or agreement pertaining to insurance, or any willful tort.
- (c) The provisions of paragraph (b) are applicable
 only with respect to:
- 1. Those areas that were eligible for coverage under this subsection on April 9, 1993; or

- 2. Any county or area as to which the department, after public hearing, finds that the following criteria exist:
- a. Due to the lack of windstorm insurance coverage in the county or area so affected, economic growth and development is being deterred or otherwise stifled in such county or area, mortgages are in default, and financial institutions are unable to make loans;
- b. The county or area so affected has adopted and is enforcing the structural requirements of the State Minimum Building Codes, as defined in s. 553.73, for new construction and has included adequate minimum floor elevation requirements for structures in areas subject to inundation; and
- c. Extending windstorm insurance coverage to such county or area is consistent with and will implement and further the policies and objectives set forth in applicable state laws, rules, and regulations governing coastal management, coastal construction, comprehensive planning, beach and shore preservation, barrier island preservation, coastal zone protection, and the Coastal Zone Protection Act of 1985.

Any time after the department has determined that the criteria referred to in this subparagraph do not exist with respect to any county or area of the state, it may, after a subsequent public hearing, declare that such county or area is no longer eligible for windstorm coverage through the plan.

(d) For the purpose of evaluating whether the criteria of paragraph (c) are met, such criteria shall be applied as the situation would exist if policies had not been written by the Florida Residential Property and Casualty Joint

Underwriting Association and property insurance for such policyholders was not available.

- (e) Notwithstanding the provisions of subparagraph (c)2. or paragraph (d), eligibility shall not be extended to any area that was not eligible on March 1, 1997, except that the department may act with respect to any petition on which a hearing was held prior to the effective date of this act. This paragraph is repealed on October 1, 1998.
- (f)1. The association shall afford to all insurers an opportunity to remove packages of policies from the association. Policies shall be packaged by the association with each package of policies to include specified rates, forms, renewal conditions, and method of removal, including whether the removal shall take effect upon policy cancellation by the association, or upon association policy expiration, as approved by the department. Each policy shall be written for at least one full annual policy term using the specified rates and forms. Thereafter, each policy shall be renewed for at least two additional 1-year terms either using the specified rates and forms, or at the insurers rates and on its forms, which forms must provide substantially similar coverage.
- 2. The association may act as an excess of loss reinsurer of an insurer withdrawing policies from the association. The coverage provided by the association may be on an occurrence basis or an annual aggregate basis. The term of any such reinsurance shall not exceed 12 months plus additional time, if required, for runoff protection. The association may agree to write more than one renewal of the reinsurance contract but may not make any contractual commitment of more than 36 months total duration. The terms and conditions of the reinsurances written by the association

shall generally follow those available to insurers in the commercial market, except the premium cost of coverage may be less than in the commercial market in recognition of the fact that it is in the association's interests to facilitate the removal of policies from the association by insurers. The association shall appoint a three member reinsurance advisory committee to analyze all proposed reinsurance transactions and make recommendations to the association. The department shall approve each reinsurance contract entered into by the association after determination that the contract is a reasonable and prudent means to depopulate the association.

- (g)1. Beginning January 1, 2000, every authorized insurer writing residential coverage in this state must accept assignments of policies from the association, as provided in this paragraph.
- 2. Assigned policies shall be written on association forms at association rates. Assignment of a policy shall not affect the producing agent's entitlement to unearned commission. If the policy is assigned to an insurer with which the producing agent has a contract, the producing agent shall retain the business. If the policy is assigned to an insurer that is using the services of a managing general agent, the producing agent is entitled to act as the brokering agent. If the agent is not appointed or offered an appointment with the assuming insurer or not brokering the business with a managing general agent being used by the assuming insurer, the agent shall receive an assignment fee of \$50, payable by the association.
- 3. If an insurer believes that the assignment of risks would result in the insurer's insolvency or impair the insurer's capital and surplus under the respective definitions

provided in s. 631.011(9), (10), and (11), and reasonable means to avoid the insolvency or impairment are not available, 2 3 the insurer may petition the department for deferment or revision, in whole or in part, of the selection and assignment 4 5 of such risks. The insurer shall bear the burden of proving 6 such resulting insolvency or impairment of capital or surplus. 7 If a deferment or revision of assignment of risks is granted, 8 the insurer shall remain subject to assignment of risks in 9 response to subsequent annual filings. 10 4.a. The association shall identify the commercial lines residential policies and the personal lines residential 11 12 policies which must be assigned to each insurer. The 13 identified policies shall not include any risk located in Monroe County, on a coastal barrier island as defined in s. 14 15 161.54, or seaward of the intracoastal waterway. The selection and subsequent assignment shall be coordinated by the 16 17 association among the various insurers by allocating the 18 distribution of the removed policies among such insurers in 19 such a manner as to limit adverse solvency consequences, to 20 avoid excess concentration of policies in any one area with respect to the insurer's personal lines residential coverage 21 22 book of business, to take into account the characteristics of 23 risks underwritten in the voluntary market by the assigned insurer and to attempt to match assigned risks as closely as 24 possible to the insurers expertise, and to take into account 25 variations in the market value of the assigned risks. The 26 27 association shall provide for credits to insurers for removing 28 policies pursuant to paragraph (f) with respect to assignments 29 made pursuant to this paragraph. 30 b. If the nonwind property coverage for a risk

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to underwrite such coverage by the insurer to which the wind coverage is assigned shall preclude renewal by the surplus lines insurer, as the risk shall no longer be eligible for export.

- shall be accomplished no later than January 1, 2000, and the actual assignment shall be accomplished no later than July 1, 2000. However, the failure of the association to meet the July 1, 2000, deadline shall not constitute a defense to acceptance of the assignment by the insurer. The assignments shall be made to each insurer such that each insurer's share of the total property exposure assigned is approximately equal to such insurer's proportional share of net direct premium for the second year preceding the assignment as set forth in sub-sub-subparagraph (b)4.a.(I), less any credits. Sequential rounds of assignments shall be made to each insurer at such insurer's proportional share until all policies which are subject to assignment have been assigned.
- d. If more than one insurer within an insurer group is authorized to write residential coverage in this state, insurers in the group receiving the assignments may cede the assignments among authorized members of the group as the group desires so long as the assuming insurer meets all statutory requirements with respect to solvency, the cession will not adversely affect the interests of the policyholders to be placed, and the ceding insurer retains liability for losses on the policies if the assuming insurer is unable to meet its obligations under the policies.
- <u>e. Groups of insurers not under common ownership or management may form a limited assignment distribution</u> arrangement.

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- f. No insurer receiving assignments under this paragraph shall be eligible for any association assessment credits or bonuses authorized under this paragraph or under s. 627.3511 with respect to assigned policies.
- 5. Each insurer with which policies are assigned must assume each policy for the duration of the policy's term, at association rates on association forms, and must renew each policy for at least one additional 1-year term, using association rates and forms, unless canceled by the insurer for a lawful reason other than reduction of hurricane exposure or unless nonrenewed by the policyholder. Thereafter, the policy shall be renewed for at least two 1-year terms at association rates and on association forms, or at the insurer's rates, which rates shall be no greater than the association rates, and on its forms, which forms shall include substantially similar terms. Nothing in this subparagraph 16 shall preclude an insurer from offering an assigned policyholder coverage for nonwind perils. If such offer is 19 accepted, the insurer may satisfy its assignment obligations with regard to that risk by writing all perils coverage at 21 such insurer's approved rates and on its approved forms. For 22 each assigned policy canceled or nonrenewed by the insurer for any reason during the coverage period required by this paragraph, the insurer shall accept from the association, if 24 available, one additional policy covering a risk similar to 26 the risk covered by the canceled or nonrenewed policy.
 - 6. If an insurer fails to accept the residential policies selected by the association, the failure shall be treated as a willful violation of the Florida Insurance Code. Each policy refused or rejected by an insurer shall constitute a separate violation.

- 7. For the purposes of this paragraph:
- <u>a. "Residential coverage" has the same meaning as</u> provided in s. 627.4025.
- b. "Insurer" means an insurer, other than a joint underwriting association, authorized to write property and casualty insurance in this state, provided, if the insurer is a member of an insurer group of which more than one member is authorized to write property and casualty insurance in this state, "insurer" means all authorized members of the group, collectively or individually as the group elects, which election shall be indicated in the reports required under this section, and once made, shall not be changed for the calendar year, and the group shall be bound by such election. As used in this subsection, "insurer group" means the insurer group required to be reported in the holding company registration statement as provided in s. 628.801 and rules adopted under such section.
- 8.a. The department may adopt rules to implement the provisions of this subsection. In adopting such rules, the department may adopt any reasonable methods to accomplish the essential purpose of this subsection, which is to depopulate the association of residential risks through voluntary writing and by requiring insurers to accept assignments of policies from the association. The rules may provide for the method of assignment including take-outs, assumptions, and other methods as appropriate and alternative methods of selection and assignment directed to limiting adverse solvency consequences to affected insurers.
- b. The department may require the revision or amendment of the association's plan of operation or bylaws as

necessary to implement this section or to accomplish the section's purpose.

