A bill to be entitled An act relating to insurance; amending s. 631.57, F.S.; specifying assessment liability; amending s. 324.031, F.S.; providing for establishing financial responsibility with respect to damages arising out of the operation of certain vehicles; providing definitions; amending s. 627.351, F.S.; specifying membership of the boards of the Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association; revising criteria for limited apportionment; providing rate standards; specifying duties with respect to pursuit of federal tax exemptions and tax-free bond status; providing premium tax exemption; providing for appropriation of funds for hurricane loss mitigation purposes; providing standards for certain payments to agents of record of Florida Winstorm Underwriting Association and Residential Property and Casualty Joint Underwriting Association policies; amending s. 627.3511, F.S.; revising agent compensation in connection with take-out plans; amending s. 627.7013, F.S.; delaying the repeal date of the moratorium on hurricane-related cancellation or nonrenewal of property insurance policies; amending s. 624.4072, F.S.; increasing a period of exemption from certain taxes and assessments for certain minority businesses; extending a

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1 future repeal; amending ss. 624.3161, 626.171, 2 F.S.; directing the department to adopt rules 3 relating to market conduct examinations and 4 license applications; amending s. 626.9541, F.S.; revising provisions relating to unfair 5 6 competition and deceptive practices; creating 7 s. 626.9651, F.S.; directing the department to adopt rules to govern the use of a consumer's 8 9 nonpublic personal financial and health information by health insurers and health 10 maintenance organizations; providing standards 11 12 governing the rules; amending s. 627.062, F.S.; providing for filing forms for rate standards; 13 14 amending s. 627.0625, F.S.; authorizing the 15 department to adopt rules relating to third-party claimants; amending s. 627.0651, 16 F.S.; prohibiting motor vehicle insurers from 17 18 imposing a surcharge or a discount due to 19 certain factors; creating s. 627.385, F.S.; 20 providing rules of conduct for residual market 21 board members; creating s. 627.4065, F.S.; 22 providing for notice of right to return health 23 insurance policies; creating s. 627.41345, F.S.; prohibiting an insurer or agent from 24 issuing or signing certain certificates of 25 26 insurance; providing that the terms of the policy control in case of conflict; amending s. 27 28 627.7015, F.S.; defining "claim" for purposes 29 of alternative procedures for resolution of disputed property insurance claims; amending s. 30 627.7276, F.S.; providing for notice of 31

1 coverage of automobile policies; creating s. 2 627.795, F.S.; providing guidelines for title 3 insurance policies; creating 626.9552, F.S.; 4 providing standards for single interest 5 insurance; amending s. 627.918, F.S.; directing 6 the department to adopt rules relating to 7 reporting formats; amending s. 641.3108, F.S.; requiring health maintenance organizations to 8 9 provide certain information to subscriber groups whose contract is not renewed for 10 certain reasons; requiring certain meetings of 11 12 the Florida Windstorm Underwriting Association to be open to the public; requiring notice; 13 14 providing an effective date. 15 16 Be It Enacted by the Legislature of the State of Florida: 17 18 Section 1. Subsection (7) is added to section 631.57, 19 Florida Statutes, to read: 20 631.57 Powers and duties of the association.--21 (7) Notwithstanding any other provision of law, the 22 net direct written premiums of medical malpractice insurance 23 are not subject to assessment under this section to cover claims and administrative costs for the type of insurance 24 25 defined in s. 624.604. 26 Section 2. Section 324.031, Florida Statues, is amended to read: 27 28 324.031 Manner of proving financial 29 responsibility. -- The owner or operator of a taxicab, limousine, jitney, or any other for-hire passenger 30

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transportation vehicle may prove financial responsibility by

providing satisfactory evidence of holding a motor vehicle liability policy as defined in s. 324.021(8) or s. 324.151, which policy is issued by an insurance carrier which is a member of the Florida Insurance Guaranty Association. The operator or owner of any other vehicle may prove his or her financial responsibility by:

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- (1) Furnishing satisfactory evidence of holding a motor vehicle liability policy, providing single limits of \$100,000/300,000/50,000 or \$500,000 combined limits, as defined in ss. 324.021(8) and 324.151;
- Posting with the department a satisfactory bond of a surety company authorized to do business in this state, conditioned for payment of the amount specified in s. 324.021(7);
- (3) Furnishing a certificate of the department showing a deposit of cash or securities in accordance with s. 324.161; or
- (4) Furnishing a certificate of self-insurance issued by the department in accordance with s. 324.171.

Any person, including any firm, partnership, association, corporation, or other person, other than a natural person, electing to use the method of proof specified in subsection (2) or subsection (3) shall post a bond or deposit equal to the number of vehicles owned times \$30,000, to a maximum of \$120,000; in addition, any such person, other than a natural person, shall maintain insurance providing coverage in excess of limits of \$10,000/20,000/10,000 or \$30,000 combined single limits, and such excess insurance shall provide minimum limits of \$100,000/300,000/50,000\$31 \$150,000 combined single limits. The operator of any vehicle

with limits of coverage in the amount of \$100,000/300,000/50,000 or \$500,000 combined limits shall be deemed both the common carrier operating such vehicle and the owner of such vehicle, and no other person or entity shall be responsible in damages for the operator's negligence. For purposes of this section, "operator" shall mean the driver.

