Amendment No. $\underline{1}$ (for drafter's use only)

i	CHAMBER ACTION Senate House
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5	ORIGINAL STAMP BELOW
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11	The Committee on Insurance offered the following:
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13	Amendment (with title amendment)
14	Remove from the bill: Everything after the enacting clause
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16	and insert in lieu thereof:
17	Section 1. Subsection (6) is added to section
18	624.3161, Florida Statutes, to read:
19	624.3161 Market conduct examinations
20	(6) The department shall adopt rules as necessary to
21	effectuate the market conduct examination process, to assure
22	compliance by the person examined with the applicable
23	provisions of the Insurance Code. Such rules shall not exceed
24	the authority of the statutes involved in the market conduct
25	examination.
26	Section 2. Subsection (8) is added to section 626.171,
27	Florida Statutes, to read:
28	626.171 Application for license
29	(8) The department shall adopt rules to effectuate the
30	license application process, including photo identification,
31	background checks and credit reports, prelicensing courses,

the impact of criminal and law enforcement history, and other relevant information in an effort to determine an applicant's fitness and trustworthiness to engage in the business of insurance.

Section 3. 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.--
- 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.
- 2. 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(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;

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- (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;
- (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, <u>location of the risk</u>, <u>accidents more than 3 years old</u>, 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 4. Paragraph (a) of subsection (2) of section 627.062, Florida Statutes, is amended to read:

627.062 Rate standards.--

- (2) As to all such classes of insurance:
- (a) Insurers or rating organizations shall establish and use rates, rating schedules, or rating manuals to allow the insurer a reasonable rate of return on such classes of insurance written in this state. Copies A copy of rates, rating schedules, rating manuals, premium credits or discount schedules, and surcharge schedules, and changes thereto, shall

be filed with the department under one of the following

procedures:

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- If the filing is made at least 90 days before the proposed effective date and the filing is not implemented during the department's review of the filing and any proceeding and judicial review, then such filing shall be considered a "file and use" filing. In such case, the department shall finalize its review by issuance of a notice of intent to approve or a notice of intent to disapprove within 90 days after receipt of the filing. The notice of intent to approve and the notice of intent to disapprove constitute agency action for purposes of the Administrative Procedure Act. Requests for supporting information, requests for mathematical or mechanical corrections, or notification to the insurer by the department of its preliminary findings shall not toll the 90-day period during any such proceedings and subsequent judicial review. The rate shall be deemed approved if the department does not issue a notice of intent to approve or a notice of intent to disapprove within 90 days after receipt of the filing.
- 2. If the filing is not made in accordance with the provisions of subparagraph 1., such filing shall be made as soon as practicable, but no later than 30 days after the effective date, and shall be considered a "use and file" filing. An insurer making a "use and file" filing is potentially subject to an order by the department to return to policyholders portions of rates found to be excessive, as provided in paragraph (h).

Section 5. Subsection (4) is added to Section 627.0625, Florida Statutes, to read:

627.0625 Commercial property and casualty risk management plans.--

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Commercial motor vehicle policies that are issued to satisfy mandatory financial responsibility requirements of a state or local government must provide first dollar coverage to third-party claimants without a deductible. With respect to such policies, the department may adopt rules necessary to assure that claims are administered fairly as required by law. Section 6. Subsection (8) of section 627.0651, Florida Statutes, is amended to read: 627.0651 Making and use of rates for motor vehicle insurance.--(8) Rates are not unfairly discriminatory if averaged broadly among members of a group; nor are rates unfairly discriminatory even though they are lower than rates for nonmembers of the group. However, such rates are unfairly discriminatory if they are not actuarially measurable and credible and sufficiently related to actual or expected loss and expense experience of the group so as to assure that nonmembers of the group are not unfairly discriminated against. Use of a single United States Postal Service zip code as a rating territory shall be deemed unfairly discriminatory. An insurer may not impose a surcharge or discount for liability coverages based on the type of vehicle without providing acceptable actuarial justification. Section 7. Section 627.385, Florida Statutes, is created to read: 627.385 Conduct of residual market board members.--(1)(a) For various insurance coverages, a residual market has been created by legislation to provide a market of

last resort for individuals unable to secure coverage in the

voluntary market.