- c. The department may require the revision or amendment of the plan of operation or bylaws of the market assistance plan, established under s. 627.3515, if any, as necessary to implement this section or to accomplish the purpose of this section.
- (6) RESIDENTIAL PROPERTY AND CASUALTY JOINT UNDERWRITING ASSOCIATION.--
- (d)1. It is the intent of the Legislature that the rates for coverage provided by the association be actuarially sound and not competitive with approved rates charged in the admitted voluntary market, so that the association 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 association and recognizes that the association has little or no capital or surplus; and the association shall carefully review each rate filing to assure that provider compensation is not excessive.
- 2. For each county, the average rates of the association for each line of business for personal lines residential 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 association 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 commercial residential 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.
- 4. Nothing in this paragraph shall require or allow the association to adopt a rate that is inadequate under s. 627.062 or to reduce rates approved under s. 627.062.
- 5. The association may require arbitration of a filing pursuant to s. 627.062(6). Rate filings of the association under this paragraph shall be made on a use and file basis under s. 627.062(2)(a)2. The association shall make a rate filing at least once a year, but no more often than quarterly.
- (o) The association shall afford to all insurers an opportunity to remove packages of policies from the association. Policies shall be packaged by the association with each package of policies to include specified rates, forms, and method of removal, including whether the removal shall take effect upon policy cancellation by the association, or upon association policy expiration, as approved by the department. Each policy shall be written for at least one full annual policy term using the specified rates and forms.

 Thereafter, each policy shall be renewed for at least two additional 1-year terms either using the specified rates and forms, or at the insurer's rates and on the insurer's forms which forms must provide substantially similar coverage.
- (p) Prior to January 1, 1999, the FAIR Plan established under s. 627.3518 shall analyze policies insured by the association and designate those policies for removal by the FAIR Plan. Policies designated by the FAIR Plan shall

remain eligible for takeout by any method provided in this paragraph or s. 627.3511 until removed by the FAIR Plan. All designated policies remaining in the association on July 1, 1999, shall be removed by the FAIR Plan and upon removal shall be underwritten by the FAIR Plan in such a manner as to avoid any coverage gap. The association shall pay to the FAIR Plan all unearned premium for the policies removed. The designated policies shall be those policies which cover substandard or low-value risks determined by the FAIR Plan to be eligible for coverage under the Plan's plan of operation.

- (q)1. Beginning on January 1, 1999, every authorized insurer writing residential coverage in this state must accept assignments of policies from the association, as provided in this paragraph. The assigned policies shall not include policies designated for removal by the FAIR Plan.
- 2. Assigned policies shall be written on association forms at association base rates. Assignment of a policy shall not affect the producing agent's entitlement to unearned commission. If the policy is assigned to an insurer with which the producing agent has a contract, the producing agent shall retain the business. If the policy is assigned to an insurer that is using the services of a managing general agent, the producing agent is entitled to act as the brokering agent. If the agent is not appointed or offered an appointment with the assuming insurer or not brokering the business with a managing general agent being used by the assuming insurer, the agent shall receive an assignment fee of \$50, payable by the association.
- 3. If an insurer believes that the assignment of risks would result in the insurer's insolvency or impair the insurer's capital and surplus under the respective definitions

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provided in s. 631.011(9), (10), and (11), and reasonable means to avoid the insolvency or impairment are not available, the insurer may petition the department for deferment or revision, in whole or in part, of the selection and assignment of such risks. The insurer shall bear the burden of proving such resultant insolvency or impairment of capital and surplus. If a deferment or revision of assignment of risks is granted, the insurer shall remain subject to assignment of risks in response to subsequent annual filings.

4.a. The association shall select the policies which must be assigned to each insurer. The selection and subsequent assignment shall be coordinated by the association among the various insurers by allocating the distribution of the removed policies among such insurers in such a manner as to limit adverse solvency consequences, to avoid excess concentration of policies in any one area with respect to the insurer's personal lines residential coverage book of business, to take into account the characteristics of risks underwritten in the voluntary market by the assigned insurer and to attempt to match assigned risks as closely as possible to the insurers expertise, and to take into account variations in the market value of the assigned risks. The association shall provide for credits to insurers for removing policies pursuant to paragraph (o) with respect to assignments made pursuant to this paragraph.

b. The initial selection of policies to be assigned shall be accomplished by January 1, 1999, or as soon thereafter as reasonably possible. The actual assignments shall be accomplished no later than July 1, 1999. However, the failure of the association to meet the July 1, 1999, deadline shall not constitute a defense to acceptance of the assignment

by the insurer. Assignments shall continue until there are no policies with the association. The assignments shall be made to each insurer such that each insurer's share of the total property exposure assigned is approximately equal to such insurer's proportional share of direct written premium as provided in sub-subparagraph (b)3.c. Sequential rounds of assignments shall be made to each insurer at such insurer's proportional share until all policies which are subject to assignment have been assigned.

- c. If more than one insurer within an insurer group is authorized to write residential coverage in this state, insurers in the group receiving the assignments may cede the assignments among authorized members of the group as the group desires so long as the assuming insurer meets all statutory requirements with respect to solvency, the cession will not adversely affect the interests of the policyholders to be placed, and the ceding insurer retains liability for losses on the policies if the assuming insurer is unable to meet its obligations under the policies.
- d. Groups of insurers not under common ownership or management may form a limited assignment distribution arrangement.
- e. No insurer receiving assignments under this paragraph shall be eligible for association assessment credits or bonuses authorized under this subsection or under s. 627.3511 with respect to assigned policies.
- 5. Each insurer with which policies are assigned must assume each policy for the duration of the policy's term, at association rates on association forms, and must renew each policy for at least one additional 1-year term using association rates and forms, unless canceled by the insurer

for a lawful reason other than reduction of hurricane exposure or unless nonrenewed by the policyholder. Thereafter, the policy shall be renewed for at least two 1-year terms at association rates and on association forms, or at the insurer's rates, which rates shall be no greater than the association rates, and on the insurer's forms, which forms shall include substantially similar terms. For each assigned policy canceled or nonrenewed by the insurer for any reason during the coverage period required by this paragraph, the insurer shall accept from the association, if available, one additional policy covering a risk similar to the risk covered by the canceled or nonrenewed policy.

- 6. If an insurer fails to accept the personal lines residential policies selected by the association, the failure shall be treated as a willful violation of the Florida

 Insurance Code. Each policy refused or rejected by an insurer shall constitute a separate violation.
 - 7. For the purposes of this paragraph:
- a. "Residential coverage" has the same meaning provided in s. 627.4025.
- b. "Insurer" means an insurer, other than a joint underwriting association, authorized to write property and casualty insurance in this state, provided, if the insurer is a member of an insurer group of which more than one member is authorized to write property and casualty insurance in this state, "insurer" means all authorized members of the group, collectively or individually as the group elects, which election shall be indicated in the reports required under this section, and once made, shall not be changed for the reporting year, and the group shall be bound by such election. As used in this section, "insurer group" means the insurer group

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required to be reported in the holding company registration statement as provided in s. 628.801 and rules adopted under such section.

- 8.a. The department may adopt rules to implement the provisions of this subsection. In adopting the rules, the department may adopt any reasonable methods to accomplish the essential purpose of this section, which is to depopulate the association of personal lines residential risks through voluntary writings and by requiring insurers to accept assignments of policies from the association. The rules may provide for the method of assignment including take-outs, assumptions, and other methods as appropriate and alternative methods of selection and assignment directed to limiting adverse solvency consequences to affected insurers.
- b. The department may require the revision or amendment of the association's plan of operation or bylaws as necessary to implement this section or to accomplish the section's purpose.
- c. The department may require the revision or amendment of the plan of operation or bylaws of the market assistance plan established under s. 627.3515, if any, as necessary to implement this section or to accomplish the section's purpose.
- 9. The plan of the association shall provide for a method whereby insurers who voluntarily assume policies from the association may receive a reduction in the number of assignments such insurers would otherwise receive from the association. Nothing in this subparagraph shall preclude the incorporation into the plan of other incentives to encourage voluntary writings of residential property insurance which have a high windstorm or hurricane risk.

Section 7. Paragraph (b) of subsection (1) and subsection (5) of section 627.3513, Florida Statutes, are amended to read:

627.3513 Standards for sale of bonds by underwriting associations.--

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- "Association" or "associations," for purposes of this section, means the Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association as established pursuant to s. 627.351(2) and (6), the FAIR Plan established under s. 627.3518, and any corporation or other entity established pursuant to those subsections.
- (5) This section is not intended to restrict or prohibit the employment of professional services relating to bonds issued under s. 627.351(2) or (6) or s. 627.3518 or the issuance of bonds by the associations.

