HB 7225 2006

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An act relating to property and casualty insurance; amending s. 215.555, F.S.; revising a definition; revising certain reimbursement contract criteria; revising certain reimbursement premium requirements; revising certain revenue bond emergency assessment requirements; creating s. 215.558, F.S.; creating the Florida Hurricane Damage Prevention Endowment; providing a purpose and legislative intent; providing definitions; providing requirements and authority for investment of endowment assets by the State Board of Administration; requiring a report to the Legislature; providing for payment of the board's investment services' costs and fees from the endowment; providing requirements of Department of Community Affairs in providing financial incentives for residential hurricane damage prevention activities; providing for an interest-free loan program; providing program criteria and requirements; creating an advisory council for certain purposes; providing for appointment of members; requiring members to serve without compensation; providing for per diem and travel expenses; creating s. 215.5586, F.S.; providing a purpose; requiring the Department of Community Affairs to establish a wind certification and hurricane mitigation inspection program; specifying inspection requirements; providing qualification requirements for inspection providers; requiring the department to adopt rules; creating s. 252.63, F.S.; providing purpose and intent; providing powers of the Commissioner of Insurance

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Regulation during a state of emergency; providing a purpose and intent; authorizing the commissioner to issue certain orders in a state of emergency; providing for effect and duration of such orders; providing for legislative termination of such orders; requiring the commissioner to publish such orders and an explanatory statement; amending s. 626.918, F.S.; authorizing certain letters of credit to fund an insurer's required policyholder protection trust fund; providing a definition; amending s. 627.062, F.S.; specifying certain rate filings as not subject to office determination as excessive or unfairly discriminatory; providing limitations; providing a definition; prohibiting certain rate filings under certain circumstances; preserving the office's authority to disapprove certain rate filings under certain circumstances; providing procedures for insurers submitting certain rate filings; specifying nonapplication to certain types of insurance; specifying approval of certain rate filings under certain circumstances; providing an exception; requiring the office to provide annual reports on the impact of certain rate regulations; specifying report requirements; amending s. 627.0628, F.S.; prohibiting certain office or consumer advocate questions of certain models reviewed by the commission; amending s. 627.06281, F.S.; prohibiting the office from using certain hurricane loss projection models under certain circumstances; amending s. 627.351, F.S., relating to the Citizens Property Insurance Corporation;

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providing additional legislative intent; specifying application to homestead property; specifying the existing three separate accounts of the corporation as providing coverage only for homestead property; providing a definition; providing for an additional separate account for nonhomestead property; requiring separate maintenance of revenues, assets, liabilities, losses, and expenses attributable to the nonhomestead account; providing authority and requirements for coverage rates for nonhomestead properties; providing for office review of such rates or rating plans for being inadequate or unfairly discriminatory; authorizing the office to order discontinuance of certain policies under certain circumstances; requiring insurers to maintain certain records; providing for reducing regular assessments by the Citizen policyholder surcharge under certain circumstances; providing for deficit assessments against nonhomestead account policyholders under certain circumstances; authorizing the board of governors of the corporation to make loans from the homestead accounts to the nonhomestead account under certain circumstances; specifying ineligibility of certain nonhomestead account policyholders for certain coverage under certain circumstances; revising the requirements of the plan of operation of the corporation; requiring additional procedures for determining eligibility of a risk for coverage; providing for determination of regular assessments to which the Citizen policyholder surcharge

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applies; specifying a minimum requirement for a hurricane deductible for certain property; specifying contents of required statements in applications for nonhomestead and homestead account coverage; limiting coverage on certain mobile or manufactured homes; requiring the corporation to purchase certain catastrophe reinsurance; providing additional legislative intent relating to rate adequacy in the residual market; deleting provisions relating to a rate methodology panel appointed by the corporation; providing requirements and limitations for a corporation adopted bonus payment program; providing a criterion for calculating reduction or increase in probable maximum loss; delaying application of certain high-risk area boundary reduction provisions; providing for application of provisions relating to homestead and nonhomestead accounts to certain policies; requiring certain corporation employees to comply with certain ethics code requirements; requiring corporation employees to notify the Division of Insurance Fraud of probable commissions of fraud by corporation employees; requiring the corporation to report on the feasibility of requiring authorized insurers to issue and service specified policies of the corporation; specifying report requirements; providing immunity to producing agents and employees for specified actions taken relating to removal of policies from the corporation; providing a limitation; providing legislative intent; creating a High Risk Eligibility Panel; providing for appointment of panel members and member's terms;

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providing for administration of the panel by the corporation; prohibiting compensation and per diem and travel expenses; providing an exception; requiring the panel to report annually to the Legislature on the certain areas that should be included in the Citizens Property Insurance Corporation high risk account; specifying factors to be considered by the panel; providing duties of the office; authorizing the office to conduct public hearings; requiring the panel to conduct an analysis of property eligible for the high-risk account in specified areas; requiring the panel to submit a report to the office and corporation; providing requirements of the report; amending s. 627.4035, F.S.; providing for a waiver of a written authorization requirement to pay claims by debit card or other electronic transfer; providing construction relating to limiting the liability of an insurer for certain replacement costs; amending s. 627.7011, F.S.; limiting certain law and ordinance coverage; deleting application to personal property; requiring insurers to issue separate checks for certain expenses and requiring certain checks to be issued directly to a policyholder; creating s. 627.7019, F.S.; requiring the Financial Services Commission to adopt rules imposing standardized requirements applicable to insurers after certain natural events; providing criteria; providing requirements of the Office of Insurance Regulation; prohibiting certain conflicting emergency rules; amending s. 627.727, F.S.; correcting a cross-

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reference; amending s. 631.181, F.S.; providing an exception to certain requirements for a signed statement for certain claims; providing requirements; amending s. 631.54, F.S.; defining the term "homeowner's insurance"; amending s. 631.55, F.S.; correcting a cross-reference; amending s. 631.57, F.S.; revising requirements and limitations for obligations of the Florida Insurance Guaranty Association for covered claims; authorizing the association to contract with counties, municipalities, and legal entities to issue revenue bonds for certain purposes; authorizing the Office of Insurance Regulation to levy assessments and emergency assessments on insurers under certain circumstances for certain bond repayment purposes; providing requirements for and limitations on such assessments; providing for payment, collection, and distribution of such assessments; requiring insurers to include an analysis of revenues from such assessments in a required report; providing rate filing requirements for insurers relating to such assessments; providing for continuing annual assessments under certain circumstances; specifying emergency assessments as not premium and not subject to certain taxes, fees, or commissions; specifying insurer liability for emergency assessments; providing an exception; creating s. 631.695, F.S.; providing legislative findings and purposes; providing for issuance of revenue bonds through counties and municipalities to fund assistance programs for paying covered claims for hurricane damage; providing procedures, requirements, and

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limitations for counties, municipalities, and the Florida Insurance Guaranty Association, Inc., relating to issuance and validation of such bonds; prohibiting pledging the funds, credit, property, and taxing power of the state, counties, and municipalities for payment of bonds; specifying authorized uses of bond proceeds; limiting the term of bonds; specifying a state covenant to protect bondholders from adverse actions relating to such bonds; specifying exemptions for bonds, notes, and other obligations of counties and municipalities from certain taxes or assessments on property and revenues; authorizing counties and municipalities to create a legal entity to exercise certain powers; requiring the association to issue an annual report on the status of certain uses of bond proceeds; providing report requirements; requiring the association to provide a copy of the report to the Legislature and Chief Financial Officer; prohibiting repeal of certain provisions relating to certain bonds under certain circumstances; amending s. 817.234, F.S.; providing an additional circumstance that constitutes committing insurance fraud; creating the Task Force on Hurricane Mitigation and Hurricane Insurance for Mobile and Manufactured Homes; providing for administration by the office; specifying additional agency administrative staff; providing for appointment of task force members; requiring members to serve without compensation; providing for per diem and travel expenses; providing purpose and intent; requiring the task force to address specified

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issues; requiring a report to the Governor, Chief
Financial Officer, and Legislature; providing for
expiration of the task force; requiring the Office of
Insurance Regulation to submit reports to the Legislature
relating to the insurability of certain attached or free
standing structures and decreases in policyholder
hurricane deductibles based on policyholder hurricane
damage mitigation measures; providing report requirements;
providing duties of the office; providing appropriations;
providing effective dates.

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

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Section 1. Paragraph (d) of subsection (2), paragraphs (c) and (d) of subsection (4), paragraph (b) of subsection (5), and paragraph (b) of subsection (6) of section 215.555, Florida Statutes, are amended to read:

"Losses" means direct incurred losses under covered

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215.555 Florida Hurricane Catastrophe Fund.--

policies, which shall include losses for additional living

adjustment expenses. "Losses" does not include losses for fair

rental value, loss of rent or rental income use, or business

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(2) DEFINITIONS.--As used in this section:

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218 expenses not to exceed 40 percent of the insured value of a 219 residential structure or its contents and shall exclude loss

(d)

interruption losses.

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(4) REIMBURSEMENT CONTRACTS.--

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(c)1. The contract shall also provide that the obligation of the board with respect to all contracts covering a particular contract year shall not exceed the actual claims-paying capacity of the fund up to a limit of \$15 billion for that contract year adjusted based upon the reported exposure from the prior contract year to reflect the percentage growth in exposure to the fund for covered policies since 2003, provided the dollar growth in the limit may not increase in any year by an amount greater than the dollar growth of the eash balance of the fund as of December 31 as defined by rule which occurred over the prior calendar year.

In May before the start of the upcoming contract year and in October during the contract year, the board shall publish in the Florida Administrative Weekly a statement of the fund's estimated borrowing capacity and the projected balance of the fund as of December 31. After the end of each calendar year, the board shall notify insurers of the estimated borrowing capacity and the balance of the fund as of December 31 to provide insurers with data necessary to assist them in determining their retention and projected payout from the fund for loss reimbursement purposes. In conjunction with the development of the premium formula, as provided for in subsection (5), the board shall publish factors or multiples that assist insurers in determining their retention and projected payout for the next contract year. For all regulatory and reinsurance purposes, an insurer may calculate its projected payout from the fund as its share of the total fund premium for the current contract year multiplied by the sum of the projected balance of the fund as of

December 31 and the estimated borrowing capacity for that contract year as reported under this subparagraph.

- (d)1. For purposes of determining potential liability and to aid in the sound administration of the fund, the contract shall require each insurer to report such insurer's losses from each covered event on an interim basis, as directed by the board. The contract shall require the insurer to report to the board no later than December 31 of each year, and quarterly thereafter, its reimbursable losses from covered events for the year. The contract shall require the board to determine and pay, as soon as practicable after receiving these reports of reimbursable losses, the initial amount of reimbursement due and adjustments to this amount based on later loss information. The adjustments to reimbursement amounts shall require the board to pay, or the insurer to return, amounts reflecting the most recent calculation of losses.
- 2. In determining reimbursements pursuant to this subsection, the contract shall provide that the board shall:
- a. First reimburse insurers writing covered policies, which insurers are in full compliance with this section and have petitioned the Office of Insurance Regulation and qualified as limited apportionment companies under s. 627.351(2)(b)3. The amount of such reimbursement shall be the lesser of \$10 million or an amount equal to 10 times the insurer's reimbursement premium for the current year. The amount of reimbursement paid under this sub subparagraph may not exceed the full amount of reimbursement promised in the reimbursement contract. This subsubparagraph does not apply with respect to any contract year in

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which the year end projected cash balance of the fund, exclusive of any bonding capacity of the fund, exceeds \$2 billion. Only one member of any insurer group may receive reimbursement under this sub subparagraph.