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Section 3. Effective July 1, 2001, paragraph (b) of subsection (2) and paragraph (c) of subsection (6) of section 627.351, Florida Statutes, are amended, and paragraph (f) is added to subsection (2) of said section, to read:

627.351 Insurance risk apportionment plans.--

- (2) WINDSTORM INSURANCE RISK APPORTIONMENT. --
- (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.

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- 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.
- 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 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.

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(II) The plan of operation shall provide for a board of directors consisting of the members of the State Board of Administration, which shall oversee the operations of the association and shall carry out any other duties provided by law. The board shall appoint an advisory council consisting of an actuary, a meterorologist, an engineer, a representative of insurers, a representative of insurance agents, and three consumers who shall also be representatives of other professions and industries, to provide the board with information and advice in connection with its duties under this section. Members of the advisory council shall be eligible for per diem and travel expeses under s. 112.061. The association shall not be considered a state agency and its obligations shall not be considered obligations of the state consisting of the Insurance Consumer Advocate appointed under s. 627.0613, 1consumer 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.

- (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. 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 2 3 of the department, the association may waive these geographic 4 criteria for a take-out plan that removes at least the lesser 5 of 100,000 Residential Property and Casualty Joint Underwriting Association policies or 15 percent of the total 6 7 number of Residential Property and Casualty Joint Underwriting 8 Association policies, provided the governing board of the 9 Residential Property and Casualty Joint Underwriting Association certifies that the take-out plan will materially 10 reduce the Residential Property and Casualty Joint 11 12 Underwriting Association's 100-year probable maximum loss from 13 hurricanes. With the approval of the department, the board 14 may extend such credits for an additional year if the insurer 15 quarantees an additional year of renewability for all policies removed from the Residential Property and Casualty Joint 16 17 Underwriting Association, or for 2 additional years if the insurer guarantees 2 additional years of renewability for all 18 19 policies removed from the Residential Property and Casualty Joint Underwriting Association. 20

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.

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c. 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).
- 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 Insurance policies in the year or years following levy of the regular assessments. The amount of the emergency assessment collected in a particular year shall be a uniform percentage

of that year's direct written premium for property insurance for all member insurers and underwriting associations, 3 excluding National Flood Insurance policy premiums, as 4 annually determined by the board and verified by the 5 department. The department shall verify the arithmetic calculations involved in the board's determination within 30 6 7 days after receipt of the information on which the 8 determination was based. Notwithstanding any other provision 9 of law, each member insurer and each underwriting association created pursuant to this section shall collect emergency 10 assessments from its policyholders without such obligation 11 12 being affected by any credit, limitation, exemption, or The emergency assessments so collected shall be 13 14 transferred directly to the association on a periodic basis as 15 determined by the association. The aggregate amount of emergency assessments levied under this sub-sub-subparagraph 16 17 in any calendar year may not exceed the greater of 10 percent of the amount needed to cover the original deficit, plus 18 19 interest, fees, commissions, required reserves, and other costs associated with financing of the original deficit, or 10 20 percent of the aggregate statewide direct written premium for 21 22 property insurance written by member insurers and underwriting 23 associations for the prior year, plus interest, fees, commissions, required reserves, and other costs associated 24 with financing the original deficit. The board may pledge the 25 26 proceeds of the emergency assessments under this sub-sub-subparagraph as the source of revenue for bonds, to 27 retire any other debt incurred as a result of the deficit or 28 29 events giving rise to the deficit, or in any other way that the board determines will efficiently recover the deficit. The 30 emergency assessments under this sub-sub-subparagraph shall 31

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 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.

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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 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.

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3. The plan shall also provide that any member with a surplus as to policyholders of \$25\$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 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 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-subparagraph 2.d.(III).

- 4. The plan shall provide for the deferment, in whole or in part, of a regular assessment of a member insurer under sub-sub-subparagraph 2.d.(I) or sub-sub-subparagraph 2.d.(II), but not for an emergency assessment collected from policyholders under sub-sub-subparagraph 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 2.d.(II) or sub-subparagraph 2.d.(II).
- 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. (I) Subject to the provisions of sub-sub-subparagraph (II), all rate filings under this subsection relating to coverage for windstorm losses must reflect historical insurance data. When using a computer model in making a rate filing under this subsection, the association

may use only a computer model which is based upon standards and guidelines developed or established by the Florida

Commission on Hurricane Loss Projection Methodology under s.
627.0628. Consideration of historical insurance data and the use of computer models shall be consistent with applicable Standards of Practice of the American Academy of Actuaries.

The association may require arbitration of a rate filing under s. 627.062(6).

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(II) It is the intent of the Legislature that the Rates for coverage provided by the association must 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 the average base rates for each line of business charged by the asociation for hurricane coverage for each unmitigated risk in a particular county shall be no lower than the highest department-approved rate within the association's eligible area for hurricane coverage in the voluntary market for each line of business in such county, among the 20 largest insurers actually writing such coverage in such county, 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.

(III) Notwithstanding any other provision of law, windstorm rates under this subsection previously adjudicated for use and in effect as of the effective date of this act, and the related mitigation credit program, shall apply to

rates of the association and shall continue in effect until such rates are fully phased in. The rate for a particular group or class of policies may be increased only after the full phase-in of the current rate plan as to that group or class of policies.

- 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

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 (II) Whether the uncertainty associated with the individual risk is such that an appropriate premium cannot be determined.

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.