Section 8. Section 627.3515, Florida Statutes, is amended to read:

627.3515 Market assistance plan; property and casualty risks.--

(1)(a) The department shall adopt a market assistance plan to assist in the placement of risks of applicants who are unable to procure property insurance as defined in s. 624.604, or casualty insurance as defined in s. 624.605(1)(b), (e), (f), (g), or (h), or residential coverage as described in s. 627.4025 from authorized insurers when such insurance is otherwise generally available from insurers authorized to transact and actually writing that kind and class of insurance in this state. Through such measures as are found appropriate 31 by the board of governors, the market assistance plan shall

take affirmative steps to assist in the removal from the
Residential Property and Casualty Joint Underwriting
Association established under s. 627.351, the Florida
Windstorm Underwriting Association established under s.
627.351, and the FAIR Plan established under s. 627.3518 any
risk that can be placed in the voluntary market. All property
and casualty insurers licensed in this state shall participate
in the plan.

- (b) The market assistance plan shall actively assist the Florida Windstorm Underwriting Association, the Residential Property and Casualty Joint Underwriting Association, and the FAIR Plan with respect to depopulation or policy take-outs or assumptions by authorized insurers from those associations and, to that end, the market assistance plan, the Florida Windstorm Underwriting Association, the Residential Property and Casualty Joint Underwriting Association, and the FAIR Plan shall work together, cooperate, and coordinate depopulation or policy removal efforts.
- (c)1. The market assistance plan shall analyze the residential risks insured by the Florida Windstorm

 Underwriting Association on an ongoing basis. The analysis shall include, but not be limited to:
- a. A review of whether the underlying insurer is an authorized insurer or an eligible surplus lines insurer.
 - b. The location of the risk.
- c. The characteristics of the risk, such as substandard conditions, including conditions relating to construction, heating, wiring, evidence of previous fires, or general deterioration.

- d. Housekeeping factors which affect insurability, such as vacancy, overcrowding, and storage of rubbish or flammable materials.
- e. Other specific factors of ownership, condition, occupancy, or maintenance which are violative of public policy and result in unreasonable exposure to loss.
- f. Hurricane risk factors, including geographic factors which result in high risk of hurricane loss exposure.
 - 2. The purposes of the analysis shall be:
- a. To develop a plan to identify risks which are likely to be insurable in the authorized market.
- b. To package such risks for removal or take-out from the Florida Windstorm Underwriting Association.
- c. To obtain a better overall view of the legitimate factors that make a risk uninsurable or difficult to place on the authorized market.
- 3. Beginning 90 days after the effective date of this act, the market assistance plan shall provide to the department quarterly reports reflecting the ongoing risk analysis, with a final report prior to January 1, 2000. The reports shall include recommendations to enhance policy removal and takeouts and may include legislative recommendations. The analysis may be conducted by a consultant.
- (d) Beginning on July 1, 1999, the market assistance plan shall begin placement of residential coverage risks unable to procure coverage in the voluntary market through assignment or placement with the FAIR Plan, as appropriate. Every authorized insurer writing residential coverage in this state shall accept assignments of policies from the market assistance plan, as follows:

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- 1. No risk shall be placed with the FAIR Plan without first being reviewed by the market assistance plan. In reviewing the risk, the market assistance plan shall identify those risks which may be eligible for placement with the FAIR Plan, which risks shall be forwarded to the FAIR Plan. All other residential coverage risks, except those that do not meet the minimum underwriting standards of the FAIR Plan, shall be assigned by the market assistance plan. The FAIR Plan shall underwrite the risks forwarded by the market assistance plan and may reject risks which the Plan determines are ineligible for coverage either because such risks do not meet, or because such risks exceed, underwriting standards.
- 2. Assigned policies shall be written on forms and at rates filed by the market assistance plan with, and approved by, the department pursuant to ss. 627.062, 627.0629, 627.410, and 627.411 and for such purpose the market assistance plan may file forms and rates for use by assigned insurers. The market assistance plan may contract with a rating organization, licensed pursuant to s. 627.221, to compile data and file rates in accordance with this subparagraph. The initial rates and forms of the market assistance plan shall be those approved for use by the Residential Property and Casualty Joint Underwriting Association as of July 1, 1999. The assignments shall be provided for in the plan and shall be made on a continuing rotating basis to each insurer such that each insurer's share of the total property exposure assignment is approximately equal to such insurer's proportional share of net direct written premium for residential property insurance issued in this state for the preceding year as that share bears to the aggregate statewide direct written premium for

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residential property insurance written in this state for that year for all insurers subject to the assignments.

- 3. If an insurer believes that the assignment of risks would result in the insurer's insolvency or impair the insurer's capital and surplus under the respective definitions provided in s. 631.011(9), (10), and (11), the insurer may petition the department for deferment or revision, in whole or in part, of the selection and assignment of such risks. The insurer shall bear the burden of proving such resulting insolvency or impairment of capital or surplus. If a deferment or revision of assignment of risks is granted, the insurer shall remain subject to assignment of risks in response to subsequent annual filings.
- 4.a. The market assistance plan shall identify the commercial lines residential policies and the personal lines residential policies which must be assigned to each insurer. The identified policies shall not include wind coverage for any risk located in any Florida Windstorm Underwriting Association eligible area and any such risk shall be forwarded to the Florida Windstorm Underwriting Association for wind coverage and assigned for all other covered perils. The identified policies shall not include any policy covering a substandard or low-value risk eligible for placement with the FAIR Plan established under s. 627.3518. The selection and subsequent assignment shall be coordinated by the market assistance plan among the various insurers by allocating the distribution of the removed policies among such insurers in such a manner as to limit adverse solvency consequences, to avoid excess concentration of policies in any one area with respect to the insurer's residential coverage book of business, to take into account the characteristics of risks

underwritten in the voluntary market by the assigned insurer and to attempt to match assigned risks as closely as possible to the insurers expertise, and to take into account variations in the market value of the assigned risks.

- b. If more than one insurer within an insurer group is to write residential coverage in this state, insurers in the group receiving the assignments may cede the assignments among authorized members of the group as the group desires so long as the assuming insurer meets all statutory requirements with respect to solvency, the cession will not adversely affect the interests of the policyholders to be placed, and the ceding insurer retains liability for losses on the policies if the assuming insurer is unable to meet its obligations under the policies.
- c. No insurer receiving assignments under this paragraph shall be eligible for any assessment credits or bonuses authorized under s. 627.3511 with respect to assigned policies.
- 5. Each insurer with assigned policies must renew each policy at rates and on forms specified by the market assistance plan for at least three additional 1-year terms, unless canceled by the insurer for a lawful reason other than reduction of hurricane exposure or unless nonrenewed by the policyholder. For each assigned policy canceled or nonrenewed by the insurer for any reason during the coverage period required by this paragraph, the insurer shall accept from the market assistance plan, if available, one additional policy covering a risk similar to the risk covered by the canceled or nonrenewed policy.
- 6. If an insurer fails to accept the residential policies selected by the market assistance plan, the failure

shall be treated as a willful violation of the Florida

Insurance Code. Each policy refused or rejected by an insurer shall constitute a separate violation.

- 7. For the purposes of this paragraph and paragraphs (b) and (c):
- $\underline{\text{a.}}$ "Residential coverage" has the same meaning provided in s. 627.4025.
- b. "Insurer" means an insurer, other than a joint underwriting association, authorized to write residential coverage insurance in this state, provided, if the insurer is a member of an insurer group of which more than one member is authorized to write residential coverage insurance in this state, "insurer" means all authorized members of the group, collectively or individually as the group elects, which election shall be indicated in the reports required under this section, and once made, shall not be changed for the calendar year, and the group shall be bound by such election. As used in this section, "insurer group" means the insurer group required to be reported in the holding company registration statement as provided in s. 628.801 and rules adopted under such section.
- 8.a. The department may adopt rules to implement the provisions of this subsection. In adopting the rules, the department may adopt any reasonable methods to accomplish the essential purpose of this subsection, which is to properly distribute insurable risks within the voluntary market and substandard or low-value risks to the FAIR Plan. The rules may provide for the method of assignment, including limiting adverse solvency consequences to affected insurers.
- <u>b.</u> The department may require the revision or amendment of the market assistance plan's plan of operation or

bylaws as necessary to implement this section or to accomplish the section's purpose.

- 9. Groups of insurers not under common ownership or management may form a limited assignment distribution arrangement whereby one or more members of the arrangement write assigned risk business on behalf of the members of the arrangement in return for consideration from the other participating insurers for not writing the business.
- (2)(a) Each person serving as a member of the board of governors of the Residential Property and Casualty Joint Underwriting Association shall also serve as a member of the board of governors of the market assistance plan.
- (b) The plan shall be funded through payments from the Residential Property and Casualty Joint Underwriting Association and annual assessments of residential property insurers in the amount of \$450. After July 1, 1999, the plan funding obligations of the Residential Property and Casualty Joint Underwriting Association shall be transferred to the FAIR Plan.
- (c) The plan is not required to assist in the placement of any workers' compensation, employer's liability, malpractice, or motor vehicle insurance coverage.