<u>a.b.</u> Next pay to each insurer such insurer's projected payout, which is the amount of reimbursement it is owed, up to an amount equal to the insurer's share of the actual premium paid for that contract year, multiplied by the actual claimspaying capacity available for that contract year; provided, entities created pursuant to s. 627.351 shall be further reimbursed in accordance with sub-subparagraph b. e.

<u>b.e.</u> Thereafter, establish the prorated reimbursement level at the highest level for which any remaining fund balance or bond proceeds are sufficient to reimburse entities created pursuant to s. 627.351 based on reimbursable losses exceeding the amounts payable pursuant to sub-subparagraph <u>a.</u> b. for the current contract year.

(5) REIMBURSEMENT PREMIUMS. --

(b) The State Board of Administration shall select an independent consultant to develop a formula for determining the actuarially indicated premium to be paid to the fund. The formula shall specify, for each zip code or other limited geographical area, the amount of premium to be paid by an insurer for each \$1,000 of insured value under covered policies in that zip code or other area. In establishing premiums, the board shall consider the coverage elected under paragraph (4)(b) and any factors that tend to enhance the actuarial sophistication of ratemaking for the fund, including

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deductibles, type of construction, type of coverage provided, relative concentration of risks, a factor providing for more rapid cash buildup in the fund until the fund capacity for a single hurricane season is fully funded, and other such factors deemed by the board to be appropriate. The formula may provide for a procedure to determine the premiums to be paid by new insurers that begin writing covered policies after the beginning of a contract year, taking into consideration when the insurer starts writing covered policies, the potential exposure of the insurer, the potential exposure of the fund, the administrative costs to the insurer and to the fund, and any other factors deemed appropriate by the board. The formula shall include a factor of 25 percent of the fund's actuarially indicated premium in order to provide for more rapid cash buildup in the fund. The formula must be approved by unanimous vote of the board. The board may, at any time, revise the formula pursuant to the procedure provided in this paragraph.

(6) REVENUE BONDS. --

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- (b) Emergency assessments. --
- 1. If the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy, by order, an emergency assessment on direct premiums for all property and casualty lines of business in this state, including property and casualty business of surplus lines

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insurers regulated under part VIII of chapter 626, but not including any workers' compensation premiums or medical malpractice premiums. As used in this subsection, the term "property and casualty business" includes all lines of business identified on Form 2, Exhibit of Premiums and Losses, in the annual statement required of authorized insurers by s. 624.424 and any rule adopted under this section, except for those lines identified as accident and health insurance and except for policies written under the National Flood Insurance Program. The assessment shall be specified as a percentage of future premium collections and is subject to annual adjustments by the board to reflect changes in premiums subject to assessments collected under this subparagraph in order to meet debt obligations. The same percentage shall apply to all policies in lines of business subject to the assessment issued or renewed during the 12-month period beginning on the effective date of the assessment.

2. A premium is not subject to an annual assessment under this paragraph in excess of 6 percent of premium with respect to obligations arising out of losses attributable to any one contract year, and a premium is not subject to an aggregate annual assessment under this paragraph in excess of 10 percent of premium. An annual assessment under this paragraph shall continue for as long as until the revenue bonds issued with respect to which the assessment was imposed are outstanding, including any bonds the proceeds of which were used to refund the revenue bonds, unless adequate provision has been made for the payment of the bonds under the documents authorizing issuance of the bonds.

3. With respect to each insurer collecting premiums that are subject to the assessment, the insurer shall collect the assessment at the same time as it collects the premium payment for each policy and shall remit the assessment collected to the fund or corporation as provided in the order issued by the Office of Insurance Regulation. The office shall verify the accurate and timely collection and remittance of emergency assessments and shall report the information to the board in a form and at a time specified by the board. Each insurer collecting assessments shall provide the information with respect to premiums and collections as may be required by the office to enable the office to monitor and verify compliance with this paragraph.

4. With respect to assessments of surplus lines premiums, each surplus lines agent shall collect the assessment at the same time as the agent collects the surplus lines tax required by s. 626.932, and the surplus lines agent shall remit the assessment to the Florida Surplus Lines Service Office created by s. 626.921 at the same time as the agent remits the surplus lines tax to the Florida Surplus Lines Service Office. The emergency assessment on each insured procuring coverage and filing under s. 626.938 shall be remitted by the insured to the Florida Surplus Lines Service Office at the time the insured pays the surplus lines tax to the Florida Surplus Lines Service Office. The Florida Surplus Lines Service Office shall remit the collected assessments to the fund or corporation as provided in the order levied by the Office of Insurance Regulation. The Florida Surplus Lines Service Office shall verify the proper

application of such emergency assessments and shall assist the board in ensuring the accurate and timely collection and remittance of assessments as required by the board. The Florida Surplus Lines Service Office shall annually calculate the aggregate written premium on property and casualty business, other than workers' compensation and medical malpractice, procured through surplus lines agents and insureds procuring coverage and filing under s. 626.938 and shall report the information to the board in a form and at a time specified by the board.

- 5. Any assessment authority not used for a particular contract year may be used for a subsequent contract year. If, for a subsequent contract year, the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy an emergency assessment up to an amount not exceeding the amount of unused assessment authority from a previous contract year or years, plus an additional 4 percent provided that the assessments in the aggregate do not exceed the limits specified in subparagraph 2.
- 6. The assessments otherwise payable to the corporation under this paragraph shall be paid to the fund unless and until the Office of Insurance Regulation and the Florida Surplus Lines Service Office have received from the corporation and the fund a notice, which shall be conclusive and upon which they may rely

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without further inquiry, that the corporation has issued bonds and the fund has no agreements in effect with local governments under paragraph (c). On or after the date of the notice and until the date the corporation has no bonds outstanding, the fund shall have no right, title, or interest in or to the assessments, except as provided in the fund's agreement with the corporation.

- 7. Emergency assessments are not premium and are not subject to the premium tax, to the surplus lines tax, to any fees, or to any commissions. An insurer is liable for all assessments that it collects and must treat the failure of an insured to pay an assessment as a failure to pay the premium. An insurer is not liable for uncollectible assessments.
- 8. When an insurer is required to return an unearned premium, it shall also return any collected assessment attributable to the unearned premium. A credit adjustment to the collected assessment may be made by the insurer with regard to future remittances that are payable to the fund or corporation, but the insurer is not entitled to a refund.
- 9. When a surplus lines insured or an insured who has procured coverage and filed under s. 626.938 is entitled to the return of an unearned premium, the Florida Surplus Lines Service Office shall provide a credit or refund to the agent or such insured for the collected assessment attributable to the unearned premium prior to remitting the emergency assessment collected to the fund or corporation.
- 10. The exemption of medical malpractice insurance premiums from emergency assessments under this paragraph is

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repealed May 31, $\underline{2010}$ $\underline{2007}$, and medical malpractice insurance premiums shall be subject to emergency assessments attributable to loss events occurring in the contract years commencing on June 1, 2010 $\underline{2007}$.

Section 2. Section 215.558, Florida Statutes, is created to read:

215.558 Florida Hurricane Damage Prevention Endowment.--

- (1) PURPOSE AND INTENT.--The purpose of this section is to provide a continuing source of funding for financial incentives to encourage residential property owners of this state to retrofit their properties to make them less vulnerable to hurricane damage, to help decrease the cost of residential property and casualty insurance, and to provide matching funds to local governments and nonprofit entities for projects that will reduce hurricane damage to residential properties. It is the intent of the Legislature that this section be construed liberally to effectuate its purpose.
 - (2) DEFINITIONS.--As used in this section:
 - (a) "Board" means the State Board of Administration.
- (b) "Corpus" means the money that has been appropriated to the endowment by the 2006 Legislature, together with any amounts subsequently appropriated to the endowment that are specifically designated as contributions to the corpus and any grants, gifts, or donations to the endowment that are specifically designated as contributions to the corpus.
- (c) "Earnings" means any money in the endowment in excess of the corpus, including any income generated by investments, any increase in the market value of investments net of decreases

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in market value, and any appropriations, grants, gifts, or donations to the endowment not specifically designated as contributions to the corpus.

- (d) "Endowment" means the Florida Hurricane Damage Prevention Endowment Fund created by s. 215.5585.
- (e) "Program administrator" means the Department of Community Affairs.
 - (3) ADMINISTRATION. --

- (a) The board shall invest endowment assets as provided in this section.
- (b) The board may invest and reinvest funds of the endowment in accordance with s. 215.47 and consistent with board policy.
- (c) The investment objective shall be long-term preservation of the value of the corpus and a specified regular annual cash outflow for appropriation, as nonrecurring revenue, for the purposes specified in subsection (4).
- (d) In accordance with s. 215.44, the board shall report on the financial status of the endowment in its annual investment report to the Legislature.
- (e) Costs and fees of the board for investment services shall be deducted from the assets of the endowment.
- (4) FINANCIAL INCENTIVES FOR RESIDENTIAL HURRICANE DAMAGE
 PREVENTION ACTIVITIES.--
- (a) Not less than 80 percent of the net earnings of the endowment shall be expended for financial incentives to residential property owners as described in paragraph (b), and no more than the remainder of the net earnings of the endowment

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shall be expended for matching fund grants to local governments and nonprofit entities for projects that will reduce hurricane damage to residential properties as described in paragraph (c). Any funds authorized for expenditure but not expended for these purposes shall be returned to the endowment.

- (b) 1. The program administrator, by rule, shall establish a request for a proposal process to annually solicit proposals from lending institutions under which the lending institution will provide interest-free loans to homestead property owners to pay for inspections of homestead property to determine what mitigation measures are needed and for improvements to existing residential properties intended to reduce the homestead property's vulnerability to hurricane damage, in exchange for funding from the endowment.
- 2. In order to qualify for funding under this paragraph, an interest-free loan program must include an inspection of homestead property to determine what mitigation measures are needed, a means for verifying that the improvements to be paid for from loan proceeds have been demonstrated to reduce a homestead property's vulnerability to hurricane damage, and a means for verifying that the proceeds were actually spent on such improvements. The program must include a method for awarding loans according to the following priorities:
- a. The highest priority must be given to single-family owner-occupied homestead dwellings, insured at \$500,000 or less, located in the areas designated as high-risk areas for purposes of coverage by the Citizens Property Insurance Corporation.
 - b. The next highest priority must be given to single-

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family owner-occupied homestead dwellings, insured at \$500,000
or less, covered by the Citizens Property Insurance Corporation,
wherever located.