- e. The policies issued by the association must provide that if the association obtains an offer from an authorized insurer to cover the risk at its approved rates under either a standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the department, a basic policy including wind coverage, the risk is no longer eligible for coverage through the association. Upon termination of eligibility, the association shall provide written notice to the policyholder and agent of record stating that the association policy must be canceled as of 60 days after the date of the notice because of the offer of coverage from an authorized insurer. Other provisions of the insurance code relating to cancellation and notice of cancellation do not apply to actions under this sub-subparagraph.

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.

f. Association policies and applications must include

g. If the risk accepts an offer of coverage through 1 2 the market assistanceprogram or through a mechanism 3 established by the association, either before the policy is 4 issued by the association or during the first 30 days of 5 coverage by the association, and the producing agent who 6 submitted the application to the association is not currrently 7 appointed by the insurer, the insurer shall either: 8 (I) Pay to the producing agent of record of the 9 policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of 10 policy written or a fee equal to the usual and customary 11 12 commission of the association; or 13 (II) Offer to allow the producing agency of record of 14 the policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of 15 16 the insurer's or the association's usual and customary 17 commission for the type of policy written. 18 19 If the new or producing agent is unwilling or unable to accept 20 appointment, the new insurer shall pay the agent in accordance 21 with sub-sub-subparagraph (I). 22 When the association enters into a contractual 23 agreement for a take-out plan, the producing agent of record of the association policy is entitled to retain any unearned 24 25 commission on the policy, and the insurer shall either: 26 (I) Pay to the producing agent of record of the 27 association policy, for the first year, an amount that is the 28 greater of the insurer's usual and customary commission for 29 the type of policy written or a fee equal to the usual and 30 customary commission of the association; or

(II) Offer to allow the producing agent of record of the association policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of the insurer's or the association's usual and customary commission for the type of policy written.

If the new or producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-subparagraph(I).

- 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 (g)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.

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- 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.
- 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.

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- 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.
 - 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.

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.

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- 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.
- 10. It is the intent of the Legislature that the association vigorously pursue an exemption from federal income taxation and tax-free status for bonds issued by or on behalf of the association. In furtherance of this intent:

a. The association shall retain such expert tax counsel and bond counsel as necessary and expend such funds as necessary to pursue such negotiations or litigation as may lead to favorable tax rulings.

- b. The association shall, no later than January 1,

 2002, provide a report to the Governor, the Insurance

 Commissioner, the President of the Senate, and the Speaker of
 the House of Representatives detailing the status of the
 negotiations or litigation and recommending statutory changes,
 if any, needed to secure favorable tax rulings.
- (f)1. In recognition of the fact that the association created under this subsection furthers an essentially governmental purpose, the association is exempt from premium taxes effective July 1, 2002.
- 2. Begining with the 2002-2003 fiscal year, and except for years in which the association is collecting regular or emergency assessments under this subsection, the association shall annually transfer the sum of \$5 million to the General Revenue Fund, which moneys shall be appropriated for hurricane loss mitigation purposes as specified in s. 215.555(7)(c). Such appropriations are in addition to any appropriations required or authorized by s. 215.555(7)(c).
- (6) RESIDENTIAL PROPERTY AND CASUALTY JOINT UNDERWRITING ASSOCIATION.--
 - (c) The plan of operation of the association:
- 1. May provide for one or more designated insurers, able and willing to provide policy and claims service, to act on behalf of the association to provide such service. Each licensed agent shall be entitled to indicate the order of preference regarding who will service the business placed by the agent. The association shall adhere to each agent's

preferences unless after consideration of other factors in assigning agents, including, but not limited to, servicing capacity and fee arrangements, the association has reason to believe it is in the best interest of the association to make a different assignment.

- 2. Must provide for adoption of residential property and casualty insurance policy forms, which forms must be approved by the department prior to use. The association shall adopt the following policy forms:
- a. Standard personal lines policy forms including wind coverage, which are multiperil policies providing what is generally considered to be full coverage of a residential property similar to the coverage provided under an HO-2, HO-3, HO-4, or HO-6 policy.
- b. Standard personal lines policy forms without wind coverage, which are the same as the policies described in sub-subparagraph a. except that they do not include wind coverage.
- c. Basic personal lines policy forms including wind coverage, which are policies similar to an HO-8 policy or a dwelling fire policy that provide coverage meeting the requirements of the secondary mortgage market, but which coverage is more limited than the coverage under a standard policy.
- d. Basic personal lines policy forms without wind coverage, which are the same as the policies described in sub-subparagraph c. except that they do not include wind coverage.
- $\hbox{e. Commercial lines residential policy forms including}\\$ wind coverage that are generally similar to the basic perils

of full coverage obtainable for commercial residential structures in the admitted voluntary market.

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- f. Commercial lines residential policy forms without wind coverage, which are the same as the policies described in sub-subparagraph e. except that they do not include wind coverage.
- May provide that the association may employ or 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 its behalf by a unit of local government pursuant to subparagraph (g)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. The association is authorized to take all actions needed to facilitate tax-free status for any such bonds or indebtedness, including formation of trusts or other affiliated entities. The association shall have the authority to 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. In recognition of s. 10, Art. I of the State Constitution, prohibiting the impairment of obligations

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30 31 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.