Section 9. Section 627.3516, Florida Statutes, is amended to read:

627.3516 Residential property insurance market coordinating council.—The Florida Windstorm Underwriting Association, and the Residential Property and Casualty Joint Underwriting Association, while in existence, the FAIR Plan, after being established, and the market assistance plan shall create a residual property insurance market coordinating council to assure that each association is informed of the

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activities and plans of the other. The coordinating council shall consist of the insurance consumer advocate, who shall chair the council, the executive director of each of the associations, and the chair of the governing board of each of the associations. The coordinating council may, from time to time, recommend to the Insurance Commissioner presiding officers of the Legislature proposals to improve coordination between the associations or eliminate unnecessary duplication of efforts; however, any such recommendation must also include an analysis of the impact of the recommendation on the financial arrangements of each association and on the state's efforts to restore the voluntary property insurance market. The coordinating council shall, on March 1 of each year, provide a report of its activities during the preceding year to the Insurance Commissioner presiding officers of the Legislature. Section 10. Section 627.3518, Florida Statues, is created read: 627.3518 Fair Access to Insurance Requirements (FAIR) Plan.--(1) PURPOSES.--(a) The purpose of this section is to assure, by establishment of a plan to ensure fair access to insurance requirements, the availability of residential property insurance for risks that are owner occupied, low value, and high hazard, and that are unable to obtain residential property insurance in the authorized market due to the condition of the property, the structural soundness of the property, or other matters relating to the condition of the

home, other than risk of loss due to hurricane damage.

1	(b) The purpose of this section is also to authorize
2	the plan to act as a facilitator in assisting in the upgrading
3	of owner-occupied low-value high-hazard residential property
4	and in obtaining necessary resources to accomplish the
5	purposes of this section. To this end the association shall
6	cooperate with state and local government as well as financial
7	institutions, nonprofit foundations, and other entities.
8	(2) DEFINITIONSFor purposes of this section, unless
9	the provision of this section or the context otherwise
10	requires:
11	(a) "Association" means the FAIR Plan Association
12	created under subsection (3) to assist eligible persons in
13	securing residential insurance coverage.
14	(b) "High hazard" means a residential coverage risk
15	which presents a greater hazard of risk than a typical
16	residential property due to:
17	1. The physical condition of the property;
18	2. A building code violation;
19	3. Construction under an antiquated building code or a
20	former construction not meeting current building codes;
21	4. Deteriorated or improper wiring; or
22	5. The present condition of the residential property
23	as to housekeeping, including, but not limited to,
24	overcrowding or storage of rubbish or flammable materials.
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26	The term "high hazard" does not include hazard relating to
27	hurricane or windstorm factors.
28	(c) "Residential coverage" means personal lines
29	residential coverage as provided in s. 627.4025.
30	(d) "Net direct written premium" means gross direct

31 premiums charged with respect to property in this state on all

policies of residential coverage including the residential coverage premium components of all multi-peril policies, less return premiums, dividends paid or credited to policyholders, or the unused or unabsorbed portions of premium deposits.

- (e) "Insurer" or "member insurer" means an authorized insurer, as defined by s. 624.09, as to residential coverage in this state.
 - (3) FAIR Plan Association; membership. --
- (a) The FAIR Plan Association is hereby created. The association shall operate under the supervision and approval of a board of governors consisting of 15 individuals, including one who is elected as chairperson. The board shall be established under the direction of the department on or before July 1, 1998, and shall consist of the insurance consumer advocate appointed under s. 627.0613 and 14 members appointed by the Insurance Commissioner, consisting of:
- 1. Four consumer representatives, two of whom must be individuals who are minority persons as defined in s.

 288.703(3), and one of whom shall have expertise in the field of mortgage lending.
- 2. Two representatives of the insurance industry, at least one of whom must be an individual who is a minority person as defined in s. 288.703(3).
- 3. Three representatives of the member insurers, two of whom shall be representatives of insurers with expertise in the underwriting of low value residential coverage.
- $\underline{\text{4. One member who is a representative of residential}}$ property and casualty insurance agents.
- 5. Two individuals representing nonprofit organizations involved in assistance to low income persons.

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- 6. Two individuals who are experts with respect to residential building codes used in this state.
- (b)1. Each insurer, as a condition of authority to transact insurance with respect to residential coverage in this state, shall participate in the association in accordance with this section and an approved plan of operation. A member insurer's participation shall begin on the first day of the calendar year following the year in which the member was issued a certificate of authority to transact insurance for residential coverage lines of business in this state and shall terminate one year after the end of the first calendar year during which the member no longer holds such certificate.
- 2. To the extent necessary to secure funds for payment of covered claims and also to pay reasonable costs to administer such payments and other costs and expenses of the association, including, but not limited to, those relating to association debts, letters of credit, bonds, and the funding of the market assistance plan pursuant to s. 627.3515(2)(b), the department, upon certification of the board, shall levy assessments in the proportion that each insurer's net direct written premiums in this state bears to the total of such net direct written premiums received in this state by all such insurers for the preceding calendar year. Assessments shall be remitted to and administered by the board in the manner specified by the approved plan of operation. Each insurer so assessed shall have at least 30 days' written notice as to the date the assessment is due and payable. Each assessment shall be made as a uniform percentage applicable to the net direct written premiums of each insurer. Assessments levied against any insurer shall not exceed in a single year more than 2 percent of that insurer's net direct written premiums in this

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1 state during the calendar year next preceding the date of such assessments. The board shall certify to the department the 2 3 need for annual assessments as to a particular calendar year 4 and any startup or interim assessments that the board deems to 5 be necessary to sustain operations as to a particular year 6 pending the receipt of annual assessments. Upon verification, 7 the department shall approve such certification, and the board shall levy such annual, startup, or interim assessments. The 8 9 board shall take all reasonable and prudent steps necessary to collect the amount of assessment due from each member insurer, 10 including, if prudent, filing suit to collect such assessment. 11 If the board is unable to collect an assessment from any 12 13 member insurer, the uncollected assessments shall be levied as an additional assessment against the participating member 14 15 insurers and any member insurer required to pay an additional assessment as a result of such failure to pay shall have a 16 17 cause of action against such nonpaying member insurer.

- 3. If sufficient funds from such assessments, together with funds previously raised, are not available in any year to make all the payments or reimbursements owing to insurers for such year, the funds available shall be prorated and the unpaid portion shall be paid as soon thereafter as funds become available. The costs of forming the board and establishing a plan of operation shall be borne by the Residential Property and Casualty Joint Underwriting Association.
- 4. Assessments shall be included as an appropriate factor in the making of rates.
- 5. Except as otherwise provided, no state funds of any kind shall be allocated or paid to such association or any account of the association.

1 6.a.(I) In addition to assessments otherwise 2 authorized in subparagraph 2., as a temporary measure related 3 to costs and expenses caused by a catastrophic event, and to 4 the extent necessary to secure the funds necessary to pay or 5 to retire indebtedness, including, without limitation, the 6 principal, redemption premium, if any, and interest on, and 7 related costs of issuance of, bonds issued under s. 125.013 or s. 166.111 or otherwise, and the funding of any reserves and 8 9 other payments required under the bond resolution or trust 10 indenture pursuant to which such bonds have been issued, the department, upon certification by the board, shall levy 11 additional assessments upon insurers holding a certificate of 12 13 authority. The assessments payable under this sub-sub-subparagraph by any insurer shall not exceed in any 14 15 year more than 2 percent of that insurer's direct written 16 premiums, net of refunds, in this state during the preceding 17 calendar year. 18 (II) The governing body of any unit of local 19 government, any residents of which are insured by the 20 association, may issue bonds, as defined in s. 125.013 or s. 21 166.101, from time to time to fund an assistance program, in 22 conjunction with the association, for the purpose of defraying 23 deficits of the association. In order to avoid needless and indiscriminate proliferation, duplication, and fragmentation 24 of such assistance programs, any such unit of local government 25 26 may provide for the payment of losses, regardless of whether 27 or not the losses occurred within or outside of the 28 territorial jurisdiction of the local government. Revenue bonds may not be issued until validated pursuant to chapter 29 30 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 2 public health, safety, and general welfare of residents of 3 4 this state and the protection and preservation of the economic 5 stability of insurers operating in this state, and declaring 6 it an essential public purpose to permit certain 7 municipalities or counties to issue such bonds as will permit 8 relief to claimants and policyholders of the joint 9 underwriting association and insurers responsible for 10 apportionment of association losses. Any such unit of local government may enter into such contracts with the association 11 and with any other entity created pursuant to this subsection 12 13 as are necessary to implement this sub-sub-subparagraph. Any bonds issued under this sub-sub-subparagraph shall be payable 14 15 from and secured by moneys received by the association from assessments under this subparagraph and assigned and pledged 16 17 to or on behalf of the unit of local government for the 18 benefit of the holders of such bonds. The funds, credit, 19 property, and taxing power of the state or of the unit of local government shall not be pledged for the payment of such 20 21 bonds. If any of the bonds remain unsold 60 days after 22 issuance, the department shall require all insurers subject to 23 assessment to purchase the bonds, which shall be treated as admitted assets. Each insurer shall be required to purchase 24 25 that percentage of the unsold portion of the bond issue that 26 equals the insurer's relative share of assessment liability under this subparagraph. An insurer shall not be required to 27 28 purchase the bonds to the extent that the department 29 determines that the purchase would endanger or impair the 30 solvency of the insurer. 31