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- c. The next highest priority must be given to single-family owner-occupied homestead dwellings, insured at \$500,000 or less, that are more than 40 years old.
- d. The next highest priority must be given to all other single-family owner-occupied homestead dwellings insured at \$500,000 or less.
- 3. The program administrator shall evaluate proposals based on the following factors:
- <u>a.</u> The degree to which the proposal meets the requirements of subparagraph 2.
 - b. The lending institution's plan for marketing the loans.
- c. The anticipated number of loans to be granted relative to the total amount of funding sought.
- 4. The program administrator shall annually solicit proposals from local governments and nonprofit entities for projects that will reduce hurricane damage to homestead properties. The program administrator may provide up to 50 percent of the funding for such projects. The projects may include educational programs, repair services, property inspections, and hurricane vulnerability analyses and such other projects as the program administrator determines to be consistent with the purposes of this section.
- (5) ADVISORY COUNCIL.--There is created an advisory council to provide advice and assistance to the program administrator with regard to its administration of the

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endowment. The advisory council shall consist of:

- (a) A representative of lending institutions, selected by the Financial Services Commission from a list of at least three persons recommended by the Florida Bankers Association.
- (b) A representative of residential property insurers, selected by the Financial Services Commission from a list of at least three persons recommended by the Florida Insurance Council.
- (c) A representative of home builders, selected by the Financial Services Commission from a list of at least three persons recommended by the Florida Home Builders Association.
- (d) A faculty member of a state university selected by the Financial Services Commission who is an expert in hurricaneresistant construction methodologies and materials.
- (e) Two members of the House of Representatives selected by the Speaker of the House of Representatives.
- (f) Two members of the Senate selected by the President of the Senate.
- $\underline{\mbox{(g)}}$ The senior officer of the Florida Hurricane Catastrophe Fund.
- (h) The executive director of Citizens Property Insurance Corporation.
- (i) The director of the Division of Emergency Management of the Department of Community Affairs.

Members appointed under paragraphs (a)-(d) shall serve at the pleasure of the Financial Services Commission. Members appointed under paragraphs (e) and (f) shall serve at the pleasure of the

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appointing officer. All other members shall serve ex officio.

Members of the advisory council shall serve without compensation but may receive reimbursement as provided in s. 112.061 for per diem and travel expenses incurred in the performance of their official duties.

- Section 3. Section 215.5586, Florida Statutes, is created to read:
- 595 <u>215.5586 Wind certification and hurricane mitigation</u> 596 inspections.--

- (1) The purpose of this section is to provide wind certification and hurricane mitigation inspections to eligible homeowners in this state for assistance in retrofitting the properties of those homeowners to become less vulnerable to hurricane damage.
- (2) The Department of Community Affairs shall establish a request for proposals to solicit proposals from wind certification entities to provide, at no cost to homeowners, wind certification and hurricane mitigation inspections. The inspections provided to homeowners, at a minimum, must include the following:
- (a) A home inspection and report that summarizes the results and identifies corrective actions a homeowner may take to mitigate hurricane damage.
- (b) A range of cost estimates regarding the mitigation features.
- (c) Insurer-specific information regarding premium discounts correlated to recommended mitigation features identified by the inspection.

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(d) A hurricane resistance rating scale specifying the home's current, as well as projected, wind resistance capabilities.

- (3) To qualify for selection by the department as a provider of wind certification and hurricane mitigation inspections, the entity, at a minimum, must:
- (a) Use wind certification and hurricane mitigation inspectors who have:
- 1. Prior experience in residential construction or inspection and have received specialized training in hurricane mitigation procedures.
 - 2. Undergone drug testing and background checks.
- 3. Been certified, in a manner satisfactory to the department, to conduct the inspections.
- (b) Provide a quality assurance program including a reinspection component.
- (4) The Department of Community Affairs shall adopt rules pursuant to ss. 120.536(1) and 120.54 governing the wind certification and wind mitigation inspection program.
- Section 4. Section 252.63, Florida Statutes, is created to read:
- 252.63 Commissioner of Insurance Regulation; powers in a
 state of emergency.--
- (1) It is the purpose and intent of this section to provide the Commissioner of Insurance Regulation the authority to temporarily modify or suspend provisions of the Florida

 Insurance Code in order to expedite the recovery of communities affected by a disaster or other emergency and encourage

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insurance companies, entities, and persons subject to the Florida Insurance Code and the jurisdiction of the office to meet the insurance needs of such communities.

- (2)(a) When the Governor declares a state of emergency pursuant to s. 252.36, the commissioner may issue:
- 1. One or more general orders applicable to all insurance companies, entities, and persons, as defined in s. 624.04, that are subject to the Florida Insurance Code and that serve any portion of the area of the state under the state of emergency; or
- 2. One or more specific orders to particular insurance companies, entities, and persons that are subject to the Florida Insurance Code, as defined in s. 624.01, which orders may modify or suspend, as to those companies, entities, and persons, all or any part of the Florida Insurance Code, or any applicable rule, consistent with the stated purposes of the Florida Insurance Code.
- (b) An order issued by the commissioner under this section becomes effective upon issuance and continues for 120 days unless terminated sooner by the commissioner. The commissioner may extend an order for one additional period of 120 days if he or she determines that the emergency conditions that gave rise to the initial order still exist. By concurrent resolution, the Legislature may terminate any order issued under this section.
- (3) The commissioner shall publish in the next available publication of the Florida Administrative Weekly a copy of the text of any order issued under this section, together with a statement describing the modification or suspension and

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explaining how the modification or suspension will facilitate recovery from the emergency.

Section 5. Subsections (1) and (2) of section 626.918, Florida Statutes, are amended to read:

626.918 Eligible surplus lines insurers.--

- (1) A No surplus lines agent may not shall place any coverage with any unauthorized insurer which is not then an eligible surplus lines insurer, except as permitted under subsections (5) and (6).
- (2) An No unauthorized insurer may not shall be or become an eligible surplus lines insurer unless made eligible by the office in accordance with the following conditions:
- (a) Eligibility of the insurer must be requested in writing by the Florida Surplus Lines Service Office. \div
- (b) The insurer must be currently an authorized insurer in the state or country of its domicile as to the kind or kinds of insurance proposed to be so placed and must have been such an insurer for not less than the 3 years next preceding or must be the wholly owned subsidiary of such authorized insurer or must be the wholly owned subsidiary of an already eligible surplus lines insurer as to the kind or kinds of insurance proposed for a period of not less than the 3 years next preceding. However, the office may waive the 3-year requirement if the insurer provides a product or service not readily available to the consumers of this state or has operated successfully for a period of at least 1 year next preceding and has capital and surplus of not less than \$25 million.7

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(c) Before granting eligibility, the requesting surplus lines agent or the insurer shall furnish the office with a duly authenticated copy of its current annual financial statement in the English language and with all monetary values therein expressed in United States dollars, at an exchange rate (in the case of statements originally made in the currencies of other countries) then-current and shown in the statement, and with such additional information relative to the insurer as the office may request.

The insurer must have and maintain surplus as to (d)1.a. policyholders of not less than \$15 million; in addition, an alien insurer must also have and maintain in the United States a trust fund for the protection of all its policyholders in the United States under terms deemed by the office to be reasonably adequate, in an amount not less than \$5.4 million. Any such surplus as to policyholders or trust fund shall be represented by investments consisting of eligible investments for like funds of like domestic insurers under part II of chapter 625 provided, however, that in the case of an alien insurance company, any such surplus as to policyholders may be represented by investments permitted by the domestic regulator of such alien insurance company if such investments are substantially similar in terms of quality, liquidity, and security to eliqible investments for like funds of like domestic insurers under part II of chapter 625. Clean, irrevocable, unconditional, and evergreen letters of credit issued or confirmed by a qualified United States financial institution, as defined in subparagraph 2., may be used to fund the trust.

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- 727 $\underline{b.2.}$ For those surplus lines insurers that were eligible 728 on January 1, 1994, and that maintained their eligibility
- 729 thereafter, the required surplus as to policyholders shall be:
- 730 (I)a. On December 31, 1994, and until December 30, 1995,
- 731 \$2.5 million.
- 732 (II) b. On December 31, 1995, and until December 30, 1996,
- 733 \$3.5 million.
- 734 (III) c. On December 31, 1996, and until December 30, 1997,
- 735 \$4.5 million.
- 736 (IV)d. On December 31, 1997, and until December 30, 1998,
- 737 \$5.5 million.
- 738 (V) e. On December 31, 1998, and until December 30, 1999,
- 739 \$6.5 million.
- 740 (VI) f. On December 31, 1999, and until December 30, 2000,
- 741 \$8 million.
- 742 (VII) q. On December 31, 2000, and until December 30, 2001,
- 743 \$9.5 million.
- 744 (VIII) h. On December 31, 2001, and until December 30,
- 745 2002, \$11 million.
- 746 (IX)i. On December 31, 2002, and until December 30, 2003,
- 747 \$13 million.
- 748 (X) $\frac{1}{2}$. On December 31, 2003, and thereafter, \$15 million.
- 749 c.3. The capital and surplus requirements as set forth in
- 750 sub-subparagraph b. subparagraph 2. do not apply in the case of
- 751 an insurance exchange created by the laws of individual states,
- 752 where the exchange maintains capital and surplus pursuant to the
- 753 requirements of that state, or maintains capital and surplus in
- 754 an amount not less than \$50 million in the aggregate. For an

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insurance exchange which maintains funds in the amount of at least \$12 million for the protection of all insurance exchange policyholders, each individual syndicate shall maintain minimum capital and surplus in an amount not less than \$3 million. If the insurance exchange does not maintain funds in the amount of at least \$12 million for the protection of all insurance exchange policyholders, each individual syndicate shall meet the minimum capital and surplus requirements set forth in subparagraph b. subparagraph 2.;

<u>d.4.</u> A surplus lines insurer which is a member of an insurance holding company that includes a member which is a Florida domestic insurer as set forth in its holding company registration statement, as set forth in s. 628.801 and rules adopted thereunder, may elect to maintain surplus as to policyholders in an amount equal to the requirements of s. 624.408, subject to the requirement that the surplus lines insurer shall at all times be in compliance with the requirements of chapter 625.

The election shall be submitted to the office and shall be effective upon the office's being satisfied that the requirements of sub-subparagraph 4. have been met. The initial date of election shall be the date of office approval. The election approval application shall be on a form adopted by commission rule. The office may approve an election form submitted pursuant to sub-subparagraph 4. only if it was on file with the former Department of Insurance before February 28, 1998.7

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2. For purposes of letters of credit under subparagraph
1., the term "qualified United States financial institution"
means an institution that:

- a. Is organized or, in the case of a United States office of a foreign banking organization, is licensed under the laws of the United States or any state.
- b. Is regulated, supervised, and examined by authorities of the United States or any state having regulatory authority over banks and trust companies.
- C. Has been determined by the office or the Securities

 Valuation Office of the National Association of Insurance

 Commissioners to meet such standards of financial condition and standing as are considered necessary and appropriate to regulate the quality of financial institutions whose letters of credit are acceptable to the office.
- (e) The insurer must be of good reputation as to the providing of service to its policyholders and the payment of losses and claims $\underline{\cdot}$;
- (f) The insurer must be eligible, as for authority to transact insurance in this state, under s. 624.404(3).; and
- (g) This subsection does not apply as to unauthorized insurers made eligible under s. 626.917 as to wet marine and aviation risks.
- Section 6. Paragraph (j) is added to subsection (2) of section 627.062, Florida Statutes, and subsections (9) and (10) are added to that section, to read:
 - 627.062 Rate standards.--
 - (2) As to all such classes of insurance:

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(j) Effective January 1, 2007, notwithstanding any other provision of this section:

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- With respect to any residential property insurance subject to regulation under this section, a rate filing, including, but not limited to, any rate changes, rating factors, territories, classification, discounts, and credits, with respect to any policy form, including endorsements issued with the form, that results in an overall average statewide premium increase or decrease of no more than 5 percent above or below the premium that would result from the insurer's rates then in effect shall not be subject to a determination by the office that the rate is excessive or unfairly discriminatory except as provided in subparagraph 3., or any other provision of law, provided all changes specified in the filing do not result in an overall premium increase of more than 10 percent for any one territory, for reasons related solely to the rate change. As used in this subparagraph, the term "insurer's rates then in effect" includes only rates that have been lawfully in effect under this section or rates that have been determined to be lawful through administrative proceedings or judicial proceedings.
- 2. An insurer may not make filings under this paragraph with respect to any policy form, including endorsements issued with the form, if the overall premium changes resulting from such filings exceed the amounts specified in this paragraph in any 12-month period. An insurer may proceed under other provisions of this section or other provisions of law if the

insurer seeks to exceed the premium or rate limitations of this paragraph.