- 4. Must require that the association operate subject to the supervision and approval of a board of governors consisting of the members of the State Board of Administration. consisting of 13 individuals, including 1 who is elected as chair. The board shall consist of:
- a. The insurance consumer advocate appointed under s. 627.0613.
 - b. Five members designated by the insurance industry.
- c. Five consumer representatives appointed by the Insurance Commissioner. Two of the consumer representatives must, at the time of appointment, be holders of policies issued by the association, who are selected with consideration given to reflecting the geographic balance of association policyholders. Two of the consumer members must be individuals who are minority persons as defined in s. 288.703(3). One of the consumer members shall have expertise in the field of mortgage lending.
- d. Two representatives of the insurance industry appointed by the Insurance Commissioner. Of the two insurance industry representatives appointed by the Insurance Commissioner, at least one must be an individual who is a minority person as defined in s. 288.703(3).

Any board member may be disapproved or removed and replaced by the commissioner at any time for cause. All board members, including the chair, must be appointed to serve for 3-year terms beginning annually on a date designated by the plan.

- 5. Must provide a procedure for determining the eligibility of a risk for coverage, as follows:
- a. With respect to personal lines residential risks, if the risk is offered coverage from an authorized insurer at the insurer's approved rate under either a standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the department, a basic policy including wind coverage, the risk is not eligible for any policy issued by the association.
- (I) If the risk accepts an offer of coverage through the market assistance program or through a mechanism established by the association, either before the policy is issued by the association or during the first 30 days of coverage by the association, and the producing agent who submitted the application to the association is not currently appointed by the insurer, the insurer shall either:
- (A) Pay to the producing agent of record of the policy, for the first year, an amount that is the greater of the insurer's usual and customary cmmission for the type of policy written or a fee equal to the usual and customary commission of the association; or
- (B) Offer to allow the producing agent of record of the policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of the insurer's or the ssociation's usual and customary commission for the type of policy written.

If the new or producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

- (II) When the association enters into a contractual
 agreement for a take-out plan, the producing agent of record
 of the association policy is entitled to retain any unearned
 commission on the policy, and the isnurer shall either:

 (A) Pay to the producing agent of record of the
 - (A) Pay to the producing agent of record of the association policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the association; or
 - (B) Offer to allow the producing agent of record of the association policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of the insurer's or the asociation's usual and customary commission for the type of policy written.

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If the new or producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A). If the risk accepts an offer of coverage through the market assistance plan or an offer of coverage through a mechanism established by the association before a policy is issued to the risk by the association or during the first 30 days of coverage by the association, and the producing agent who submitted the application to the plan or to the association is not currently appointed by the insurer, the insurer shall either appoint the agent to service the risk or, if the insurer places the coverage through a new agent, require the new agent who then writes the policy to pay not less than 50 percent of the first year's commission to the producing agent who submitted the application to the plan or the association, except that if the new agent is an employee or exclusive agent of the insurer,

the new agent shall pay a policy fee of \$50 to the producing agent in lieu of splitting the commission. If the risk is not able to obtain any such offer, the risk is eligible for either a standard policy including wind coverage or a basic policy including wind coverage issued by the association; however, if the risk could not be insured under a standard policy including wind coverage regardless of market conditions, the risk shall be eligible for a basic policy including wind coverage unless rejected under subparagraph 8. The association shall determine the type of policy to be provided on the basis of objective standards specified in the underwriting manual and based on generally accepted underwriting practices.

- b. With respect to commercial lines residential risks, if the risk is offered coverage under a policy including wind coverage from an authorized insurer at its approved rate, the risk is not eligible for any policy issued by the association.
- (I) If the risk accepts an offer of coverage through the market assistance program or through a mechanism established by the association, either before the policy is issued by the association or during the first 30 days of coverage by the association, and the producing agent who submitted the application to the association is not currently appointed by the insurer, the insurer shall either:
- (A) Pay to the producing agent of record of the policy, for the first year, an amount that is the greater of the insurer's usual and customary cmmission for the type of policy written or a fee equal to the usual and customary commission of the association; or
- (B) Offer to allow the producing agent of record of the policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of

the insurer's or the ssociation's usual and customary commission for the type of policy written.

If the new or producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-subparagraph (A).

(II) When the association enters into a contractual agreement for a take-out plan, the producing agent of record of the association policy is entitled to retain any unearned commission on the policy, and the isnurer shall either:

(A) Pay to the producing agent of record of the association policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the association; or

(B) Offer to allow the producing agent of record of the association policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of the insurer's or the asociation's usual and customary commission for the type of policy written.

If the new or producing gent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A). If the risk accepts an offer of coverage through the market assistance plan or an offer of coverage through a mechanism established by the association before a policy is issued to the risk by the association, and the producing agent who submitted the application to the plan or the association is not currently appointed by the insurer, the insurer shall either appoint the agent to service the risk or, if the insurer places the

coverage through a new agent, require the new agent who then writes the policy to pay not less than 50 percent of the first year's commission to the producing agent who submitted the application to the plan, except that if the new agent is an employee or exclusive agent of the insurer, the new agent shall pay a policy fee of \$50 to the producing agent in lieu of splitting the commission. If the risk is not able to obtain any such offer, the risk is eligible for a policy including wind coverage issued by the association.

- c. This subparagraph does not require the association to provide wind coverage or hurricane coverage in any area in which such coverage is available through the Florida Windstorm Underwriting Association.
- 6. Must include rules for classifications of risks and rates therefor.
- 7. Must provide that if premium and investment income attributable to a particular plan year are in excess of projected losses and expenses of the plan attributable to that year, such excess shall be held in surplus. Such surplus shall be available to defray deficits as to future years and shall be used for that purpose prior to assessing member insurers as to any plan year.
- 8. Must provide objective criteria and procedures 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:
- a. Whether the likelihood of a loss for the individual risk is substantially higher than for other risks of the same class; and

b. 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 shall be construed as the private placement of insurance, and the provisions of chapter 120 shall not apply.