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(III) Any assessments authorized under this subparagraph shall be levied by the department upon insurers, upon certification by the board as to the need for such assessments, in each year that bonds are outstanding, in such amounts up to the 2 percent limit as required in order to provide for the full and timely payment of the principal of, redemption premium, if any, and interest on, such bonds and any related costs of issuing such bonds. The assessments provided for in this subparagraph are hereby assigned and pledged to any bond agent, for the benefit of the holders of such bonds, in order to enable the bond agent to provide for the payment of the principal of, redemption premium, if any, and interest on such bonds, the cost of issuing such bonds, and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, without the necessity for any further action by the association, the department, or any other party. To the extent that bonds are issued under this subparagraph, the proceeds of assessments levied under this subparagraph shall be remitted directly to and administered by the trustee appointed for such bonds.

(IV) The assessments authorized under this subparagraph shall continue as long as any bonds issued or other indebtedness incurred with respect to a deficit for which the assessment was imposed remain outstanding, unless adequate provision has been made for the payment of such bonds or other indebtedness pursuant to the documents governing such bonds or other indebtedness.

b. In order to ensure that insurers paying assessments levied under this subparagraph continue to charge rates that are not inadequate or excessive, within 90 days after being

notified of such assessments, each insurer that is to be assessed pursuant to this subparagraph shall make a property insurance rate filing pursuant to s. 627.062. If the filing reflects a rate change that, as a percentage, is equal to the difference between the rate of such assessment and the rate of the previous year's assessment under this subparagraph, the filing shall consist of a certification containing a statement to that effect and shall be deemed approved when made, subject to the department's continuing authority to require actuarial justification as to the adequacy of any rate at any time. Any rate change of a different percentage shall be subject to the standards and procedures of s. 627.062.

- (c) The FAIR Plan is not a state agency, board, or commission. However, for the purposes of s. 199.183(1), the FAIR Plan shall be considered a political subdivision of the state and shall be exempt from the corporate income tax.
 - (d) 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 association, created or purported to be created pursuant to any financing documents to secure any bonds or other indebtedness of the association, are valid and shall remain valid and enforceable, notwithstanding the commencement of, during the continuation of, and after any rehabilitation, insolvency, liquidation, bankruptcy, receivership, conservatorship, reorganization, or similar proceeding against the association under the laws of this state.
- 2. No such proceeding shall relieve the association 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

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paragraph (b), or any other rights, revenues, or other assets
of the association pledged pursuant to any financing
documents.

- 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, instrument, or other document now existing or hereafter created evidencing any bonds or other indebtedness of the association 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 association 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 obligation of the association related to such bonds or indebtedness.
- 4. Any such pledge or sale of assessments, revenues, contract rights, or other rights or assets of the association 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 association 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.

- (e) The association shall contract with the Florida

 Hurricane Catastrophe Fund, established under s. 215.555, with

 respect to the association's covered policies and pay the

 appropriate reimbursement premium for such policies.
 - (4) THE PLAN OF OPERATION. --
- (a) Within 90 days after the effective date of this act, the association shall submit to the department for review a proposed plan of operation, consistent with the provisions of this section, creating an association consisting of all insurers licensed to write and engaged in writing in this state, on a direct basis, residential coverage or any component of such coverage in homeowner's or other dwelling multi-peril policies. Every such insurer shall be a member of the association and shall remain a member as a condition of its authority to transact insurance business in this state.
- (b) The plan shall be subject to the approval of the department by order and shall go into effect upon approval by the department. The department may, at any time, withdraw approval or may, at any time after approval has been given, revoke the approval if necessary to carry out the purposes of this section. The withdrawal or revocation of approval shall not affect the validity of any policies executed prior to the date of the withdrawal or revocation. If the department

disapproves or withdraws or revokes approval to any part of the plan of operation, the association shall within 30 days after such disapproval, withdrawal, or revocation submit to the department for review an appropriately revised plan or part of such plan, and if the association fails to do so, or if the revision is unacceptable, the department shall approve, by order, such plan of operation or part of such plan as the department deems necessary to carry out the purpose of this section.

- (c)1. The association may, on its own initiative or at the request of the department, amend the plan of operation, subject to approval by order of the department.
- 2. The department or any person designated by the department may review and examine all the books, records, files, papers, and documents that relate to operation of the association, and may summon, qualify, and examine as witnesses all persons having knowledge of such operations, including officers, agents, or employees of the association.
- (d) The plan shall provide for the identification of policies of the Residential Property and Casualty Joint Underwriting Association eligible for coverage by the association and assumption of such policies pursuant to s. 627.351(6)(p).
- (e) The plan shall provide for effective dates for coverage consistent with industry practice, provided the effective date of the coverage system adopted under the plan is selected to provide an adequate system of control to limit or eliminate the possibility of fraud in the establishment of effective dates.
- (f)1. The plan shall require that a certificate of eligibility accompany the application for coverage. To be

eligible, the insurance applicant must be unable to procure residential coverage from authorized insurers for reasons other than risk of loss due to hurricane damage. The applicant shall be required to document a diligent effort by filing a certificate of eligibility evidencing rejections, and the reasons for such rejections, by three authorized insurers who, at the time of rejection, were authorized to write and actually writing the kind and class of insurance sought by the applicant. In addition, to be eligible for coverage by the association, the applicant must meet the requirements of this section. The certificate shall indicate the names of the insurers and the insurers' representatives that rejected the residential property coverage for the applicant.

- $\underline{\text{2.}}$ The certificate shall be attested to by an agent to verify its accuracy and completeness.
- 3. Upon a determination by the association that a certificate of eligibility is defective due to an omission or mistake which is immaterial to determining the eligibility of the applicant for coverage, the association shall immediately provide written notice of any defect to the insured and to the agent of record. The notice shall inform the applicant that the applicant has a reasonable period as specified in the plan, but at least 10 days after the postmark date of the notice, to correct any defect and postmark the correction or missing information for return to the plan.
- 4. If any defect is not corrected within such time period, the policy shall be cancelable upon 10 days notice by registered or certified mail to the policyholders. Providing a photocopy of the application or certificate denoting any specific defects shall be adequate to comply with the requirement to specify the defects in the certificate.

- 5. For purposes of this paragraph, failure to provide a required telephone number, time of day, producer number, producer signature, date, or information that is omitted but can be determined by questions answered or information provided in other sections of the application, or documents submitted as part of the application, shall be considered an omission or mistake immaterial to determining the eligibility of the applicant for the plan coverage. A certificate of eligibility that is submitted to the association as to which the applicant's agent did not demonstrate a good faith effort in completing or in which the applicant's agent has made a willful misrepresentation shall not be subject to this paragraph. If the defect is material to determining the eligibility of the applicant for coverage, the policy may be canceled in accordance with the provisions of subparagraph 4.
- residential risk exceeding \$60,000 in property damage coverage for the insured structure or such lower limits of coverage as the plan of operation may provide. The \$60,000 maximum limit for property damage coverage shall be adjusted annually based on the most recent consumer price index.
- (h) Only owner-occupied residential risks shall be eligible for coverage by the association.
- (i) Windstorm coverage from a risk underwritten by the FAIR Plan, which risk is located within an eligible area under the Florida Windstorm Underwriting Association, shall be placed with the Florida Windstorm Underwriting Association.
- (j) The standards and criteria used in underwriting by the association shall be reasonable and specified in or incorporated by reference in the plan of operation of the

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association and shall be designed to allow coverage for risks
that are low value and high hazard.