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- 3. This paragraph does not affect the authority of the office to disapprove a rate as inadequate or to disapprove a filing for the unlawful use of unfairly discriminatory rating factors that are prohibited by the laws of this state. An insurer electing to implement a rate change under this paragraph shall submit a filing to the office at least 30 days prior to the effective date of the rate change. The office shall have 30 days after the filing's submission to review the filing and determine if the rate is inadequate or uses unfairly discriminatory rating factors. Absent a finding by the office within such 30-day period that the rate is inadequate or that the insurer has used unfairly discriminatory rating factors, the filing is deemed approved. If the office finds during the 30-day period that the filing will result in inadequate premiums or otherwise endanger the insurer's solvency, the office shall suspend the rate decrease. If the insurer is implementing an overall rate increase, the results of which continue to produce an inadequate rate, such increase shall proceed pending additional action by the office to ensure the adequacy of the rate.
- 4. This paragraph does not apply to rate filings for any insurance other than residential property insurance.

The provisions of this subsection shall not apply to workers' compensation and employer's liability insurance and to motor vehicle insurance.

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(9) Notwithstanding any other provision of this section, any rate filing or applicable portion of the rate filing that includes the peril of wind in the high-risk account of the Citizens Property Insurance Corporation shall be deemed approved upon submission to the office if the filing or the applicable portion of the filing requests approval of a rate that is less than the approved rate for similar risks insured in the high-risk account of the corporation unless the office determines that such rate is inadequate or unfairly discriminatory as provided in subsection (2).

- (10) (a) Beginning January 1, 2007, the office shall annually provide a report to the President of the Senate, the Speaker of the House of Representatives, the minority party leader of each house of the Legislature, and the chairs of the standing committees of each house of the Legislature having jurisdiction over insurance issues, specifying the impact of flexible rate regulation under paragraph (2)(j) on the degree of competition in insurance markets in this state.
- (b) The report shall include a year-by-year comparison of the number of companies participating in the market for each class of insurance and the relative rate levels. The report shall also specify:
- 1. The number of rate filings made under paragraph (2)(j), the rate levels under those filings, and the market share affected by those filings.
- 2. The number of filings made on a file and use basis, the rate levels under those filings, and the market share affected by those filings.

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3. The number of filings made on a use and file basis, the rate levels under those filings, and the market share affected by those filings.

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- 4. Recommendations to promote competition in the insurance market and further protect insurance consumers.
- Section 7. Paragraph (c) of subsection (3) of section 627.0628, Florida Statutes, is amended to read:
- 627.0628 Florida Commission on Hurricane Loss Projection Methodology; public records exemption; public meetings exemption.--
 - (3) ADOPTION AND EFFECT OF STANDARDS AND GUIDELINES. --
- With respect to a rate filing under s. 627.062, an insurer may employ actuarial methods, principles, standards, models, or output ranges found by the commission to be accurate or reliable to determine hurricane loss factors for use in a rate filing under s. 627.062. Such findings and factors are admissible and relevant in consideration of a rate filing by the office or in any arbitration or administrative or judicial review only if the office and the consumer advocate appointed pursuant to s. 627.0613 have a reasonable opportunity to review access to all of the basic assumptions and factors that were used in developing the actuarial methods, principles, standards, models, or output ranges. After review of the specific models by the commission, the office and the consumer advocate may not pose any questions generated from their respective reviews that duplicate or compromise the conclusions of the commission relative to the accuracy or reliability of the models in producing hurricane loss factors for use in a rate filing under

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922 <u>s. 627.062</u>, and are not precluded from disclosing such 923 <u>information in a rate proceeding</u>.

Section 8. Section 627.06281, Florida Statutes, is amended to read:

627.06281 Public hurricane loss projection model; reporting of data by insurers.--

- (1) Within 30 days after a written request for loss data and associated exposure data by the office or a type I center within the State University System established to study mitigation, residential property insurers and licensed rating and advisory organizations that compile residential property insurance loss data shall provide loss data and associated exposure data for residential property insurance policies to the office or to a type I center within the State University System established to study mitigation, as directed by the office, for the purposes of developing, maintaining, and updating a public model for hurricane loss projections. The loss data and associated exposure data provided shall be in writing.
- (2) The office may not use the public model for hurricane loss projection referred to in subsection (1) for any purpose under s. 627.062 or s. 627.351 until the model has been submitted to the Florida Commission on Hurricane Loss Projection Methodology for review under s. 627.0628 and the commission has found the model to be accurate and reliable pursuant to the same process and standards as the commission uses for the review of other hurricane loss projection models.
- Section 9. Subsection (6) of section 627.351, Florida Statutes, is amended to read:

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627.351 Insurance risk apportionment plans.--

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- (6) CITIZENS PROPERTY INSURANCE CORPORATION. --
- The Legislature finds that actual and threatened (a)1.a. catastrophic losses to property in this state from hurricanes have caused insurers to be unwilling or unable to provide property insurance coverage to the extent sought and needed. It is in the public interest and a public purpose to assist in ensuring assuring that homestead property in the state is insured so as to facilitate the remediation, reconstruction, and replacement of damaged or destroyed property in order to reduce or avoid the negative effects otherwise resulting to the public health, safety, and welfare; to the economy of the state; and to the revenues of the state and local governments needed to provide for the public welfare. It is necessary, therefore, to provide property insurance to applicants who are in good faith entitled to procure insurance through the voluntary market but are unable to do so. The Legislature intends by this subsection that property insurance be provided and that it continues, as long as necessary, through an entity organized to achieve efficiencies and economies, while providing service to policyholders, applicants, and agents that is no less than the quality generally provided in the voluntary market, all toward the achievement of the foregoing public purposes. Because it is essential for the corporation to have the maximum financial resources to pay claims following a catastrophic hurricane, it is the intent of the Legislature that the income of the corporation be exempt from federal income taxation and that

interest on the debt obligations issued by the corporation be exempt from federal income taxation.

b. The Legislature finds and declares that:

- (I) The commitment of the state, as expressed in subsubparagraph a., to providing a means of ensuring the availability of property insurance through a residual market mechanism is hereby reaffirmed.
- (II) Despite legislative efforts to ensure that the residual market for property insurance is self-supporting to the greatest reasonable extent, residual market policyholders are to some degree subsidized by the general public through assessments on owners of property insured in the voluntary market and their insurers and through the potential use of general revenues of the state to eliminate or reduce residual market deficits.
- (III) The degree of such subsidy is a matter of public policy. It is the intent of the Legislature to better control the subsidy through at least the following means:
- (A) Restructuring the residual market mechanism to provide separate treatment of homestead and nonhomestead properties, with the intent of continuing to provide an insurance program with limited subsidies for homestead properties while providing a nonsubsidized insurance program for nonhomestead properties.
- (B) Redefining the concept of rate adequacy in the subsidized residual market with the intent of ensuring a rate structure that will enable the subsidized residual market to be self-supporting except in the event of hurricane losses of a legislatively specified magnitude. It is the intent of the Legislature that the funding of the subsidized residual market

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be structured to be self-supporting up to the point of its 100-year probable maximum loss and that the funding be structured to make reliance on assessments or other sources of public funding necessary only in the event of a 100-year probable maximum loss or larger loss.

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- The Residential Property and Casualty Joint Underwriting Association originally created by this statute shall be known, as of July 1, 2002, as the Citizens Property Insurance Corporation. The corporation shall provide insurance for homesteaded residential property and may provide insurance for residential and commercial property, for applicants who are in good faith entitled, but are unable, to procure insurance through the voluntary market. The corporation shall operate pursuant to a plan of operation approved by order of the office. The plan is subject to continuous review by the office. The office may, by order, withdraw approval of all or part of a plan if the office determines that conditions have changed since approval was granted and that the purposes of the plan require changes in the plan. For the purposes of this subsection, residential coverage includes both personal lines residential coverage, which consists of the type of coverage provided by homeowner's, mobile home owner's, dwelling, tenant's, condominium unit owner's, and similar policies, and commercial lines residential coverage, which consists of the type of coverage provided by condominium association, apartment building, and similar policies.
- 3. It is the intent of the Legislature that policyholders, applicants, and agents of the corporation receive service and

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treatment of the highest possible level but never less than that generally provided in the voluntary market. It also is intended that the corporation be held to service standards no less than those applied to insurers in the voluntary market by the office with respect to responsiveness, timeliness, customer courtesy, and overall dealings with policyholders, applicants, or agents of the corporation.

- All insurers authorized to write one or more subject lines of business in this state are subject to assessment by the corporation and, for the purposes of this subsection, are referred to collectively as "assessable insurers." Insurers writing one or more subject lines of business in this state pursuant to part VIII of chapter 626 are not assessable insurers, but insureds who procure one or more subject lines of business in this state pursuant to part VIII of chapter 626 are subject to assessment by the corporation and are referred to collectively as "assessable insureds." An authorized insurer's assessment liability shall begin on the first day of the calendar year following the year in which the insurer was issued a certificate of authority to transact insurance for subject lines of business in this state and shall terminate 1 year after the end of the first calendar year during which the insurer no longer holds a certificate of authority to transact insurance for subject lines of business in this state.
- 2.a. All revenues, assets, liabilities, losses, and expenses of the corporation shall be divided into <u>four three</u> separate accounts as follows:
 - (I) Three separate homestead accounts that may provide

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coverage only for homestead properties. The term "homestead

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property" means a residential property that has been granted a homestead exemption under chapter 196. The term also includes a property that is qualified for such exemption but has not applied for the exemption as of the date of issuance of the policy, provided the policyholder obtains the exemption within 1 year after initial issuance of the policy. The term also includes an owner-occupied mobile or manufactured home as defined in s. 320.01 permanently affixed to real property regardless of whether the owner of the mobile or manufactured home is also the owner of the land on which the mobile or manufactured home is permanently affixed. However, the term does not include a mobile home that is being held for display by a licensed mobile home dealer or a licensed mobile home manufacturer and is not owner-occupied. For the purposes of this sub-sub-subparagraph, the term "homestead property" also includes property covered by tenant's insurance and commercial lines residential policies. The accounts providing coverage only for homestead properties are: (A) (I) A personal lines account for personal residential policies issued by the corporation or issued by the Residential Property and Casualty Joint Underwriting Association and renewed by the corporation that provide comprehensive, multiperil coverage on risks that are not located in areas eligible for coverage in the Florida Windstorm Underwriting Association as

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policies that do not provide coverage for the peril of wind on

those areas were defined on January 1, 2002, and for such

risks that are located in such areas;

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(B)(II) A commercial lines account for commercial residential policies issued by the corporation or issued by the Residential Property and Casualty Joint Underwriting Association and renewed by the corporation that provide coverage for basic property perils on risks that are not located in areas eligible for coverage in the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002, and for such policies that do not provide coverage for the peril of wind on risks that are located in such areas; and

(C) (III) A high-risk account for personal residential policies and commercial residential and commercial nonresidential property policies issued by the corporation or transferred to the corporation that provide coverage for the peril of wind on risks that are located in areas eligible for coverage in the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002. The high-risk account must also include quota share primary insurance under subparagraph (c) 2. The area eligible for coverage under the high-risk account also includes the area within Port Canaveral, which is bordered on the south by the City of Cape Canaveral, bordered on the west by the Banana River, and bordered on the north by Federal Government property. The office may remove territory from the area eliqible for wind-only and quota share coverage if, after a public hearing, the office finds that authorized insurers in the voluntary market are willing and able to write sufficient amounts of personal and commercial residential coverage for all perils in the territory, including coverage for the peril of wind, such that risks covered by wind-

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only policies in the removed territory could be issued a policy by the corporation in either the personal lines or commercial lines account without a significant increase in the corporation's probable maximum loss in such account. Removal of territory from the area eligible for wind-only or quota share coverage does not alter the assignment of wind coverage written in such areas to the high-risk account.