- 9. Must provide that the association shall make its best efforts to procure catastrophe reinsurance at reasonable rates, as determined by the board of governors.
- Must provide that in the event of regular deficit assessments under sub-subparagraph (b)3.a. or sub-subparagraph (b)3.b., or by the Florida Windstorm Underwriting Association under sub-sub-subparagraph (2)(b)2.d.(I) or sub-sub-subparagraph (2)(b)2.d.(II), the association shall levy upon association policyholders in its next rate filing, or by a separate rate filing solely for this purpose, a market equalization surcharge in a percentage equal to the total amount of such regular assessments divided by the aggregate statewide direct written premium for subject lines of business for member insurers for the prior calendar year. Market equalization surcharges under this 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.
- 11. The policies issued by the association must provide that, if the association or the market assistance plan obtains an offer from an authorized insurer to cover the risk at its approved rates under either a standard policy including wind coverage or a basic policy including wind coverage, the

risk is no longer eligible for coverage through the association. However, if the risk is located in an area in which Florida Windstorm Underwriting Association coverage is available, such an offer of a standard or basic policy terminates eligibility regardless of whether or not the offer includes wind coverage. Upon termination of eligibility, the association shall provide written notice to the policyholder and agent of record stating that the association policy shall be canceled as of 60 days after the date of the notice because of the offer of coverage from an authorized insurer. Other provisions of the insurance code relating to cancellation and notice of cancellation do not apply to actions under this subparagraph.

- 12. Association policies 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 this potential.
- 13. May establish, subject to approval by the department, different eligibility requirements and operational procedures for any line or type of coverage for any specified county or 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.

Section 4. Subsection (4) of section 627.3511, Florida Statutes, is amended to read:

627.3511 Depopulation of Residential Property and Casualty Joint Underwriting Association.--

- (4) AGENT BONUS.--When the Residential Property and Casualty Joint Underwriting Association enters into a contractual agreement for a take-out plan that provides a bonus to the insurer, the producing agent of record of the association policy is entitled to retain any unearned commission on such policy, and the insurer shall either:
- (a) Pay to the producing agent of record of the association policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the association an amount equal to the insurer's usual and customary commission for the type of policy written if the term of the association policy was in excess of 6 months, or one-half of such usual and customary commission if the term of the association policy was 6 months or less; or
- (b) Offer to allow the producing agent of record of the association policy to continue servicing the policy for a period of not less than 1 year and offer to pay the agent the greater of the insurer's or the association's usual and customary commission for the type of policy written.

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If the new or producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with paragraph (a). The insurer need not take any further action if the offer is rejected. This subsection does not apply to any reciprocal interinsurance exchange, nonprofit federation, or any subsidiary or affiliate of such organization. This subsection does not apply if the agent is also the agent of record on the new coverage. The requirement of this subsection that the producing agent of record is 10 entitled to retain the unearned commission on an association 12 policy does not apply to a policy for which coverage has been provided in the association for 30 days or less or for which a 14 cancellation notice has been issued pursuant to s.

15 627.351(6)(c)11. during the first 30 days of coverage.

Section 5. Subsection (2) of section 627.7013, Florida Statutes is amended to read:

627.7013 Orderly markets for personal lines residential property insurance. --

- (2) MORATORIUM COMPLETION. --
- (a) As used in this subsection, the term "total number of policies" means the number of an insurer's policies of a specified type that were in force on June 1, 1996, or the date on which this section became law, whichever was later.
- (b) The following restrictions apply only to cancellation or nonrenewal of personal lines residential property insurance policies that were in force on June 1, 1996, or the date on which this section became law, whichever was later.
- In any 12-month period, an insurer may not cancel or nonrenew more than 5 percent of such insurer's total number

of homeowner's policies, 5 percent of such insurer's total number of mobile home owner's policies, or 5 percent of such insurer's total number of personal lines residential policies of all types and classes in the state for the purpose of reducing the insurer's exposure to hurricane claims and may not, with respect to any county, cancel or nonrenew more than 10 percent of its total number of homeowner's policies, 10 percent of its total number of mobile home owner's policies, or 10 percent of its total number of personal lines residential policies of all types and classes in the county for the purpose of reducing the insurer's exposure to hurricane claims. This subparagraph does not prohibit any cancellations or nonrenewals of such policies for any other lawful reason unrelated to the risk of loss from hurricane exposure.

2.a. If, for any 12-month period, an insurer proposes to cancel or nonrenew personal lines residential policies to an extent not authorized by subparagraph 1. for the purpose of reducing exposure to hurricane claims, the insurer must file a phaseout plan with the department at least 90 days prior to the effective date of the plan. In the plan, the insurer must demonstrate to the department that the insurer is protecting market stability and the interests of its policyholders. The plan may not be implemented unless it is approved by the department. In developing the plan, the insurer must consider policyholder longevity, the use of voluntary incentives to accomplish the reduction, and geographic distribution. The insurer must demonstrate that under the plan the insurer will not cancel or nonrenew more policies in the 12-month period than the largest number of similar policies the insurer

canceled or nonrenewed for any reason in any 12-month period between August 24, 1989, and August 24, 1992.

