A bill to be entitled 1 2 An act relating to insurance; amending s. 3 624.316, F.S.; deleting certain rulemaking 4 authority of the Department of Insurance 5 relating to insurer compliance; amending s. 626.9541, F.S.; excluding certain notices from 6 7 a definition of the term "complaint" for 8 purposes of determining an insurer's failure to maintain records of complaints; amending s. 9 627.7275, F.S.; modifying coverage requirements 10 11 and premiums relating to motor vehicle property 12 damage liability; amending s. 627.736, F.S.; 13 specifying where an independent medical 14 examination of a claimant may be conducted; 15 repealing s. 627.736(4)(f), F.S., relating to 16 medical payments coverage; repealing s. 627.9126, F.S., relating to the requirement 17 that insurers file liability insurance reports; 18 repealing s. 627.913, F.S., relating to the 19 20 requirement that insurers file product 21 liability insurance reports; providing that an 22 insurer may place the entire amount of the coverage into the court registry for 23 24 distribution to claimants; providing an 25 effective date. 26 27 Be It Enacted by the Legislature of the State of Florida: 28 29 Section 1. Paragraph (f) of subsection (2) of section 624.316, Florida Statutes, is amended to read: 30 31 624.316 Examination of insurers.--

(2)

(f)1.

- a. An examination under this section must be conducted at least once every year with respect to a domestic insurer that has continuously held a certificate of authority for less than 3 years. The examination must cover the preceding fiscal year or the period since the last examination of the insurer. The department may limit the scope of the examination if the insurer has demonstrated sufficient compliance as determined under subparagraph 3.
- b. The department may not accept an independent certified public accountant's audit report in lieu of an examination required by this subparagraph.
- c. An insurer may not be required to pay more than \$25,000 to cover the costs of any one examination under this subparagraph.
- 2. An examination under this section must be conducted not less frequently than once every 5 years with respect to an insurer that has continuously held a certificate of authority, without a change in ownership subject to s. 624.4245 or s. 628.461, for more than 15 years and has demonstrated sufficient compliance as determined under subparagraph 3. The examination must cover the preceding 5 fiscal years of the insurer or the period since the last examination of the insurer. This subparagraph does not limit the ability of the department to conduct more frequent examinations.
- 3. The department must, by rule, adopt procedures and criteria for determining if an insurer has demonstrated sufficient compliance with this code and cooperation with the department. The rules must include consideration of such factors as financial strength, timeliness, consumer service,

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economic and community contributions and support, responsiveness to department requests, and any other relevant factors. The department must annually publish and disseminate a listing of those insurers found to demonstrate sufficient compliance under the rules, including special recognition for community contributions and support.

Section 2. Paragraph (j) 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:
- (j) Failure to maintain complaint-handling procedures. -- Failure of any person to maintain a complete record of all the complaints received since the date of the last examination. For purposes of this paragraph, the term "complaint" means any written communication primarily expressing a grievance, but does not include notices under s. 624.155(2).

Section 3. Paragraph (a) of subsection (2) of section 627.7275, Florida Statutes, is amended to read:

627.7275 Motor vehicle property damage liability.--

(2)(a) Insurers writing motor vehicle insurance in this state shall make available, subject to the insurers' usual underwriting restrictions, coverage under policies as described in subsection (1) of this section to any applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state when the driving privileges 31 were revoked or suspended pursuant to s. 316.646 or s. 627.733