(k) The plan of operation shall include minimum

underwriting standards, which risks must meet or exceed to be

- underwriting standards, which risks must meet or exceed to be eligible for coverage by the association. Prohibited conditions include:
- 1. The existence of an order of condemnation or other order requiring that the property be vacated or demolished.
- 2. The existence of specific characteristics of ownership, condition, occupancy, or maintenance which are violative of public policy.
- 3. The existence of specific characteristics of ownership, condition, occupancy, or maintenance which result in unreasonable exposure to loss.
- $\underline{\text{4.}}$ The existence of hazardous conditions or use within the control of the owner to correct.
 - 5. The premises are vacant.
- (1) The plan of operation shall include rating criteria, including, but not limited to:
 - 1. Condition of the structure.
 - 2. Age of the structure.
 - 3. Prior loss history.
- 4. Housekeeping factors which affect insurability, such as vacancy, overcrowding, and storage of rubbish or flammable materials.
- (m) Neighborhood or area location, or any hazard beyond the control of the residential property owner, shall not be deemed to be acceptable criteria for rejecting a risk. The association shall establish a coverage review committee which shall include one or more persons familiar with the coverage concerns of mortgagors of residential dwellings,

including, but not limited to, licensed financial institutions. The committee shall make recommendations to the association of coverage standards which meet the needs of mortgagees. The association shall provide to the department copies of the recommendations when making related form fillings.

- standards but can be improved to meet or exceed the standards, the association shall promptly advise the applicant or policyholder what improvements should be made to the risk, and the notification and advice to the applicant or policyholder shall state which improvements by the applicant or policyholder shall state which improvements by the applicant or policyholder are necessary for continued coverage by the association. When the applicant has made the necessary improvements, the applicant may notify the association which, when so notified, shall verify that the necessary improvements have been made.
- (o) The acceptance or rejection of a risk by the association shall be construed as the private placement of insurance and the provisions of chapter 120 shall not apply.
- (p) If the property is subject to one or more substandard conditions, but the property is still eligible for coverage through the association, surcharges may be imposed in conformity with any applicable high hazard rating plan approved for use by the association.
- ersons to secure residential coverage through the voluntary market from an insurer authorized to transact residential coverage in this state by informing such persons of the necessary steps to take in order to secure the such insurance. The plan shall provide for the involvement of the association

in programs designed to aid persons in the rehabilitation of their properties so as to become eligible for coverage in the voluntary market. The plan shall provide for the association to cooperate with the state and local government, financial institutions, and nonprofit foundations and other entities in facilitating the rehabilitation of such properties.

- 2. Nothing in this section precludes an insurer authorized to transact residential coverage from removing a risk from the association at any time for coverage by the insurer removing such risk. Each policyholder, as a part of the coverage document, shall agree to the possibility of a removal by any means whatsoever, which may include a novation of the association issued policy, mid-term policy cancellation, or upon expiration of the term of the policy. No risk is eligible for coverage by the association if an insurer authorized to transact residential property coverage is willing to underwrite the risk.
- method whereby insurers who voluntarily write residential coverage on risks located in areas formerly designated as eligible areas for coverage under the Florida Windstorm Underwriting Association may receive a reduction in the insurer's assessments which the insurer would otherwise receive from the association. Nothing in this subsection precludes the incorporation in the plan of other incentives to voluntary writings of residential coverage for owner-occupied, low value, and high hazard risks.
- (s) The proposed plan shall authorize the association to assume and cede reinsurance.
- 30 (t) Under the plan, each insurer shall participate in 31 the writings, expenses, and losses of the association in the

proportion that the insurer's premiums written during the 1 preceding calendar year bear to the aggregate premiums written 2 by all insurers in the program, excluding that portion of the 3 premiums written attributable to the operation of the 4 5 association as governed by paragraph (c). 6 (u) The plan shall provide for the deferment, in whole 7 or in part, of the assessment of a member insurer if the department finds that payment of the assessment would endanger 8 9 or impair the solvency of the insurer. If an assessment against a member insurer is deferred in whole or in part, the 10 amount by which such assessment is deferred may be assessed 11 against the other member insurers in a manner consistent with 12 13 the basis for assessments set forth in paragraph (3)(b). (v) The plan shall provide that <u>if assessments are</u> 14 15 made under paragraph (3)(b), or by the Florida Windstorm Underwriting Association under s. 627.351(2)(b)3.d.(I) or 16 17 (II), the association shall levy upon association policyholders in the association's next rate filing, or by a 18 19 separate rate filing solely for this purpose, a market 20 equalization surcharge in a percentage equal to the total 21 amount of such regular assessments divided by the aggregate 22 statewide direct written premium for residential coverage for 23 member insurers for the prior calendar year. Market equalization surcharges under this paragraph are not 24 25 considered premium and are not subject to commissions, fees, 26 or premium taxes, however, failure to pay a market 27 equalization surcharge shall be treated as failure to pay 28 premium. 29 (w) The plan shall provide that association policies 30 and applications must include a notice that the association

policy could, under this section or s. 627.3511, be replaced

with a policy issued by an admitted insurer that does not provide coverage identical to the coverage provided by the association. The notice shall also specify that acceptance of association coverage creates a conclusive presumption that the applicant or policyholder is aware of such potential.

- (5) IMMUNITY FROM LIABILITY; PROCUREMENT.--
- (a)1. There shall be no liability on the part of, and no cause of action of any nature shall arise against, any member insurer or agents or employees of a member insurer, the association or agents or employees of the association, or the members of the board of governors for any action taken by such persons or association in the performance of duties required under this section. Such immunity does not apply to actions for breach of any contract or agreement pertaining to insurance, or any other willful tort.
- 2. There shall be no liability on the part of, and no cause of action of any nature shall arise against, the Insurance Commissioner or the department or employees or agents of the department for any action taken by such persons or the department in the performance of duties required under this section. The provisions of s. 768.28 shall apply with respect to any such action.
- (b) The association shall not be subject to the requirements of chapter 287 or any other law or rule governing procurement of commodities or services or to any state law governing leasing of office space. However, to the extent practicable, the association, except when purchasing legal, auditing, or appraisal services, shall apply the principles of competitive procurement by formal invitation to bid or by requests for proposals and negotiated procurement.

- (6) FEDERAL REINSURANCE PROGRAM. -- In addition to any powers conferred upon the department by this section or any other law, the department may do anything necessary to enable this state and any insurer participating in any program approved by the department to fully participate in any federal program of reinsurance which may be enacted for purposes similar to the purposes of this section.
- (7) REPORTS CONCERNING RISKS INSURED.--The department may require information or reports from the FAIR Plan concerning risks insured under the plan as the department deems necessary to effect the purposes of this section.
- (8) RATES AND FORMS.--Rates and forms for the FAIR
 Plan shall be subject to ss. 627.062, 627.0629, 627.410, and
 627.411 and other applicable provisions of the Florida
 Insurance Code and rules adopted under the code. The plan
 shall not return unexpended portions of premiums to members.
 The forms shall be specifically tailored to the exigencies of
 underwriting low-value and high-hazard risks and the rates
 shall be actuarially sound with respect to these risks.
 However, the rates and the forms shall not include any
 provision which would penalize the policyholder for his or her
 income level, neighborhood, or for other factors contrary to
 public policy.
- (9) POWERS OF THE ASSOCIATION.--The association shall have all powers necessary and proper to carry out the purposes of this section and may:
- (a) Employ or retain necessary staff, including legal staff and consultants.
- (b) Reimburse the staff, consultants, and board members for travel and expenses.

- (c) Borrow funds necessary to effectuate the purposes of this section in accordance with provisions of this section and with the plan of operation.
- (d) Sue or be sued, provided that service of process shall be made upon the person registered with the department as agent for the receipt of service of process.
- (e) Negotiate and become a party to such contracts as are necessary to carry out the purpose of this section.

 Without limitation, the association may enter into such contracts with a county, municipality, or bond agent as necessary in order for the county, municipality, or bond agent to issue bonds under s. 125.013 or s. 166.111 or under any other authority. In connection with the issuance of such bonds and the entering into of the necessary contracts, the association may agree to such terms and conditions as it deems necessary and proper.
- otherwise contract with individuals or other entities to provide administrative or professional services that may be appropriate to effectuate the plan. The association shall have the power to borrow funds, by issuing bonds or by incurring other indebtedness, and shall have other powers reasonably necessary to effectuate the requirements of this subsection. The association may issue bonds or incur other indebtedness, or have bonds issued on behalf of the association by a unit of local government pursuant to paragraph (c) in the absence of a hurricane or other weather-related event, upon a determination by the association, subject to approval by the department, that such action would enable the association to efficiently meet its financial obligations and that such financings are reasonably necessary to effectuate the requirements of this

subsection. The association may take any action needed to facilitate tax-free status for any such bonds or indebtedness, including formation of trusts or other affiliated entities.

The association may pledge assessments, projected recoveries from the Florida Hurricane Catastrophe Fund, other reinsurance recoverables, market equalization and other surcharges, and other funds available to the association as security for bonds or other indebtedness. Pursuant to s. 10, Art. I of the State Constitution, prohibiting the impairment of obligations of contracts, it is the intent of the Legislature that no action 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.

(g) Exercise other powers as are necessary and proper to carry out the functions and duties of the association.