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- b. If the insurer considers the number of cancellations and nonrenewals under sub-subparagraph a. to be insufficient, the insurer may apply for approval of additional cancellations or nonrenewals on the basis of an unreasonable risk of insolvency. In evaluating a request under this sub-subparagraph, the department shall consider and shall require the insurer to provide information relevant to: the insurer's size, market concentration, and general financial condition; the portion of the insurer's business in this state represented by personal lines residential property insurance; the reasonableness of assumptions with respect to size, frequency, severity, and path of hurricanes; the reinsurance available to the insurer and potential recoveries from the Florida Hurricane Catastrophe Fund; and the extent to which the insurer's assets have been voluntarily transferred by dividend or otherwise from the insurer to its stockholders, parent companies, or affiliated companies since June 1, 1996, or the date on which this section became law, whichever was later. In the implementation of exposure reductions under this sub-subparagraph, the department and the insurer shall consider such factors as policyholder longevity, the use of voluntary incentives to accomplish the exposure reduction, and geographic distribution.
- c. A policy shall not be counted as having been canceled or nonrenewed for purposes of this subsection if any of the following apply:
- (I) The policy was canceled or nonrenewed for an underwriting reason unrelated to the risk of loss from hurricane exposure, nonpayment of premium, or any other lawful

reason that is unrelated to the risk of loss from hurricane exposure. The department shall consider the reason specified in the notice of cancellation or nonrenewal to be the reason for the cancellation or nonrenewal unless the department finds by a preponderance of the evidence that the stated reason was not the insurer's actual reason for the cancellation or nonrenewal.

- (II) The cancellation or nonrenewal was initiated by the insured.
- (III) The insurer has offered the policyholder replacement or alternative coverage at approved rates, which coverage meets the requirements of the secondary mortgage market.
- d. In addition to any other cancellations or nonrenewals subject to the limitations in this subsection, a policy shall be considered as having been canceled or nonrenewed for purposes of this subsection if:
- (I) The insurer implements a rate increase under the use-and-file provisions of s. 627.062(2)(a)2., which rate increase exceeds 150 percent of the increase ultimately approved by the department, and, while the rate filing was pending, the policyholder voluntarily canceled or nonrenewed the policy and obtained replacement coverage from another insurer, including the Residential Property and Casualty Joint Underwriting Association; or
- (II) The insurer reduces the commission to an agent by more than 25 percent and the agent thereafter places the risk with another insurer, including the Residential Property and Casualty Joint Underwriting Association, or the Florida Windstorm Underwriting Association.

- e. The department must approve or disapprove an application for a waiver within 90 days after the department receives the application for waiver.
- 3. In addition to the cancellations or nonrenewals authorized under this section, an insurer may cancel or nonrenew policies to the extent authorized by an exemption from or waiver of either the moratorium created by chapter 93-401, Laws of Florida, or the moratorium phaseout under former s. 627.7013(2).
- 4. Notwithstanding any provisions of this section to the contrary, this section does not apply to any insurer that, prior to August 24, 1992, filed notice of such insurer's intent to discontinue writing insurance in this state under s. 624.430, and for which a finding has been made by the department, the Division of Administrative Hearings of the Department of Management Services, or a court that such notice satisfied all requirements of s. 624.430. Nothing in this section shall be construed to authorize an insurer to withdraw from any line of property insurance business for the purpose of reducing exposure to risk of hurricane loss if such withdrawal commenced at any time that the moratorium under chapter 93-401, Laws of Florida, or the moratorium phaseout under this section is in effect.
- 5. The following actions by an insurer do not constitute cancellations or nonrenewals for purposes of this subsection:
- a. The transfer of a risk from one admitted insurer to another admitted insurer, unless the terms of the new or replacement policy place the policyholder in default of a mortgage obligation.

b. An increase in the hurricane deductible applicable to the policy, unless the new deductible places the policyholder in default of a mortgage obligation or the deductible exceeds the limits specified in s. 627.701.

- c. Any other lawful change in coverage that does not place the policyholder in default of a mortgage obligation.
- d. A cancellation or nonrenewal that is part of the same action as the removal of a policy including windstorm or hurricane coverage from the Residential Property and Casualty Joint Underwriting Association.
- 6. In order to assure fair and effective enforcement of this subsection, each insurer shall, no later than October 1, 1996, report to the department the policy number of each policy subject to this subsection, arranged by county. The report shall include the policy number for each personal lines residential policy that was in force on June 1, 1996, or the date this section became law, whichever was later. Beginning October 1, 1996, each insurer shall also report, on a monthly basis, all cancellations and nonrenewals of policies included in such policy list and the reasons for the cancellations and nonrenewals.
- (c) The department may adopt rules to implement this subsection.
- (d) This section shall cease to operate at such time as the department determines that the insured value of all residential properties insured by the Florida Windstorm Underwriting Association and all properties insured by the Residential Property and Casualty Joint Underwriting Association under policies providing wind coverage, combined, has remained below \$25 billion for 3 consecutive months, based

on exposure data reported to the department by the associations.

