	CHAMBER ACTION
	<u>Senate</u> <u>House</u>
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11 12	Representative Simmons offered the following:
13	Amendment
14	Remove line(s) 1764-1854, and insert:
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16	(2)(a) In all matters under this section relating to
17	professional liability insurance coverage for medical negligence
18	and in determining whether the insurer acted fairly and honestly
19	towards its insured with due regard for her or his interest, an
	insurer shall not be held in bad faith for failure to pay its
20	policy limits if it tenders policy limits by the 90th day after
21	the conclusion of all of the following:
22	1. One deposition of each of the defendants named in the
23	action has been completed.

named in the action.

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2. The claimant has offered in writing to the defendant

insured the opportunity to take the deposition of all claimants

- 3. The claimant has offered in writing the name of each of the expert witnesses that the claimant intends to call at trial.
- 4. The claimant has offered in writing the name of each of the treating physicians that the claimant intends to call at trial.
- 5. The claimant has offered in writing the name of each of the fact witnesses that the claimant intends to call at trial.
- 6. The claimant has offered in writing to respond as required by Rule 1.340, Florida Rules of Civil Procedure, to the defendant insured's request for production of documents.
- 7. The parties have engaged in at least one voluntary or compulsory mediation, which has reached an impasse or adjourned.

If the claimant adds to or amends the list of expert witnesses, the time under this paragraph for tendering policy limits shall be extended by an additional 60 days. Either party may move the court to extend or terminate the time period set forth in this paragraph because the other party has unnecessarily or inappropriately delayed any of the events specified in subparagraphs 1.-7. The fact that the insurer did not tender policy limits during the time periods specified in this paragraph does not create a presumption or conclusively establish that the insurer acted in bad faith.

(b) The following factors shall be considered by a court in determining whether an insurer has attempted in good faith to settle claims when, under all the circumstances, it could and should have done so had it acted fairly and honestly toward its insured and with due regard for her or his interests:

- 1. The insurer's willingness to negotiate with the claimant in anticipation of settlement.
- 2. The insurer's consideration of the advice of the insured's defense counsel.
- 3. The propriety of the insurer's methods of investigating and evaluating the claim.
- 4. Whether the insurer informed the insured of the offer to settle within the limits of coverage, the right to retain personal counsel, and the risk of litigation.
- 5. Whether the insured denied liability or requested that the case be defended after the insurer fully advised the insured as to the facts and risks.
- 6. Whether the claimant imposed any condition, other than the tender of the policy limits, on the settlement of the claim.
- 7. Whether the claimant provided relevant information to the insurer on a timely basis.
- 8. Whether and when other defendants in the case settled or were dismissed from the case.
- 9. Whether there were multiple claimants seeking, in the aggregate, compensation in excess of policy limits from the defendant or the defendant's insurer.
- 10. Whether the insured misrepresented material facts to the insurer or made material omissions of fact to the insurer.
- Upon motion of either party for good cause shown, the court may allow consideration of such additional factors as it determines to be relevant.
- (c) In an action under this section brought by any person, other than the insured or a person to whom the insured has

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assigned his or her cause of action under paragraph (d), damages
may not exceed the lesser of:

- 1. An amount equal to the insured's policy limits; or
- 2. An amount equal to the excess judgment in the action for medical negligence.
- (d) Nothing in this subsection shall be construed to prohibit an insured from assigning a cause of action to an injured third-party claimant for the insurer's failure to act fairly and honestly towards its insured with due regard for the insured's interest.