Section 11. Subsection (2) of section 627.4091, Florida Statutes, is amended to read:

- 627.4091 Specific reasons for denial, cancellation, or nonrenewal.--
- (2)(a) Each notice of nonrenewal or cancellation must be accompanied by the specific reasons for nonrenewal or cancellation, including the specific underwriting reasons, if applicable.
- (b) An insurer may not cancel or nonrenew a policy providing residential coverage as described in s. 627.4025(1) for an underwriting reason unless the insurer provides the policyholder, in writing, with the underwriting reason for the cancellation or nonrenewal. The reason stated must be based upon a specific underwriting rule on file with the department or contained in an approved rating manual of a licensed rating organization of which the insurer is a subscriber or member,

must cite to the specific underwriting rule being invoked as a basis for the cancellation or nonrenewal, and must state or paraphrase such underwriting rule.

Section 12. Subsection (2) of section 627.4133, Florida Statutes, is amended, and subsection (4) is added to said section, to read:

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

- (2) With respect to any personal lines or commercial 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 named insured at least 45 days' advance written notice of the renewal premium.
- (b) The insurer shall give the named insured written notice of nonrenewal, cancellation, or termination at least 90 days prior to the effective date of the nonrenewal, cancellation, or termination. The notice must include the reason or reasons for the nonrenewal, cancellation, or termination, except that:
- 1. When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason therefor shall be given.
- 2. 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 therefor shall be given except where there has been a material

misstatement or misrepresentation that is material to the acceptance of the risk or to the hazard assumed or failure to comply with the underwriting requirements established by the insurer. During the 20 day notice period, if a cancellation or termination is for failure to comply with an underwriting requirement established by the insurer, the insurer shall allow the insured 20 days to correct the failure prior to the cancellation or termination and if the failure is corrected the policy shall not be cancelled or terminated for that reason.

After the policy has been in effect for 90 days, the policy shall not be canceled by the insurer except when there has been a material misstatement, a nonpayment of premium, a failure to comply with the insurer's underwriting requirements within 90 days after notice to the policyholder of the failure provided the policyholder does not correct the failure during the 90-day period established by the insurer within 90 days of the date of effectuation of coverage, or a substantial change in the risk covered by the policy or when the cancellation is for all insureds under such policies for a given class of insureds. This paragraph does not apply to individually rated risks having a policy term of less than 90 days.

(c) If the insurer fails to provide the notice required by this subsection or fails to comply with the requirements of s. 627.0651(13) or s. 627.4091, other than the 10-day nonpayment of premium notice, the coverage provided to the named insured shall remain in effect until the effective date of replacement coverage or until the expiration of a period of days after the notice is given equal to the required notice period, whichever occurs first. The premium for the

coverage shall remain the same during any such extension period except that, in the event of failure to provide notice of nonrenewal, if the rate filing then in effect would have resulted in a premium reduction, the premium during such extension shall be calculated based on the later rate filing.

(4) With respect to any personal lines residential property insurance policy, if the insured property is sold, and a replacement property is purchased by the named insured within 6 months after the closing of the sale of the insured property, the insurer providing the property insurance coverage on the insured property sold shall offer coverage for such replacement property if the replacement property is of a type for which the insurer has approved rates and forms, and does not represent a substantial change in risk covered by the insurer.

Section 13. Section 627.4138, Florida Statutes, is created to read:

627.4138 Residential coverage; restrictions on cancellation or nonrenewal.--

- (1) For purposes of this section, the term "residential coverage" shall have the same meaning as provided in s. 627.4025.
- (2) An insurer may not cancel or nonrenew a policy of residential coverage because of a property damage claim that arose due to causes which were not within the control of the policyholder and does not exceed 25 percent of the insured value of the dwelling, unless there has been a similar claim by the policyholder within the previous 5-year period.
- 29 (3) With regard to policyholders who have maintained
 30 residential coverage with an insurer for a period of at least
 31 10 years, such insurer may not cancel or nonrenew coverage for

such policyholder solely on the basis of a single claim which was not intentionally or willfully caused by the policyholder.

- (4) An insurer may not use as grounds for cancellation or nonrenewal of a policy of residential coverage notice to the insurer of damage to an insured property if a claim is not filed.
- (5) The provisions of this section shall supplement and shall not restrict or replace any other provision of the Florida Insurance Code relating to the cancellation or nonrenewal of a policy of residential coverage.

Section 14. <u>Legislative findings; required rate</u> reductions.--

- (1) The Legislature finds that:
- (a) The capability of the Florida Hurricane

 Catastrophe Fund established under s. 215.555, Florida

 Statutes, to provide reinsurance coverage to insurers has been substantially enhanced by this act.
- (b) The act has established the Fair Access to Insurance Requirements (FAIR) Plan.
- (c) The act has provided for the winding down of the Residential Property and Casualty Insurance Joint Underwriting Association established under s. 627.351(6), Florida Statutes.
- (d) The act has provided that the Residential Property and Casualty Joint Underwriting Association will cease issuing policies.
- (e) The act has provided that the Florida Windstorm Underwriting Association, established under s. 627.351(2), Florida Statutes, will reduce the geographical area in which the such association writes policies covering commercial and noncommercial residential property insurance risks.

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- (f) As a consequence, the act has resulted in cost savings in taxes, administrative costs and other expenses related to overhead, and other savings in the writing of residential property insurance.
- (g) It is fair and just and the interest of the public welfare requires that such savings be passed on to residential property insurance policyholders in the form of premium reductions.
- (2)(a) Within 60 days after the department issues an order deactivating the Residential Property and Casualty Joint Underwriting Association and terminating, pursuant to s. 215.55(6)(a)3.b., Florida Statutes, the association's plan of operation, each insurer writing residential coverage as described in s. 627.4025, Florida Statutes, in this state, with respect to such coverage shall reduce its rates by 15 percent. When an insurer files to reduce its rates by 15 percent, the insurer shall file a certification with the department that the rate adjustment has been made, together with copies of the amended rating manual pages reflecting the adjustment. In lieu of filing to reduce rates by 15 percent, an insurer may elect to refile its rates provided the insurer demonstrates that the level of percentage savings to be passed on to policyholders in view of the savings resulting from the elimination of the Residential Property and Casualty Joint Underwriting Association and the augmentation of the Florida Hurricane Catastrophe Fund is justified and produces a rate differential other than 15 percent.
- (b) After July 1, 2000, each insurer writing residential property insurance in this state, with respect to such insurance shall reflect in such insurer's next residential property insurance rate filing with the Department

of Insurance any savings resulting from the reduced writings of the Florida Windstorm Underwriting Association and the augmentation of the Florida Hurricane Catastrophe Fund. When the insurer files its rates, the insurer shall justify the level of percentage savings to be passed on to policyholders in view of the savings indicated pursuant to this act.

Section 15. The Department of Insurance adopt any rules necessary to implement the provisions of this act.

Section 16. Paragraph (d) of subsection (2) of section 624.4071, Florida Statutes, is amended to read:

624.4071 Special purpose homeowner insurance company.--

- (2) A special purpose homeowner insurance company must have a parent company, and both companies must meet the requirements of this subsection in order for the subsidiary to qualify for and maintain a certificate of authority under this section.
- (d) The special purpose homeowner insurance company
 must:
- 1. Have and maintain at least \$10 million in surplus and otherwise satisfy the requirements of s. 624.4095.
- 2. Be a member of the Florida Insurance Guaranty
 Association and the Florida Hurricane Catastrophe Fund, and be
 subject to any of their required assessments and premium
 charges. However, a special purpose homeowner insurance
 company may not be a member of the Florida Windstorm
 Underwriting Association or the Florida Residential Property
 and Casualty Joint Underwriting Association, and neither the
 company nor its policyholders are subject to any assessments
 by these associations except for emergency assessments
 collected from policyholders pursuant to s.

627.351(2)(b)3.2.d.(III) and (6)(b)3.d. For the sole purpose of levying and collecting emergency assessments and determining the statewide written premium for property insurance, special purpose homeowner insurance companies shall be considered member insurers of the Florida Windstorm Underwriting Association and the Florida Residential Property and Casualty Joint Underwriting Association.

3. Offer coverage for all perils, including windstorm, in providing residential coverage as defined in s. 627.4025. A special purpose homeowner insurance company's rates must be filed with the department. After a period of 1 year from the date a company receives a certificate of authority, the company's rates are subject to department approval under s. 627.062.