Each residual market's enabling legislation calls

for the establishment of a board of governors or directors 1 2 that operates subject to a plan of operation. The board, in carrying out its obligations, must engage in business 3 4 transactions in order to provide and administer the required 5 coverage and maintain adequate funds to support the plan. In order for the board to fully execute its responsibilities 6 7 required by law, conflict of interest or inappropriate activity by board members, or the appearance thereof, with 8 regard to member insurers or policyholders of the residual 9 10 market mechanism must be avoided. The Legislature has determined that the provisions set forth in subsection (2) are 11 12 necessary to protect the public interest by ensuring fair, 13 reasonable, and beneficial board practice and activity. This section applies to the Florida Medical 14 15 Malpractice Joint Underwriting Association, the Florida Automobile Joint Underwriting Association, the Florida 16 17 Workers' Compensation Joint Underwriting Association, the 18 Florida Comprehensive Health Association, the Florida Windstorm Underwriting Association, the Florida Property and 19 Casualty Joint Underwriting Association, the Florida 20 Residential Property and Casualty Joint Underwriting 21 22 Association, and the board members thereof. (2) To ensure that the board is free from potential 23 24 conflict or inappropriate behavior the following are adopted 25 in the plan of operation of the subject residual market in

(b) A board member or board member representative may not use his or her position to foster or facilitate any

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this state.

special pecuniary gain for himself or herself, his or her member company, or any other entity in which the board member or board member representative or the member company has a substantial financial interest, except as otherwise provided in paragraph (a).

- (c) A board member or board member representative may not use his or her position on the board to secure or promote any business relationship from which he or she may derive a financial gain.
- (d) A board member or designee may not receive any gift or gratuity, except as provided in s. 112.3248, other than meals, while acting in his or her capacity as a board member.
- (3) Board members and board member representatives shall maintain reasonable board expenses based on state travel policy as set forth in s. 112.061. The board shall develop a detailed policy regarding board member travel, which policy must be based on s. 112.061 and is subject to the approval of the department.

Section 8. Section 627.4065, Florida Statutes, is created to read:

health insurance policy issued or issued for delivery in this state must have printed or stamped thereon or attached thereto a notice in a prominent place stating in substance that the policyholder may return the policy to the insurer within 10 days after its delivery and may have the premium paid refunded if, after examination of the policy or contract, the policyholder is not satisfied with it for any reason. The notice must provide that if the policyholder, pursuant to such notice, returns the policy or contract to the insurer at its

home office or branch office or to the agent through whom it 1 2 was purchased, it is considered void from the beginning and 3 the parties are in the same position as if no policy or 4 contract had been issued. This section does not apply to group 5 policies, single premium nonrenewable policies, or travel accident policies. 6 7 Section 9. Section 627.41345 Certificate of 8 insurance. -- An insurer or agent may not issue or sign a certificate of insurance that contains terms or conditions 9 10 that differ from those in the policy under which the certificate of insurance is issued. In the event of a 11 12 conflict, the terms of the policy under which the certificate 13 of insurance is issued shall control. Section 10. Subsection (9) is added to section 14 15 627.7015, Florida Statutes, to read: 627.7015 Alternative procedure for resolution of 16 17 disputed property insurance claims .--18 (9) For purposes of this section, the term "claim" refers to any dispute between an insurer and an insured 19 relating to a material issue of fact other than a dispute: 20 (a) With respect to which the insurer has a reasonable 21 22 basis to suspect fraud; (b) Where, based on agreed-upon facts as to the cause 23 24 of loss, there is no coverage under the policy; 25 (c) With respect to which the insurer has a reasonable basis to believe that the claimant has intentionally made a 26 27 material misrepresentation of fact which is relevant to the claim, and the entire request for payment of a loss has been 28 denied on the basis of the material misrepresentation; or 29 30 Where the amount in controversy is less than \$500,

unless the parties agree to mediate a dispute involving a

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lesser amount.
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Section 11. Section 627.7276, Florida Statutes, is amended to read:

627.7276 Notice of limited coverage. --

automobile policy that does not contain coverage for bodily injury and property damage must be clearly stamped or printed on any motor vehicle insurance policy that provides coverage only for first-party damage to the insured vehicle, but does not provide coverage for bodily injury liability, property damage liability, or personal injury protection to the effect that such coverage is not included in the policy in the following manner:

"THIS POLICY DOES NOT PROVIDE BODILY INJURY LIABILITY, AND PROPERTY DAMAGE LIABILITY, OR PERSONAL INJURY PROTECTION INSURANCE OR ANY OTHER COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT MADE, AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW OR WITH THE FLORIDA MOTOR VEHICLE NO-FAULT LAW."

(2) This legend must appear on the policy declaration page and on the filing back of the policy and be printed in a contrasting color from that used on the policy and in type larger than the largest type used in the text thereof, as an overprint or by a rubber stamp impression.

Section 12. Section 627.795, Florida Statutes, is created to read:

627.795 Policy exceptions.--

(1) A title insurance commitment must be issued on all

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real estate closing transactions when a title insurance policy is to be issued, except for multiple conveyances on the same property such as timesharing. (2) A gap exception may not be deleted on a commitment until the time of closing. Section 13. Section 626.9552, Florida Statutes, is created to read: 626.9552 Single interest insurance. --(1) When single interest insurance is written at the expense of the purchaser or borrower in connection with a finance or loan transaction, a clear and concise statement must be furnished the purchaser or borrower advising the purchaser or borrower that the insurance effected is solely for the interest of the financing entity, and that no protection thereunder exists for the benefit of the purchaser or borrower. When single interest insurance is written, no effort may be made by the insurer to recover the amount of any

must be clearly stamped or printed on the declarations page,
Single Interest Only----No Subrogation. Single interest

payment from the borrower. Single interest insurance policies

21 insurance is to be placed only after it has been determined

22 that no other kind of insurance can be placed on the risk,

except with the consent of the purchaser or borrower. Single interest may be written in cases of inland marine installment

25 sales floater policies. If insurance cannot be obtained for

26 the dual protection of the purchaser or borrower, and the

27 seller or lender or financing entity for all the coverages

28 contemplated, or if obtained, is canceled by the insurer

29 before expiration, the seller or lender or financing entity

30 may obtain insurance to protect his or her interest in the

motor vehicle or other personal property, and the purchaser or

borrower may be required to pay the cost thereof. In such 1 2 event the seller or lender or financing entity shall promptly notify the purchaser or borrower that such insurance cannot be 3 4 obtained, or has been canceled, and credit to the purchaser or borrower the difference between the amount charged for dual 5 protection insurance and the actual cost of such single 6 7 interest insurance, less, in the event of cancellation, the 8 earned premium on the dual interest insurance for the period it was in force. If the purchaser or borrower procures 9 10 acceptable dual interest insurance within 30 days after the 11 date of such notice and provides the seller or lender, or 12 finance entity with evidence that the premium therefore has 13 been paid, there is no charge to him or her for the single interest coverage. As used in this section, the term 14 15 'financing entity" means a finance company, bank, or other lending institution. However, those lenders licensed under the 16 17 Consumer Finance Act, chapter 516, must provide coverage 18 issued in the name of the borrower containing the customary 19 mortgagee or loss payee clause. If a certificate is issued under a master policy, 20 21

- the same coverage as provided in an individual policy will apply.
- (3) The provisions of this section do not apply to title insurance as defined in s. 624.608.