- (II) (A) A separate nonhomestead account for all properties that otherwise meet all of the criteria for eligibility for coverage within one of the three homestead accounts described in sub-sub-subparagraph (I) but that do not meet the definition of homestead property specified in sub-sub-subparagraph (I). The nonhomestead account shall provide the same types of coverage as are provided by the three homestead accounts, including wind-only coverage in the high-risk account area. In order to be eligible for coverage in the nonhomestead account, at the initial issuance of the policy and at renewal the property owner shall provide the corporation with a sworn affidavit stating that the property has been rejected for coverage by at least three authorized insurers and at least three surplus lines insurers.
- (B) An authorized insurer may provide coverage to a nonhomestead property owner on an individual risk rate basis.

 Rates and forms of an authorized insurer for nonhomestead properties are not subject to ss. 627.062 and 627.0629, except s. 627.0629(2)(b). Such rates and forms are subject to all other applicable provisions of this code and rules adopted under this code. During the course of an insurer's market conduct

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1145 examination, the office may review the rate for any nonhomestead 1146 property to determine if such rate is inadequate or unfairly 1147 discriminatory. Rates on nonhomestead property may be found 1148 inadequate by the office if they are clearly insufficient, 1149 together with the investment income attributable to the insurer, 1150 to sustain projected losses and expenses in the class of 1151 business to which such rates apply. Rates on nonhomestead property may also be found inadequate as to the premium charged 1152 1153 to a risk or group of risks if discounts or credits are allowed 1154 that exceed a reasonable reflection of expense savings and 1155 reasonably expected loss experience from the risk or group of 1156 risks. Rates on nonhomestead property may be found to be 1157 unfairly discriminatory as to a risk or group of risks by the 1158 office if the application of premium discounts, credits, or 1159 surcharges among such risks does not bear a reasonable 1160 relationship to the expected loss and expense experience among the various risks. A rating plan, including discounts, credits, 1161 or surcharges on nonhomestead property, may also be found to be 1162 1163 unfairly discriminatory if the plan fails to clearly and 1164 equitably reflect consideration of the policyholder's 1165 participation in a risk management program adjusted pursuant to 1166 s. 627.0625. The office may order an insurer to discontinue 1167 using a rate for new policies or upon renewal of a policy if the 1168 office finds the rate to be inadequate or unfairly discriminatory. Insurers shall maintain records and 1169 1170 documentation relating to rates and forms subject to this subsub-sub-subparagraph for a period of at least 5 years after the 1171 effective date of the policy. 1172

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b. The three separate homestead accounts must be maintained as long as financing obligations entered into by the Florida Windstorm Underwriting Association or Residential Property and Casualty Joint Underwriting Association are outstanding, in accordance with the terms of the corresponding financing documents. When the financing obligations are no longer outstanding, in accordance with the terms of the corresponding financing documents, the corporation may use a single homestead account for all revenues, assets, liabilities, losses, and expenses of the corporation. All revenues, assets, liabilities, losses, and expenses attributable to the nonhomestead account shall be maintained separately.

- d. Revenues, assets, liabilities, losses, and expenses not attributable to particular accounts shall be prorated among the accounts.

e. The Legislature finds that the revenues of the corporation are revenues that are necessary to meet the requirements set forth in documents authorizing the issuance of bonds under this subsection.

- f. No part of the income of the corporation may inure to the benefit of any private person.
- 3. With respect to a deficit in <u>any of the homestead</u> accounts an account:
- a. When the deficit incurred in a particular calendar year is not greater than 10 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year, the entire deficit shall be recovered through regular assessments of assessable insurers under paragraph (g) and assessable insureds.
- b. When the deficit incurred in a particular calendar year exceeds 10 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year, the corporation shall levy regular assessments on assessable insurers under paragraph (g) and on assessable insureds in an amount equal to the greater of 10 percent of the deficit or 10 percent of the aggregate statewide direct written premium for the subject lines of business for the prior calendar year. Any remaining deficit shall be recovered through emergency assessments under sub-subparagraph d.
- c. Each assessable insurer's share of the amount being assessed under sub-subparagraph a. or sub-subparagraph b. shall be in the proportion that the assessable insurer's direct written premium for the subject lines of business for the year

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preceding the year in which the deficit is incurred assessment bears to the aggregate statewide direct written premium for the subject lines of business for that year. The assessment percentage applicable to each assessable insured is the ratio of the amount being assessed under sub-subparagraph a. or subsubparagraph b. to the aggregate statewide direct written premium for the subject lines of business for the prior year. Assessments levied by the corporation on assessable insurers under sub-subparagraphs a. and b. shall be paid as required by the corporation's plan of operation and paragraph (q). Notwithstanding any other provision in this subsection, the aggregate amount of a regular assessment levied in connection with a deficit incurred in a particular calendar year shall be reduced by the aggregate amount of the Citizens Property Insurance Corporation policyholder surcharge imposed under subparagraph (c)10. Assessments levied by the corporation on assessable insureds under sub-subparagraphs a. and b. shall be collected by the surplus lines agent at the time the surplus lines agent collects the surplus lines tax required by s. 626.932 and shall be paid to the Florida Surplus Lines Service Office at the time the surplus lines agent pays the surplus lines tax to the Florida Surplus Lines Service Office. Upon receipt of regular assessments from surplus lines agents, the Florida Surplus Lines Service Office shall transfer the assessments directly to the corporation as determined by the corporation.

d. Upon a determination by the board of governors that a deficit in an account exceeds the amount that will be recovered

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1256 through regular assessments under sub-subparagraph a. or sub-1257 subparagraph b., the board shall levy, after verification by the 1258 office, emergency assessments, for as many years as necessary to 1259 cover the deficits, to be collected by assessable insurers and 1260 the corporation and collected from assessable insureds upon 1261 issuance or renewal of policies for subject lines of business, 1262 excluding National Flood Insurance policies. The amount of the emergency assessment collected in a particular year shall be a 1263 1264 uniform percentage of that year's direct written premium for 1265 subject lines of business and all accounts of the corporation, 1266 excluding National Flood Insurance Program policy premiums, as annually determined by the board and verified by the office. The 1267 office shall verify the arithmetic calculations involved in the 1268 1269 board's determination within 30 days after receipt of the information on which the determination was based. 1270 1271 Notwithstanding any other provision of law, the corporation and 1272 each assessable insurer that writes subject lines of business 1273 shall collect emergency assessments from its policyholders 1274 without such obligation being affected by any credit, limitation, exemption, or deferment. Emergency assessments 1275 1276 levied by the corporation on assessable insureds shall be 1277 collected by the surplus lines agent at the time the surplus lines agent collects the surplus lines tax required by s. 1278 626.932 and shall be paid to the Florida Surplus Lines Service 1279 Office at the time the surplus lines agent pays the surplus 1280 1281 lines tax to the Florida Surplus Lines Service Office. The emergency assessments so collected shall be transferred directly 1282 to the corporation on a periodic basis as determined by the 1283

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corporation and shall be held by the corporation solely in the applicable account. The aggregate amount of emergency assessments levied for an account under this sub-subparagraph in any calendar year may not exceed the greater of 10 percent of the amount needed to cover the original deficit, plus interest, fees, commissions, required reserves, and other costs associated with financing of the original deficit, or 10 percent of the aggregate statewide direct written premium for subject lines of business and for all accounts of the corporation for the prior year, plus interest, fees, commissions, required reserves, and other costs associated with financing the original deficit.

The corporation may pledge the proceeds of assessments, projected recoveries from the Florida Hurricane Catastrophe Fund, other insurance and reinsurance recoverables, Citizens policyholder market equalization surcharges and other surcharges, and other funds available to the corporation as the source of revenue for and to secure bonds issued under paragraph (q), bonds or other indebtedness issued under subparagraph (c)3., or lines of credit or other financing mechanisms issued or created under this subsection, or to retire any other debt incurred as a result of deficits or events giving rise to deficits, or in any other way that the board determines will efficiently recover such deficits. The purpose of the lines of credit or other financing mechanisms is to provide additional resources to assist the corporation in covering claims and expenses attributable to a catastrophe. As used in this subsection, the term "assessments" includes regular assessments under sub-subparagraph a., sub-subparagraph b., or subparagraph

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(g)1. and emergency assessments under sub-subparagraph d. Emergency assessments collected under sub-subparagraph d. 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. The emergency assessments under sub-subparagraph d. shall continue as long as any bonds issued or other indebtedness incurred with respect to a deficit for which the assessment was imposed remain outstanding, unless adequate provision has been made for the payment of such bonds or other indebtedness pursuant to the documents governing such bonds or other indebtedness.

- f. As used in this subsection, the term "subject lines of business" means insurance written by assessable insurers or procured by assessable insureds 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 coverage 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) other than insurance on mobile homes used as permanent dwellings.
- g. The Florida Surplus Lines Service Office shall determine annually the aggregate statewide written premium in subject lines of business procured by assessable insureds and shall report that information to the corporation in a form and at a time the corporation specifies to ensure that the

corporation can meet the requirements of this subsection and the corporation's financing obligations.

- h. The Florida Surplus Lines Service Office shall verify the proper application by surplus lines agents of assessment percentages for regular assessments and emergency assessments levied under this subparagraph on assessable insureds and shall assist the corporation in ensuring the accurate, timely collection and payment of assessments by surplus lines agents as required by the corporation.
- 4. With respect to a deficit in the nonhomestead account or to any cash flow shortfall that the board determines will create an inability for the nonhomestead account to pay claims when due:
- a. The board shall levy an immediate assessment against the premium of each nonhomestead account policyholder, expressed as a uniform percentage of the premium for the policy then in effect. The maximum amount of such assessment is 100 percent of such premium.
- b. If the assessment under sub-subparagraph a. is insufficient to enable the account to pay claims and eliminate the deficit in the account, the board may levy an additional assessment to be collected at the time of any issuance or renewal of a nonhomestead account policy during the 1-year period following the levy of the assessment under subsubparagraph a., expressed as a uniform percentage of the premium for the policy for the forthcoming policy period. The maximum amount of such assessment is 100 percent of such premium.

c. If the assessments under sub-subparagraphs a. and b. are insufficient to enable the account to pay claims and eliminate the deficit in the account, the board may make a loan from any of the homestead accounts to the nonhomestead account, subject to approval by the office and provided that such loan does not impair the financial status of any of the homestead accounts.