due to the failure of the applicant to maintain required security. The policy shall be issued for a period of at least 3 6 months and as to the minimum coverages required under this section shall not be cancelable by the insured for any reason 4 5 or by the insurer after a period not to exceed 30 days during which the insurer must complete underwriting of the policy. 6 7 After the insurer has completed underwriting the policy within 8 the 30-day period, the insurer shall notify the Department of Highway Safety and Motor Vehicles that the policy is in full force and effect and the policy shall not be cancelable for 10 11 the remainder of the policy period. A premium shall be 12 collected and coverage shall be in effect for the 30-day 13 period during which the insurer is completing the underwriting 14 of the policy whether or not the person's driver license, motor vehicle tag, and motor vehicle registration are in 15 16 effect. Once the noncancelable provisions of the policy become effective, the coverage or risk shall not be changed 17 during the policy period and the premium shall be 18 nonrefundable fully earned. If, during the pendency of the 19 20 2-year proof of insurance period required under s. 627.733(7), the insured obtains additional coverage or coverage for an 21 22 additional risk or changes territories, the insured then she or he must obtain a new 6-month noncancelable policy in 23 accordance with the provisions of this section. However, if 24 the insured must obtain a new 6-month policy and obtains the 25 26 policy from the same insurer, the policyholder shall receive 27 credit on the new policy for any premium paid on the 28 previously canceled policy. 29 Section 4. Paragraph (a) of subsection (7) of section 627.736, Florida Statutes, is amended to read: 30

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627.736 Required personal injury protection benefits; exclusions; priority.--

- (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON; REPORTS. --
- Whenever the mental or physical condition of an injured person covered by personal injury protection is material to any claim that has been or may be made for past or future personal injury protection insurance benefits, such person shall, upon the request of an insurer, submit to mental or physical examination by a physician or physicians. costs of any examinations requested by an insurer shall be borne entirely by the insurer. Such examination shall be conducted within the municipality of residence of the insured or in the municipality where the insured is receiving treatment or in a location reasonably accessible to the insured. For the purposes of this paragraph, the term "location reasonably accessible to the insured" means any location within the municipality in which the insured resides or any location within 15 miles, by road, of the insured's residence. If the examination is to be conducted within the municipality of residence of the insured and if there is no qualified physician to conduct the examination within such municipality, then such examination shall be conducted in an area of the closest proximity to the insured's residence. Personal protection insurers are authorized to include reasonable provisions in personal injury protection insurance policies for mental and physical examination of those claiming personal injury protection insurance benefits. An insurer may not withdraw payment of a treating physician without the consent of the injured person covered by the personal injury 31 protection, unless the insurer first obtains a report by a

physician licensed under the same chapter as the treating physician whose treatment authorization is sought to be 3 withdrawn, stating that treatment was not reasonable, related, 4 or necessary. Section 5. (1) Paragraph (f) of subsection (4) of 5 6 section 627.736, Florida Statutes, is repealed. 7 (2) Sections 627.9126 and 627.913, Florida Statutes, 8 are repealed. Section 6. Notwithstanding any other provision of law, 9 10 when an insurer has determined that it owes the entire amount of the coverage specified in a policy to one or more 11 12 claimants, the insurer may place the entire amount of 13 insurance coverage into a court registry. An insurer electing 14 this option is relieved of any further obligation with regard 15 to persons having a claim against the insurance proceeds. Section 7. This act shall take effect October 1 of the 16 17 year in which enacted. 18 19 20 21 22 23 24 25 26 27 28 29 30

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SENATE SUMMARY

Deletes the requirement that the Department of Insurance adopt, by rule, procedures and criteria for determining if an insurer has complied with the Insurance Code and cooperated with the department. Provides that for purposes of the requirement that an insurer keep records of complaints against it, an insurer need not keep records of any notice of intent to file a civil action against it under s.624.155(2), F.S. Modifies coverage requirements and premiums for motor vehicle property damage liability insurance. Provides that for persons injured and covered under personal injury protection insurance and subject to medical examination, the examination must be conducted in the municipality where the insured is receiving treatment or in a location reasonably accessible to the insured. Authorizes an insurer that has been determined to owe a specified amount to several claimants to place the amount into a court registry. Repeals requirements that insurers file liability insurance reports and product liability insurance reports. Repeals the requirement that medical payments insurance, if available in a policy, pay the personal injury protection medical benefits not payable due to a coinsurance provision.