- (e) This subsection is repealed on June 1, 2004 2001. Section 6. Subsections (1) and (4) of section 624.4072, Florida Statutes, are amended to read:
- 624.4072 Minority-owned property and casualty insurers; limited exemption for taxation and assessments.--
- (1) A minority business that is at least 51 percent owned by minority persons, as defined in s. 288.703(3), initially issued a certificate of authority in this state as an authorized insurer after May 1, 1998, to write property and casualty insurance shall be exempt, for a period not to exceed 10 5 years from the date of receiving its certificate of authority, from the following taxes and assessments:
- (a) Taxes imposed under ss. 175.101, 185.08, and 624.509;
- (b) Assessments by the Florida Residential Property and Casualty Joint Underwriting Association or by the Florida Windstorm Underwriting Association, as provided under s. 627.351, except for emergency assessments collected from policyholders pursuant to s. 627.351(2)(b)2.d.(III) and (6)(b)3.d. Any such insurer shall be a member insurer of the Florida Windstorm Underwriting Association and the Florida Residential Property and Casualty Joint Underwriting Association. The premiums of such insurer shall be included in determining, for the Florida Windstorm Underwriting Association, the aggregate statewide direct written premium for property insurance and in determining, for the Florida Residential Property and Casualty Joint Underwriting Association, the aggregate statewide direct written premium for the subject lines of business for all member insurers.

1 (4) This section is repealed effective December 31, 2 2010 July 1, 2003, and the tax and assessment exemptions 3 authorized by this section shall terminate on such date. 4 Section 7. Subsection (6) is added to section 5 624.3161, Florida Statutes, to read: 6 624.3161 Market conduct examinations.--7 (6) The department shall adopt rules as necessary to 8 effectuate the market conduct examination process, to assure compliance by the person examined with the applicable 9 provisions of the Insurance Code. Such rules shall not exceed 10 the authority of the statutes involved in the market conduct 11 12 examination. Section 8. Subsection (8) is added to section 626.171, 13 14 Florida Statutes, to read: 15 626.171 Application for license.--The department shall adopt rules to effectuate the 16 17 license application process, including photo identification, background checks and credit reports, prelicensing courses, 18 19 the impact of criminal and law enforcement history, and other 20 relevant information in an effort to determine an applicant's 21 fitness and trustworthiness to engage in the business of 22 insurance. Section 9. Paragraph (o) of subsection (1) of section 23 626.9541, Florida Statutes, is amended to read: 24 25 626.9541 Unfair methods of competition and unfair or 26 deceptive acts or practices defined .--27 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR 28 DECEPTIVE ACTS. -- The following are defined as unfair methods 29 of competition and unfair or deceptive acts or practices: 30 (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.

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- 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;
- (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;
- $\mbox{(VII)}$ 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>, accidents more than 3 years old, 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.

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Section 10. Section 626.9651, Florida Statutes, is created to read:

626.9651 Privacy. -- The department shall adopt rules consistent with other provisions of the Insurance Code to govern the use of a consumer's nonpublic personal financial and health information. These rules shall be based on, consistent with, and not more restrictive than the National Association of Insurance Commissioners' Privacy of Consumer Financial and Health Information Regulation adopted September 26, 2000, by the National Association of Insurance Commissioners, provided, however, the rules shall permit the use and disclosure of nonpublic personal health information for scientific, medical, or public policy research in accordance with federal law. In addition, these rules shall be consistent with, and not more restrictive than, the standards contained in Title V of the Gramm-Leach-Bliley Act of 1999 (public law 106-102). Any health insurer or health maintenance organization determined by the department to be in compliance with, or to be actively undertaking compliance with, the consumer privacy protection rules promulgated by the United States Department of Health and Human Services, in conformance with the Health Insurance Portability and

Affordability Act, shall be deemed in compliance with this section. This section shall become effective July 1, 2001.

Section 11. Paragraph (a) of subsection (2) of section 627.062, Florida Statutes, is amended to read:

627.062 Rate standards.--

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- (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:
- 1. 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 12. Subsection (4) is added to Section 627.0625, Florida Statutes, to read:

627.0625 Commercial property and casualty risk management plans.--

(4) 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 13. 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 14. 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.

- (b) Each residual market's enabling legislation calls for the establishment of a board of governors or directors that operates subject to a plan of operation. The board, in carrying out its obligations, must engage in business transactions in order to provide and administer the required coverage and maintain adequate funds to support the plan. In order for the board to fully execute its responsibilities required by law, conflict of interest or inappropriate activity by board members, or the appearance thereof, with regard to member insurers or policyholders of the residual market mechanism must be avoided. The Legislature has determined that the provisions set forth in subsection (2) are necessary to protect the public interest by ensuring fair, reasonable, and beneficial board practice and activity.
- (c) This section applies to the Florida Medical
 Malpractice Joint Underwriting Association, the Florida
 Automobile Joint Underwriting Association, the Florida
 Workers' Compensation Joint Underwriting Association, the

Florida Comprehensive Health Association, the Florida
Windstorm Underwriting Association, the Florida Property and
Casualty Joint Underwriting Association, the Florida
Residential Property and Casualty Joint Underwriting
Association, and the board members thereof.