- 5. A policyholder in a nonhomestead account who has not paid a deficit assessment levied by the corporation shall be ineligible for coverage by a surplus lines insurer or authorized insurer.
 - (c) The plan of operation of the corporation:
- 1. Must provide for adoption of residential property and casualty insurance policy forms, rates, and underwriting rules and commercial residential and nonresidential property insurance forms, rates, and underwriting rules which forms must be approved by the office prior to use. The corporation shall adopt the following policy forms:
- a. Standard personal lines policy forms that are comprehensive multiperil policies providing full coverage of a residential property equivalent to the coverage provided in the private insurance market under an HO-3, HO-4, or HO-6 policy.
- b. Basic personal lines policy forms that 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.

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c. Commercial lines residential policy forms that are generally similar to the basic perils of full coverage obtainable for commercial residential structures in the admitted voluntary market.

- d. Personal lines and commercial lines residential property insurance forms that cover the peril of wind only. The forms are applicable only to residential properties located in areas eligible for coverage under the high-risk account referred to in sub-subparagraph (b)2.a.
- e. Commercial lines nonresidential property insurance forms that cover the peril of wind only. The forms are applicable only to nonresidential properties located in areas eligible for coverage under the high-risk account referred to in sub-subparagraph (b) 2.a.
- f. The corporation may adopt variations of the policy forms listed in sub-subparagraphs a.-e. that contain more restrictive coverage.
- 2.a. Must provide that the corporation adopt a program in which the corporation and authorized insurers enter into quota share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt property insurance forms for eligible risks which cover the peril of wind only. As used in this subsection, the term:
- (I) "Quota share primary insurance" means an arrangement in which the primary hurricane coverage of an eligible risk is provided in specified percentages by the corporation and an authorized insurer. The corporation and authorized insurer are each solely responsible for a specified percentage of hurricane

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coverage of an eligible risk as set forth in a quota share primary insurance agreement between the corporation and an authorized insurer and the insurance contract. The responsibility of the corporation or authorized insurer to pay its specified percentage of hurricane losses of an eligible risk, as set forth in the quota share primary insurance agreement, may not be altered by the inability of the other party to the agreement to pay its specified percentage of hurricane losses. Eligible risks that are provided hurricane coverage through a quota share primary insurance arrangement must be provided policy forms that set forth the obligations of the corporation and authorized insurer under the arrangement, clearly specify the percentages of quota share primary insurance provided by the corporation and authorized insurer, and conspicuously and clearly state that neither the authorized insurer nor the corporation may be held responsible beyond its specified percentage of coverage of hurricane losses.

- (II) "Eligible risks" means personal lines residential and commercial lines residential risks that meet the underwriting criteria of the corporation and are located in areas that were eligible for coverage by the Florida Windstorm Underwriting Association on January 1, 2002.
- b. The corporation may enter into quota share primary insurance agreements with authorized insurers at corporation coverage levels of 90 percent and 50 percent.
- c. If the corporation determines that additional coverage levels are necessary to maximize participation in quota share primary insurance agreements by authorized insurers, the

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corporation may establish additional coverage levels. However, the corporation's quota share primary insurance coverage level may not exceed 90 percent.

- d. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation must provide for a uniform specified percentage of coverage of hurricane losses, by county or territory as set forth by the corporation board, for all eligible risks of the authorized insurer covered under the quota share primary insurance agreement.
- e. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation is subject to review and approval by the office. However, such agreement shall be authorized only as to insurance contracts entered into between an authorized insurer and an insured who is already insured by the corporation for wind coverage.
- f. For all eligible risks covered under quota share primary insurance agreements, the exposure and coverage levels for both the corporation and authorized insurers shall be reported by the corporation to the Florida Hurricane Catastrophe Fund. For all policies of eligible risks covered under quota share primary insurance agreements, the corporation and the authorized insurer shall maintain complete and accurate records for the purpose of exposure and loss reimbursement audits as required by Florida Hurricane Catastrophe Fund rules. The corporation and the authorized insurer shall each maintain duplicate copies of policy declaration pages and supporting claims documents.

g. The corporation board shall establish in its plan of operation standards for quota share agreements which ensure that there is no discriminatory application among insurers as to the terms of quota share agreements, pricing of quota share agreements, incentive provisions if any, and consideration paid for servicing policies or adjusting claims.

- h. The quota share primary insurance agreement between the corporation and an authorized insurer must set forth the specific terms under which coverage is provided, including, but not limited to, the sale and servicing of policies issued under the agreement by the insurance agent of the authorized insurer producing the business, the reporting of information concerning eligible risks, the payment of premium to the corporation, and arrangements for the adjustment and payment of hurricane claims incurred on eligible risks by the claims adjuster and personnel of the authorized insurer. Entering into a quota sharing insurance agreement between the corporation and an authorized insurer shall be voluntary and at the discretion of the authorized insurer.
- 3. May provide that the corporation 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 corporation 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, including, without limitation, the power to issue bonds and incur other indebtedness in order to refinance outstanding bonds or other

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indebtedness. The corporation may, but is not required to, seek judicial validation of its bonds or other indebtedness under chapter 75. The corporation 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 corporation, subject to approval by the office, that such action would enable it to efficiently meet the financial obligations of the corporation and that such financings are reasonably necessary to effectuate the requirements of this subsection. The corporation 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 corporation 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 corporation as security for bonds or other indebtedness. 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.

4.a. Must require that the corporation operate subject to the supervision and approval of a board of governors consisting of 8 individuals who are residents of this state, from different geographical areas of this state. The Governor, the Chief

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Financial Officer, the President of the Senate, and the Speaker of the House of Representatives shall each appoint two members of the board, effective August 1, 2005. At least one of the two members appointed by each appointing officer must have demonstrated expertise in insurance. The Chief Financial Officer shall designate one of the appointees as chair. All board members serve at the pleasure of the appointing officer. All board members, including the chair, must be appointed to serve for 3-year terms beginning annually on a date designated by the plan. Any board vacancy shall be filled for the unexpired term by the appointing officer. The Chief Financial Officer shall appoint a technical advisory group to provide information and advice to the board of governors in connection with the board's duties under this subsection. The executive director and senior managers of the corporation shall be engaged by the board, as recommended by the Chief Financial Officer, and serve at the pleasure of the board. The executive director is responsible for employing other staff as the corporation may require, subject to review and concurrence by the board and the Chief Financial Officer.

b. The board shall create a Market Accountability Advisory Committee to assist the corporation in developing awareness of its rates and its customer and agent service levels in relationship to the voluntary market insurers writing similar coverage. The members of the advisory committee shall consist of the following 11 persons, one of whom must be elected chair by the members of the committee: four representatives, one appointed by the Florida Association of Insurance Agents, one by

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the Florida Association of Insurance and Financial Advisors, one by the Professional Insurance Agents of Florida, and one by the Latin American Association of Insurance Agencies; three representatives appointed by the insurers with the three highest voluntary market share of residential property insurance business in the state; one representative from the Office of Insurance Regulation; one consumer appointed by the board who is insured by the corporation at the time of appointment to the committee; one representative appointed by the Florida Association of Realtors; and one representative appointed by the Florida Bankers Association. All members must serve for 3-year terms and may serve for consecutive terms. The committee shall report to the corporation at each board meeting on insurance market issues which may include rates and rate competition with the voluntary market; service, including policy issuance, claims processing, and general responsiveness to policyholders, applicants, and agents; and matters relating to depopulation.

- 5. Must provide a procedure for determining the eligibility of a risk for coverage, as follows:
- a. Subject to the provisions of s. 627.3517, 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 office, a basic policy including wind coverage, the risk is not eligible for any policy issued by the corporation. If the risk is not able to obtain any such offer, the risk is eligible for either a standard policy including wind coverage or

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a basic policy including wind coverage issued by the corporation; 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 corporation 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.

- (I) If the risk accepts an offer of coverage through the market assistance plan or an offer of coverage through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or to the corporation is not currently appointed by the insurer, the insurer shall:
- (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 commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; 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 corporation's usual and customary commission for the type of policy written.

If the 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 corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:
- (A) Pay to the producing agent of record of the corporation 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 corporation; or
- (B) Offer to allow the producing agent of record of the corporation 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 corporation's usual and customary commission for the type of policy written.

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

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 corporation. If the risk is not able to obtain any such offer, the risk is eligible for a policy including wind coverage issued by the corporation.

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(I) If the risk accepts an offer of coverage through the market assistance plan or an offer of coverage through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or the corporation is not currently appointed by the insurer, the insurer shall:

- (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 commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; 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 corporation's usual and customary commission for the type of policy written.

If the 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 corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:
- (A) Pay to the producing agent of record of the corporation policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the

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type of policy written or a fee equal to the usual and customary commission of the corporation; or

(B) Offer to allow the producing agent of record of the corporation 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 corporation's usual and customary commission for the type of policy written.

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

- c. To preserve existing incentives for carriers to write dwellings in the voluntary market and not in the corporation, the corporation shall continue to offer authorized insurers, including insurers writing dwellings valued at \$1 million or more, the same voluntary writing credits that were available on January 1, 2006, to carriers writing wind coverage for dwellings in the areas eligible for coverage in the high-risk account.
- d. With respect to personal lines residential risks, if the risk is a dwelling with an insured value of \$1 million or more, or if the risk is one that is excluded from the coverage to be provided by the condominium association under s.

 718.111(11)(b) and that is insured by the condominium unit owner for a combined dwelling and contents replacement cost of \$1 million or more, the risk is not eligible for any policy issued by the corporation. Rates and forms for personal lines residential risks not eligible for coverage by the corporation specified by this sub-subparagraph are not subject to ss.

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1701 627.062 and 627.0629. Such rates and forms are subject to all 1702 other applicable provisions of this code and rules adopted under this code. During the course of an insurer's market conduct 1703 1704 examination, the office may review the rate for any risk to 1705 which the provisions of this sub-subparagraph are applicable to 1706 determine if such rate is inadequate or unfairly discriminatory. 1707 Rates on personal lines residential risks not eliqible for 1708 coverage by the corporation may be found inadequate by the 1709 office if they are clearly insufficient, together with the 1710 investment income attributable to such risks, to sustain 1711 projected losses and expenses in the class of business to which 1712 such rates apply. Rates on personal lines residential risks not eligible for coverage by the corporation may also be found 1713 1714 inadequate as to the premium charged to a risk or group of risks 1715 if discounts or credits are allowed that exceed a reasonable 1716 reflection of expense savings and reasonably expected loss 1717 experience from the risk or group of risks. Rates on personal 1718 lines residential risks not eliqible for coverage by the 1719 corporation may be found to be unfairly discriminatory as to a risk or group of risks by the office if the application of 1720 1721 premium discounts, credits, or surcharges among such risks does 1722 not bear a reasonable relationship to the expected loss and expense experience among the various risks. A rating plan, 1723 1724 including discounts, credits, or surcharges on personal lines residential risks not eligible for coverage by the corporation 1725 1726 may also be found to be unfairly discriminatory if the plan fails to clearly and equitably reflect consideration of the 1727 policyholder's participation in a risk management program 1728

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adjusted pursuant to s. 627.0625. The office may order an insurer to discontinue using a rate for new policies or upon renewal of a policy if the office finds the rate to be inadequate or unfairly discriminatory. Insurers must maintain records and documentation relating to rates and forms subject to this sub-subparagraph for a period of at least 5 years after the effective date of the policy.