Section 14. Subsection (1) of section 627.918, Florida Statutes, is amended to read:

627.918 Reporting formats.--

(1) The department shall require that the reporting provided for in this part be made on forms adopted established by the department or in a format compatible with the

department's its electronic data processing equipment. The

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department shall adopt by rule standards for such approval. 1 2 Section 15. Subsection (12) of section 641.31, Florida 3 Statutes, is amended to read: 4 641.31 Health maintenance contracts.--5 (12) Each health maintenance contract, certificate, or 6 member handbook shall state that emergency services and care 7 shall be provided to subscribers in emergency situations not 8 permitting treatment through the health maintenance organization's providers, without prior notification to and 9 10 approval of the organization. Reimbursement for covered 11 services and supplies under this section shall be governed by 12 the provisions of s. 641.513(5), up to the subscriber contract 13 benefit limits. Not less than 75 percent of the reasonable 14 charges for covered services and supplies shall be paid by the 15 organization, up to the subscriber contract benefit limits. Payment also may be subject to additional applicable copayment 16 17 provisions, not to exceed \$100 per claim. The health 18 maintenance contract, certificate, or member handbook shall contain the definitions of "emergency services and care" and 19 20 "emergency medical condition" as specified in s. 641.19(7) and (8), shall describe procedures for determination by the health 21 maintenance organization of whether the services qualify for 22 reimbursement as emergency services and care, and shall 23 24 contain specific examples of what does constitute an 25 emergency. In providing for emergency services and care as a covered service, a health maintenance organization shall be 26 27 governed by s. 641.513. Section 16. Subsection (3) of section 641.3108, 28 Florida Statutes, is amended to read: 29 30 641.3108 Notice of cancellation of contract.--

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In the case of a health maintenance contract

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issued to an employer or person holding the contract on behalf 1 2 of the subscriber group, the health maintenance organization 3 may make the notification through the employer or group 4 contract holder, and, if the health maintenance organization 5 elects to take this action through the employer or group contract holder, the organization shall be deemed to have 6 7 complied with the provisions of this section upon notifying 8 the employer or group contract holder of the requirements of this section and requesting the employer or group contract 9 10 holder to forward to all subscribers the notice required 11 herein. If a subscriber group contract is not renewed due to 12 claim experience, the subscriber group is entitled to receive 13 information concerning its loss ratio. If requested by a subscriber group, a detailed claim experience record may be 14 15 provided at a reasonable expense. The record shall maintain subscriber confidentiality. 16 17 Section 17. This act shall take effect upon becoming a 18 law. 19 20 ======== T I T L E A M E N D M E N T ========== 21 22 And the title is amended as follows: 23 On page 1, 24 remove the entire title 25 and insert in lieu thereof: 26 27 A bill to be entitled An act relating to the Department of Insurance; 28 29 amending ss. 624.3161, 626.171, F.S.; directing 30 the department to adopt rules relating to 31 market conduct examinations and license

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applications; amending s. 626.9541, F.S.; revising provisions relating to unfair competition and deceptive practices; amending s. 627.062, F.S.; providing for filing forms for rate standards; amending s. 627.0625, F.S.; authorizing the department to adopt rules relating to third-party claimants; amending s. 627.0651, F.S.; prohibiting motor vehicle insurers from imposing a surcharge or a discount due to certain factors; creating s. 627.385, F.S.; providing rules of conduct for residual market board members; creating s. 627.4065, F.S.; providing for notice of right to return health insurance policies; creating s. 627.41345, F.S.; prohibiting an insurer or agent from issuing or signing certain certificates of insurance; providing that the terms of the policy control in case of conflict; amending s. 627.7015, F.S.; defining "claim" for purposes of alternative procedures for resolution of disputed property insurance claims; amending s. 627.7276, F.S.; providing for notice of coverage of automobile policies; creating s. 627.795, F.S.; providing guidelines for title insurance policies; creating 626.9552, F.S.; providing standards for single interest insurance; amending s. 627.918, F.S.; directing the department to adopt rules relating to reporting formats; amending s. 641.31, F.S.; specifying reimbursement for emergency services under health maintenance

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1	organization contracts; amending s. 641.3108,
2	F.S.; requiring health maintenance
3	organizations to provide certain information to
4	subscriber groups whose contract is not renewed
5	for certain reasons; providing an effective
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