Section 17. Subsection (5) of section 626.918, Florida Statutes, is amended to read:

626.918 Eligible surplus lines insurers.--

(5) When it appears that any particular insurance risk which is eligible for export, but on which insurance coverage, in whole or in part, is not procurable from the eligible surplus lines insurers, after a search of eligible surplus lines insurers, then the surplus lines agent may file a supplemental signed statement setting forth such facts and advising the department that such part of the risk as shall be unprocurable, as aforesaid, is being placed with named unauthorized insurers, in the amounts and percentages set forth in the statement. Such named unauthorized insurer shall, however, before accepting any risk in this state, deposit with the department cash or securities acceptable to the department of the market value of \$50,000 for each individual risk, contract, or certificate, which deposit shall

be held by the department for the benefit of Florida policyholders only; and the surplus lines agent shall procure 3 from such unauthorized insurer and file with the department a certified copy of its statement of condition as of the close 4 of the last calendar year. If such statement reveals, 5 6 including both capital and surplus, net assets of at least 7 that amount required for licensure of a domestic insurer, then 8 the surplus lines agent may proceed to consummate such contract of insurance. Whenever any insurance risk, or any part thereof, is placed with an unauthorized insurer, as 10 provided herein, the policy, binder, or cover note shall 11 12 contain a statement signed by the insured and the agent with 13 the following notation: "The insured is aware that certain 14 insurers participating in this risk have not been approved to 15 transact business in Florida nor have they been declared eligible as surplus lines insurers by the Department of 16 17 Insurance of Florida. The placing of such insurance by a duly 18 licensed surplus lines agent in Florida shall not be construed 19 as approval of such insurer by the Department of Insurance of Florida. Consequently, the insured is aware that the insured 20 has severely limited the assistance available under the 21 insurance laws of Florida. The insured is further aware that 22 23 he or she may be charged a reasonable per policy fee, as 24 provided in s. 626.916(5)(4), Florida Statutes, for each 25 policy certified for export." All other provisions of this 26 code shall apply to such placement the same as if such risks 27 were placed with an eligible surplus lines insurer. 28 Section 18. Subsection (6) of section 626.932, Florida Statutes, is amended to read: 29 30 626.932 Surplus lines tax.--

"premium" means the consideration for insurance by whatever name called and includes any assessment, or any membership, policy, survey, inspection, service, or similar fee or charge in consideration for an insurance contract, which items are deemed to be a part of the premium. The per-policy fee authorized by s. $626.916\underline{(5)(4)}$ is specifically included within the meaning of the term "premium." However, the service fee imposed pursuant to s. 626.9325 is excluded from the meaning of the term "premium."

Section 19. Subsection (6) of section 626.9325, Florida Statutes, is amended to read:

626.9325 Service fee.--

(6) For the purposes of this section, the term "premium" means the consideration for insurance by whatever name called and includes any assessment, or any membership, policy, survey, inspection, service, or similar fee or charge in consideration for an insurance contract, which items are deemed to be a part of the premium. The per-policy fee authorized by s. 626.916(5)(4) is specifically included within the meaning of the term "premium."

Section 20. Paragraph (o) of subsection (1) of section 626.9541, Florida Statutes, is amended to read:

626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.--

- (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.--The following are defined as unfair methods of competition and unfair or deceptive acts or practices:
- (o) Illegal dealings in premiums; excess or reduced charges for insurance.--

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- 1. Knowingly collecting any sum as a premium or charge for insurance, which is not then provided, or is not in due course to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as permitted by this code.
- Knowingly collecting as a premium or charge for insurance any sum in excess of or less than the premium or charge applicable to such insurance, in accordance with the applicable classifications and rates as filed with and approved by the department, and as specified in the policy; or, in cases when classifications, premiums, or rates are not required by this code to be so filed and approved, premiums and charges in excess of or less than those specified in the policy and as fixed by the insurer. This provision shall not be deemed to prohibit the charging and collection, by surplus lines agents licensed under part VIII of this chapter, of the amount of applicable state and federal taxes, or fees as authorized by s. $626.916(5)\frac{(4)}{(4)}$, in addition to the premium required by the insurer or the charging and collection, by licensed agents, of the exact amount of any discount or other such fee charged by a credit card facility in connection with the use of a credit card, as authorized by subparagraph (q)3., in addition to the premium required by the insurer. This subparagraph shall not be construed to prohibit collection of a premium for a universal life or a variable or indeterminate value insurance policy made in accordance with the terms of the contract.
- 3.a. Imposing or requesting an additional premium for a policy of motor vehicle liability, personal injury protection, medical payment, or collision insurance or any combination thereof or refusing to renew the policy solely

because the insured was involved in a motor vehicle accident unless the insurer's file contains information from which the insurer in good faith determines that the insured was substantially at fault in the accident.

- b. An insurer which imposes and collects such a surcharge or which refuses to renew such policy shall, in conjunction with the notice of premium due or notice of nonrenewal, notify the named insured that he or she is entitled to reimbursement of such amount or renewal of the policy under the conditions listed below and will subsequently reimburse him or her or renew the policy, if the named insured demonstrates that the operator involved in the accident was:
 - (I) Lawfully parked;
- (II) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- (III) Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- (IV) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (V) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- (VI) Finally adjudicated not to be liable by a court of competent jurisdiction;
- $\ensuremath{(\text{VII})}$ In receipt of a traffic citation which was dismissed or nolle prossed; or

- (VIII) Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.
- c. In addition to the other provisions of this subparagraph, an insurer may not fail to renew a policy if the insured has had only one accident in which he or she was at fault within the current 3-year period. However, an insurer may nonrenew a policy for reasons other than accidents in accordance with s. 627.728. This subparagraph does not prohibit nonrenewal of a policy under which the insured has had three or more accidents, regardless of fault, during the most recent 3-year period.
- 4. Imposing or requesting an additional premium for, or refusing to renew, a policy for motor vehicle insurance solely because the insured committed a noncriminal traffic infraction as described in s. 318.14 unless the infraction is:
- a. A second infraction committed within an 18-month period, or a third or subsequent infraction committed within a 36-month period.
- b. A violation of s. 316.183, when such violation is a result of exceeding the lawful speed limit by more than 15 miles per hour.
- 5. Upon the request of the insured, the insurer and licensed agent shall supply to the insured the complete proof of fault or other criteria which justifies the additional charge or cancellation.
- 6. No insurer shall impose or request an additional premium for motor vehicle insurance, cancel or refuse to issue a policy, or refuse to renew a policy because the insured or

 the applicant is a handicapped or physically disabled person, so long as such handicap or physical disability does not substantially impair such person's mechanically assisted driving ability.

- 7. No insurer may cancel or otherwise terminate any insurance contract or coverage, or require execution of a consent to rate endorsement, during the stated policy term for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured with the same exposure at a higher premium rate or continuing an existing contract or coverage with the same exposure at an increased premium.
- 8. No insurer may issue a nonrenewal notice on any insurance contract or coverage, or require execution of a consent to rate endorsement, for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured at a higher premium rate or continuing an existing contract or coverage at an increased premium without meeting any applicable notice requirements.
- 9. No insurer shall, with respect to premiums charged for motor vehicle insurance, unfairly discriminate solely on the basis of age, sex, marital status, or scholastic achievement.
- 10. Imposing or requesting an additional premium for motor vehicle comprehensive or uninsured motorist coverage solely because the insured was involved in a motor vehicle accident or was convicted of a moving traffic violation.
- 11. No insurer shall cancel or issue a nonrenewal notice on any insurance policy or contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.

12. No insurer shall impose or request an additional premium, cancel a policy, or issue a nonrenewal notice on any insurance policy or contract because of any traffic infraction when adjudication has been withheld and no points have been assessed pursuant to s. 318.14(9) and (10). However, this subparagraph does not apply to traffic infractions involving accidents in which the insurer has incurred a loss due to the fault of the insured.

Section 21. The sum of \$2,000,000 is hereby appropriated from the Insurance Commissioner's Regulatory

Trust Fund to the Department of Insurance for fiscal year 1998-1999 for the purpose of funding any contract authorized under s. 627.0629(12), Florida Statutes.

Section 22. The sum of \$300,000 is hereby appropriated from the Insurance Commissioners Regulatory Trust Fund to the Department of Insurance for fiscal year 1998-1999 for the purpose of funding two positions and administrative expenses of the department in implementing the provisions of this act.

Section 23. <u>Subsection (6) of section 627.062, Florida</u>

Statutes, and section 627.0628, Florida Statutes, are hereby repealed.

Section 24. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared severable.

Section 25. This act shall take effect upon becoming a law.

HOUSE SUMMARY Eliminates the Residential Property and Casualty Joint Underwriting Association, reduces the geographic scope of the Florida Windstorm Underwriting Association, and expands the financing capabilities of the Florida Hurricane Catastrophe Fund. Establishes the Florida Access to Insurance Requirements (FAIR) Plan to ensure fair access to insurance requirements. Access to insurance Requirements (FAIR) Plan to ensure fair access to insurance requirements, to assure the availability of residential property insurance for risks that are owner occupied, low value and high hazard, and that are unable to obtain residential property insurance in the authorized market and creates the Florida FAIR Plan Association to facilitate in assisting in the upgrading of owner-occupied low-value high-hazard residential property. See bill for details.