- e. For policies subject to nonrenewal as a result of the risk being no longer eligible for coverage pursuant to subsubparagraph d., the corporation shall, directly or through the market assistance plan, make information from confidential underwriting and claims files of policyholders available only to licensed general lines agents who register with the corporation to receive such information according to the following procedures:
- (I) By August 1, 2006, the corporation shall provide policyholders who are not eligible for renewal pursuant to subsubparagraph d. the opportunity to request in writing, within 30 days after the notification is sent, that information from their confidential underwriting and claims files not be released to licensed general lines agents registered pursuant to subsubsubparagraph e.(II);
- (II) By August 1, 2006, the corporation shall make available to licensed general lines agents the registration procedures to be used to obtain confidential information from underwriting and claims files for policies not eligible for renewal pursuant to sub-subparagraph d. As a condition of registration, the corporation shall require the licensed general

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lines agent to attest that the agent has the experience and relationships with authorized or surplus lines carriers to attempt to offer replacement coverage for policies not eligible for renewal pursuant to sub-subparagraph d.

- available through a secured website to licensed general lines agents registered pursuant to sub-sub-subparagraph e.(II) application, rating, loss history, mitigation, and policy type information relating to all policies not eligible for renewal pursuant to sub-subparagraph d. and for which the policyholder has not requested the corporation withhold such information pursuant to sub-subparagraph e.(I). The licensed general lines agent registered pursuant to sub-sub-subparagraph e.(II) may use such information to contact and assist the policyholder in securing replacement policies and the agent may disclose to the policyholder such information was obtained from the corporation.
- f. With respect to nonhomestead property, eligibility must be determined in accordance with sub-sub-subparagraph

 (b) 2.a. (II) (A).
- 6. Must include rules for classifications of risks and rates therefor.
- 7. Must provide that if premium and investment income for an account attributable to a particular calendar year are in excess of projected losses and expenses for the account attributable to that year, such excess shall be held in surplus in the account. Such surplus shall be available to defray deficits in that account as to future years and shall be used

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for that purpose prior to assessing assessable insurers and assessable insureds as to any calendar 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.

The acceptance or rejection of a risk by the corporation shall be construed as the private placement of insurance, and the provisions of chapter 120 shall not apply.

- 9. Must provide that the corporation shall make its best efforts to procure catastrophe reinsurance at reasonable rates, to cover its projected 100-year probable maximum loss in the https://doi.org/10.2016/journal.com/ as determined by the board of governors.
- 10. Must provide that in the event of regular deficit assessments under sub-subparagraph (b)3.a. or sub-subparagraph (b)3.b., in the personal lines homestead account, the commercial lines residential homestead account, or the high-risk homestead account, the corporation shall levy upon corporation homestead account policyholders in its next rate filing, or by a separate rate filing solely for this purpose, a Citizens policyholder market equalization surcharge arising from a regular assessment

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in such account 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 the prior calendar year preceding the year in which the deficit to which the regular assessment related is incurred. Citizens policyholder Market equalization surcharges under this subparagraph are not considered premium and are not subject to commissions, fees, or premium taxes; however, failure to pay the Citizens policyholder a market equalization surcharge shall be treated as failure to pay premium. Notwithstanding any other provision of this section, for purposes of the Citizens policyholder surcharges to be levied pursuant to this subparagraph, the total amount of the regular assessment to which such Citizens policyholder surcharge relates shall be determined as set forth in sub-subparagraphs (b) 3.a., b., and c.

- 11. The policies issued by the corporation must provide that, if the corporation or the market assistance plan obtains an offer from an authorized insurer to cover the risk at its approved rates, the risk is no longer eligible for renewal through the corporation.
- 12. Corporation policies and applications must include a notice that the corporation 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 corporation or an insurer writing coverage pursuant to part VIII of chapter 626. The notice shall also specify that acceptance of corporation coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.

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13. May establish, subject to approval by the office, 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 corporation. 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.

14. Must provide that, with respect to the high-risk homestead account, any assessable insurer with a surplus as to policyholders of \$25 million or less writing 25 percent or more of its total countrywide property insurance premiums in this state may petition the office, within the first 90 days of each calendar year, to qualify as a limited apportionment company. In no event shall a limited apportionment company be required to participate in the portion of any assessment, within the high-risk account, pursuant to sub-subparagraph (b)3.a. or sub-subparagraph (b)3.b. in the aggregate which exceeds \$50 million after payment of available high-risk account funds in any calendar year. However, a limited apportionment company shall collect from its policyholders any emergency assessment imposed

under sub-subparagraph (b)3.d. The plan shall provide that, if the office determines that any regular assessment will result in an impairment of the surplus of a limited apportionment company, the office may direct that all or part of such assessment be deferred as provided in subparagraph (g)4. However, there shall be no limitation or deferment of an emergency assessment to be collected from policyholders under sub-subparagraph (b)3.d.

- 15. Must provide that the corporation appoint as its licensed agents only those agents who also hold an appointment as defined in s. 626.015(3) with an insurer who at the time of the agent's initial appointment by the corporation is authorized to write and is actually writing personal lines residential property coverage, commercial residential property coverage, or commercial nonresidential property coverage within the state.
- 16. Must provide that the hurricane deductible for any property in the nonhomestead account with an insured value of \$250,000 or more must be at least 5 percent of the insured value.
- 17. Must provide that the application for coverage under the nonhomestead account and the declaration page of each nonhomestead account policy include a statement in boldface 12-point type specifying that public subsidies do not support the corporation's coverage of nonhomestead property; that if the nonhomestead account of the corporation sustains a deficit or is unable to pay claims, the nonhomestead policyholder shall be subject to an immediate assessment in an amount up to 100 percent of the premium and a further assessment upon renewal of the policy; and that the applicant or policyholder may wish to

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seek alternative coverage from an authorized insurer or surplus lines insurer that will not be subject to such potential assessments.

- any of the homestead accounts and the declaration page of each homestead account policy include a statement in boldface 12-point type specifying that a false declaration of homestead status for purposes of obtaining coverage in any of the homestead accounts may constitute the offense of insurance fraud, as prohibited and punishable as a felony under s.
- 19. Must limit coverage on mobile or manufactured homes
 built prior to 1994 to actual cash value of the dwelling rather
 than replacement costs of the dwelling.
- 20. Must provide for purchase by the corporation of catastrophe reinsurance on the nonhomestead account in amounts sufficient, together with coverage under the Florida Hurricane Catastrophe Fund, to cover the account's 250-year probable maximum loss.
- $(d) 1.\underline{a}$. It is the intent of the Legislature that the rates for coverage provided by the corporation be actuarially sound and not competitive with approved rates charged in the admitted voluntary market, so that the corporation functions as a residual market mechanism to provide insurance only when the insurance cannot be procured in the voluntary market. Rates shall include a residual market risk load that reflects the concentrated exposure of the corporation and the impact of adverse selection as well as an appropriate catastrophe loading

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factor that reflects the actual catastrophic exposure of the corporation.

- b. It is the intent of the Legislature to reaffirm the requirement of rate adequacy in the residual market. Recognizing that rates may comply with the intent expressed in subsubparagraph a. and yet be inadequate and recognizing the public need to limit subsidies within the residual market, it is the further intent of the Legislature to establish statutory standards for rate adequacy. Such standards are intended to supplement the standard specified in s. 627.062(2)(e)3., providing that rates are inadequate if they are clearly insufficient to sustain projected losses and expenses in the class of business to which they apply.
- 2. For each county, the average rates of the corporation for each line of business for personal lines residential policies excluding rates for wind-only policies shall be no lower than the average rates charged by the insurer that had the highest average rate in that county among the 20 insurers with the greatest total direct written premium in the state for that line of business in the preceding year, except that with respect to mobile home coverages, the average rates of the corporation shall be no lower than the average rates charged by the insurer that had the highest average rate in that county among the 5 insurers with the greatest total written premium for mobile home owner's policies in the state in the preceding year.
- 3. Rates for personal lines residential wind-only policies must be actuarially sound and not competitive with approved rates charged by authorized insurers. Corporation rate manuals

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shall include a rate surcharge for seasonal occupancy. To ensure that personal lines residential wind-only rates are not competitive with approved rates charged by authorized insurers, the corporation, in conjunction with the office, shall develop a wind-only ratemaking methodology, which methodology shall be contained in each rate filing made by the corporation with the office. If the office determines that the wind-only rates or rating factors filed by the corporation fail to comply with the wind-only ratemaking methodology provided for in this subsection, it shall so notify the corporation and require the corporation to amend its rates or rating factors to come into compliance within 90 days of notice from the office.

For the purposes of establishing a pilot program to evaluate issues relating to the availability and affordability of insurance in an area where historically there has been little market competition, the provisions of subparagraph 2. do not apply to coverage provided by the corporation in Monroe County if the office determines that a reasonable degree of competition does not exist for personal lines residential policies. The provisions of subparagraph 3. do not apply to coverage provided by the corporation in Monroe County if the office determines that a reasonable degree of competition does not exist for personal lines residential policies in the area of that county which is eligible for wind-only coverage. In this county, the rates for personal lines residential coverage shall be actuarially sound and not excessive, inadequate, or unfairly discriminatory and are subject to the other provisions of the paragraph and s. 627.062. The commission shall adopt rules

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establishing the criteria for determining whether a reasonable degree of competition exists for personal lines residential policies in Monroe County. By March 1, 2006, the office shall submit a report to the Legislature providing an evaluation of the implementation of the pilot program affecting Monroe County.

- 5. Rates for commercial lines coverage shall not be subject to the requirements of subparagraph 2., but shall be subject to all other requirements of this paragraph and s. 627.062.
- $6.\underline{a.}$ Nothing in this paragraph shall require or allow the corporation to adopt a rate that is inadequate under s. 627.062 or under sub-subparagraph b. or sub-subparagraph c.
- b. With respect to rates for coverage in any homestead account, a rate is deemed inadequate if the rate is not sufficient to generate, by means of cash flow, procurement of coverage under the Florida Hurricane Catastrophe Fund; procurement of reinsurance; and investment income, moneys sufficient to pay all claims and expenses reasonably expected to result from a 100-year probable maximum loss event without resort to any regular or emergency assessments, long-term debt, state revenues, or other funding sources that reflect any subsidy from persons or entities other than corporation homestead accounts policyholders.
- c. With respect to rates for coverage in the nonhomestead account, a rate is deemed inadequate if the rate is not sufficient to generate, by means of cash flow, procurement of coverage under the Florida Hurricane Catastrophe Fund; procurement of reinsurance; and investment income, moneys

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sufficient to pay all claims and expenses reasonably expected to result from a 250-year probable maximum loss event without resort to any assessments, debt, state revenues, or other funding sources that reflect any subsidy from persons or entities other than corporation nonhomestead account policyholders.