- (2) To ensure that the board is free from potential conflict or inappropriate behavior the following are adopted in the plan of operation of the subject residual market in this state.
- (a) A board member may not act as a servicing carrier or administering entity for the subject plan, other than a claim adjustment contract open to all members of the plan.
- (b) A board member or board member representative may not use his or her position to foster or facilitate any 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 2 the department. 3 Section 15. Section 627.4065, Florida Statutes, is 4 created to read: 5 627.4065 Insured's right to return policy; notice.--A 6 health insurance policy issued or issued for delivery in this 7 state must have printed or stamped thereon or attached thereto 8 a notice in a prominent place stating in substance that the 9 policyholder may return the policy to the insurer within 10 days after its delivery and may have the premium paid refunded 10 if, after examination of the policy or contract, the 11 12 policyholder is not satisfied with it for any reason. The 13 notice must provide that if the policyholder, pursuant to such 14 notice, returns the policy or contract to the insurer at its 15 home office or branch office or to the agent through whom it was purchased, it is considered void from the beginning and 16 17 the parties are in the same position as if no policy or contract had been issued. This section does not apply to group 18 19 policies, single premium nonrenewable policies, or travel 20 accident policies. 21 Section 16. Section 627.41345 Certificate of insurance. -- An insurer or agent may not issue or sign a 22 23 certificate of insurance that contains terms or conditions that differ from those in the policy under which the 24 25 certificate of insurance is issued. In the event of a 26 conflict, the terms of the policy under which the certificate 27 of insurance is issued shall control. 28 Section 17. Subsection (9) is added to section 29 627.7015, Florida Statutes, to read: 627.7015 Alternative procedure for resolution of 30 31 disputed property insurance claims. --54

(9) For purposes of this section, the term "claim" 1 2 refers to any dispute between an insurer and an insured 3 relating to a material issue of fact other than a dispute: 4 (a) With respect to which the insurer has a reasonable 5 basis to suspect fraud; 6 (b) Where, based on agreed-upon facts as to the cause 7 of loss, there is no coverage under the policy; 8 (c) With respect to which the insurer has a reasonable 9 basis to believe that the claimant has intentionally made a material misrepresentation of fact which is relevant to the 10 claim, and the entire request for payment of a loss has been 11 12 denied on the basis of the material misrepresentation; or (d) Where the amount in controversy is less than \$500, 13 14 unless the parties agree to mediate a dispute involving a 15 lesser amount. Section 18. Section 627.7276, Florida Statutes, is 16 17 amended to read: 627.7276 Notice of limited coverage. --18 19 (1) The following notice of limited coverage shall An 20 automobile policy that does not contain coverage for bodily 21 injury and property damage must be clearly stamped or printed on any motor vehicle insurance policy that provides coverage 22 23 only for first-party damage to the insured vehicle, but does not provide coverage for bodily injury liability, property 24 25 damage liability, or personal injury protection to the effect 26 that such coverage is not included in the policy in the following manner: 27 28 29 "THIS POLICY DOES NOT PROVIDE BODILY INJURY 30 LIABILITY, AND PROPERTY DAMAGE LIABILITY, OR 31 PERSONAL INJURY PROTECTION INSURANCE OR ANY 55

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

627.795 Policy exceptions.--

- (1) A title insurance commitment must be issued on all 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 20. 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

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payment from the borrower. Single interest insurance policies
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    must be clearly stamped or printed on the declarations page,
   "Single Interest Only----No Subrogation." Single interest
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    insurance is to be placed only after it has been determined
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    that no other kind of insurance can be placed on the risk,
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    except with the consent of the purchaser or borrower. Single
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    interest may be written in cases of inland marine installment
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    sales floater policies. If insurance cannot be obtained for
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    the dual protection of the purchaser or borrower, and the
    seller or lender or financing entity for all the coverages
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    contemplated, or if obtained, is canceled by the insurer
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    before expiration, the seller or lender or financing entity
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    may obtain insurance to protect his or her interest in the
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    motor vehicle or other personal property, and the purchaser or
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    borrower may be required to pay the cost thereof. In such
    event the seller or lender or financing entity shall promptly
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    notify the purchaser or borrower that such insurance cannot be
    obtained, or has been canceled, and credit to the purchaser or
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    borrower the difference between the amount charged for dual
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    protection insurance and the actual cost of such single
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    interest insurance, less, in the event of cancellation, the
    earned premium on the dual interest insurance for the period
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    it was in force. If the purchaser or borrower procures
    acceptable dual interest insurance within 30 days after the
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    date of such notice and provides the seller or lender, or
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    finance entity with evidence that the premium therefore has
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    been paid, there is no charge to him or her for the single
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    interest coverage. As used in this section, the term
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   "financing entity" means a finance company, bank, or other
    lending institution. However, those lenders licensed under the
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    Consumer Finance Act, chapter 516, must provide coverage
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issued in the name of the borrower containing the customary mortgagee or loss payee clause.

- (2) If a certificate is issued under a master policy, 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 21. 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 department shall adopt by rule standards for such approval.

Section 22. Subsection (3) of section 641.3108, Florida Statutes, is amended to read:

641.3108 Notice of cancellation of contract.--

issued to an employer or person holding the contract on behalf of the subscriber group, the health maintenance organization may make the notification through the employer or group contract holder, and, if the health maintenance organization elects to take this action through the employer or group contract holder, the organization shall be deemed to have complied with the provisions of this section upon notifying the employer or group contract holder of the requirements of this section and requesting the employer or group contract holder to forward to all subscribers the notice required herein. If a subscriber group contract is not renewed due to claim experience, the subscriber group is entitled to receive

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information concerning its loss ratio. If requested by a
    subscriber group, a detailed claim experience record may be
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    provided at a reasonable expense. The record shall maintain
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    subscriber confidentiality.
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           Section 23. Any meeting of the board or a committee of
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    the Florida Windstorm Underwriting Association, held pursuant
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    to s. 627.351, Florida Statutes, shall be open to the public
    and notice shall be provided to the public pursuant to s.
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    286.011, Florida Statutes.
           Section 24. This act shall take effect upon becoming a
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    law.
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CODING: Words stricken are deletions; words underlined are additions.