- 7. The corporation shall certify to the office at least twice annually that its personal lines rates comply with the requirements of subparagraphs 1., and 2., and 6. If any adjustment in the rates or rating factors of the corporation is necessary to ensure such compliance, the corporation shall make and implement such adjustments and file its revised rates and rating factors with the office. If the office thereafter determines that the revised rates and rating factors fail to comply with the provisions of subparagraphs 1. and 2., it shall notify the corporation and require the corporation to amend its rates or rating factors in conjunction with its next rate filing. The office must notify the corporation by electronic means of any rate filing it approves for any insurer among the insurers referred to in subparagraph 2.
- 8. In addition to the rates otherwise determined pursuant to this paragraph, the corporation shall impose and collect an amount equal to the premium tax provided for in s. 624.509 to augment the financial resources of the corporation.
- 9.a. To assist the corporation in developing additional ratemaking methods to assure compliance with subparagraphs 1.

 and 4., the corporation shall appoint a rate methodology panel consisting of one person recommended by the Florida Association

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of Insurance Agents, one person recommended by the Professional Insurance Agents of Florida, one person recommended by the Florida Association of Insurance and Financial Advisors, one person recommended by the insurer with the highest voluntary market share of residential property insurance business in the state, one person recommended by the insurer with the second-highest voluntary market share of residential property insurance business in the state, one person recommended by an insurer writing commercial residential property insurance in this state, one person recommended by the Office of Insurance Regulation, and one board member designated by the board chairman, who shall serve as chairman of the panel.

b. By January 1, 2004, the rate methodology panel shall provide a report to the corporation of its findings and recommendations for the use of additional ratemaking methods and procedures, including the use of a rate equalization surcharge in an amount sufficient to assure that the total cost of coverage for policyholders or applicants to the corporation is sufficient to comply with subparagraph 1.

c. Within 30 days after such report, the corporation shall present to the President of the Senate, the Speaker of the House of Representatives, the minority party leaders of each house of the Legislature, and the chairs of the standing committees of each house of the Legislature having jurisdiction of insurance issues, a plan for implementing the additional ratemaking methods and an outline of any legislation needed to facilitate use of the new methods.

d. The plan must include a provision that producer commissions paid by the corporation shall not be calculated in such a manner as to include any rate equalization surcharge. However, without regard to the plan to be developed or its implementation, producer commissions paid by the corporation for each account, other than the quota share primary program, shall remain fixed as to percentage, effective rate, calculation, and payment method until January 1, 2004.

- 9.10. By January 1, 2004, The corporation shall provide develop a notice to policyholders or applicants that the rates of Citizens Property Insurance Corporation are intended to be higher than the rates of any admitted carrier and providing other information the corporation deems necessary to assist consumers in finding other voluntary admitted insurers willing to insure their property.
- (e) If coverage in an account is deactivated pursuant to paragraph (f), coverage through the corporation shall be reactivated by order of the office only under one of the following circumstances:
- 1. If the market assistance plan receives a minimum of 100 applications for coverage within a 3-month period, or 200 applications for coverage within a 1-year period or less for residential coverage, unless the market assistance plan provides a quotation from admitted carriers at their filed rates for at least 90 percent of such applicants. Any market assistance plan application that is rejected because an individual risk is so hazardous as to be uninsurable using the criteria specified in subparagraph (c)8. shall not be included in the minimum

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percentage calculation provided herein. In the event that there is a legal or administrative challenge to a determination by the office that the conditions of this subparagraph have been met for eligibility for coverage in the corporation, any eligible risk may obtain coverage during the pendency of such challenge.

- 2. In response to a state of emergency declared by the Governor under s. 252.36, the office may activate coverage by order for the period of the emergency upon a finding by the office that the emergency significantly affects the availability of residential property insurance.
- (f)1. The corporation shall file with the office quarterly statements of financial condition, an annual statement of financial condition, and audited financial statements in the manner prescribed by law. In addition, the corporation shall report to the office monthly on the types, premium, exposure, and distribution by county of its policies in force, and shall submit other reports as the office requires to carry out its oversight of the corporation.
- 2. The activities of the corporation shall be reviewed at least annually by the office to determine whether coverage shall be deactivated in an account on the basis that the conditions giving rise to its activation no longer exist.
- (g)1. The corporation shall certify to the office its needs for annual assessments as to a particular calendar year, and for any interim assessments that it deems to be necessary to sustain operations as to a particular year pending the receipt of annual assessments. Upon verification, the office shall approve such certification, and the corporation shall levy such

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annual or interim assessments. Such assessments shall be prorated as provided in paragraph (b). The corporation shall take all reasonable and prudent steps necessary to collect the amount of assessment due from each assessable insurer, including, if prudent, filing suit to collect such assessment. If the corporation is unable to collect an assessment from any assessable insurer, the uncollected assessments shall be levied as an additional assessment against the assessable insurers and any assessable insurer required to pay an additional assessment as a result of such failure to pay shall have a cause of action against such nonpaying assessable insurer. Assessments shall be included as an appropriate factor in the making of rates. The failure of a surplus lines agent to collect and remit any regular or emergency assessment levied by the corporation is considered to be a violation of s. 626.936 and subjects the surplus lines agent to the penalties provided in that section.

2. The governing body of any unit of local government, any residents of which are insured by the corporation, may issue bonds as defined in s. 125.013 or s. 166.101 from time to time to fund an assistance program, in conjunction with the corporation, for the purpose of defraying deficits of the corporation. 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 corporation, 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 under this subparagraph may not be

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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 declaring it an essential public purpose to permit certain municipalities or counties to issue such bonds as will permit relief to claimants and policyholders of the corporation. Any such unit of local government may enter into such contracts with the corporation and with any other entity created pursuant to this subsection as are necessary to carry out this paragraph. Any bonds issued under this subparagraph shall be payable from and secured by moneys received by the corporation from emergency assessments under sub-subparagraph (b) 3.d., 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 office 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 office determines that the purchase would endanger or impair the solvency of the insurer.

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The corporation shall adopt one or more programs subject to approval by the office for the reduction of both new and renewal writings in the corporation. Any program the corporation adopts for the payment of bonuses to an insurer for each risk the insurer removes from the corporation shall comply with s. 627.3511(2) and may not exceed the amount referenced in s. 627.3511(2) for each risk removed. The corporation may consider any prudent and not unfairly discriminatory approach to reducing corporation writings, and may adopt a credit against assessment liability or other liability that provides an incentive for insurers to take risks out of the corporation and to keep risks out of the corporation by maintaining or increasing voluntary writings in counties or areas in which corporation risks are highly concentrated and a program to provide a formula under which an insurer voluntarily taking risks out of the corporation by maintaining or increasing voluntary writings will be relieved wholly or partially from assessments under sub-subparagraphs (b)3.a. and b. When the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on such policy, and the insurer shall either:

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

(II) 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 insurer's usual and customary commission for the type of policy written. If the producing agent is unwilling or unable to accept appointment by the new insurer, the new insurer shall pay the agent in accordance with sub-sub-subparagraph (I).

- b. Any credit or exemption from regular assessments adopted under this subparagraph shall last no longer than the 3 years following the cancellation or expiration of the policy by the corporation. With the approval of the office, the board may extend such credits for an additional year if the insurer guarantees an additional year of renewability for all policies removed from the corporation, or for 2 additional years if the insurer guarantees 2 additional years of renewability for all policies so removed.
- c. There shall be no credit, limitation, exemption, or deferment from emergency assessments to be collected from policyholders pursuant to sub-subparagraph (b)3.d.
- 4. The plan shall provide for the deferment, in whole or in part, of the assessment of an assessable insurer, other than an emergency assessment collected from policyholders pursuant to sub-subparagraph (b)3.d., if the office finds that payment of the assessment would endanger or impair the solvency of the insurer. In the event an assessment against an assessable insurer is deferred in whole or in part, the amount by which such assessment is deferred may be assessed against the other

assessable insurers in a manner consistent with the basis for assessments set forth in paragraph (b).

- (h) Nothing in this subsection shall be construed to preclude the issuance of residential property insurance coverage pursuant to part VIII of chapter 626.
- (i) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any assessable insurer or its agents or employees, the corporation or its agents or employees, members of the board of governors or their respective designees at a board meeting, corporation committee members, or the office 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:
- Any of the foregoing persons or entities for any willful tort;
- 2. The corporation or its producing agents for breach of any contract or agreement pertaining to insurance coverage;
- 3. The corporation with respect to issuance or payment of debt; or
- 4. Any assessable insurer with respect to any action to enforce an assessable insurer's obligations to the corporation under this subsection.
- (j) For the purposes of s. 199.183(1), the corporation shall be considered a political subdivision of the state and shall be exempt from the corporate income tax. The premiums, assessments, investment income, and other revenue of the corporation are funds received for providing property insurance

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2258 coverage as required by this subsection, paying claims for 2259 Florida citizens insured by the corporation, securing and 2260 repaying debt obligations issued by the corporation, and 2261 conducting all other activities of the corporation, and shall 2262 not be considered taxes, fees, licenses, or charges for services imposed by the Legislature on individuals, businesses, or 2263 2264 agencies outside state government. Bonds and other debt obligations issued by or on behalf of the corporation are not to 2265 2266 be considered "state bonds" within the meaning of s. 215.58(8). 2267 The corporation is not subject to the procurement provisions of 2268 chapter 287, and policies and decisions of the corporation relating to incurring debt, levying of assessments and the sale, 2269 2270 issuance, continuation, terms and claims under corporation 2271 policies, and all services relating thereto, are not subject to 2272 the provisions of chapter 120. The corporation is not required 2273 to obtain or to hold a certificate of authority issued by the 2274 office, nor is it required to participate as a member insurer of the Florida Insurance Guaranty Association. However, the 2275 2276 corporation is required to pay, in the same manner as an authorized insurer, assessments pledged by the Florida Insurance 2277 2278 Guaranty Association to secure bonds issued or other 2279 indebtedness incurred to pay covered claims arising from insurer 2280 insolvencies caused by, or proximately related to, hurricane losses. It is the intent of the Legislature that the tax 2281 2282 exemptions provided in this paragraph will augment the financial 2283 resources of the corporation to better enable the corporation to fulfill its public purposes. Any bonds issued by the 2284 corporation, their transfer, and the income therefrom, including 2285

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any profit made on the sale thereof, shall at all times be free from taxation of every kind by the state and any political subdivision or local unit or other instrumentality thereof; however, this exemption does not apply to any tax imposed by chapter 220 on interest, income, or profits on debt obligations owned by corporations other than the corporation.

- (k) Upon a determination by the office that the conditions giving rise to the establishment and activation of the corporation no longer exist, the corporation is dissolved. Upon dissolution, the assets of the corporation shall be applied first to pay all debts, liabilities, and obligations of the corporation, including the establishment of reasonable reserves for any contingent liabilities or obligations, and all remaining assets of the corporation shall become property of the state and shall be deposited in the Florida Hurricane Catastrophe Fund. However, no dissolution shall take effect as long as the corporation has bonds or other financial obligations outstanding unless adequate provision has been made for the payment of the bonds or other financial obligations pursuant to the documents authorizing the issuance of the bonds or other financial obligations.
- (1)1. Effective July 1, 2002, policies of the Residential Property and Casualty Joint Underwriting Association shall become policies of the corporation. All obligations, rights, assets and liabilities of the Residential Property and Casualty Joint Underwriting Association, including bonds, note and debt obligations, and the financing documents pertaining to them become those of the corporation as of July 1, 2002. The

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corporation is not required to issue endorsements or certificates of assumption to insureds during the remaining term of in-force transferred policies.

- 2. Effective July 1, 2002, policies of the Florida Windstorm Underwriting Association are transferred to the corporation and shall become policies of the corporation. All obligations, rights, assets, and liabilities of the Florida Windstorm Underwriting Association, including bonds, note and debt obligations, and the financing documents pertaining to them are transferred to and assumed by the corporation on July 1, 2002. The corporation is not required to issue endorsement or certificates of assumption to insureds during the remaining term of in-force transferred policies.
- 3. The Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association shall take all actions as may be proper to further evidence the transfers and shall provide the documents and instruments of further assurance as may reasonably be requested by the corporation for that purpose. The corporation shall execute assumptions and instruments as the trustees or other parties to the financing documents of the Florida Windstorm Underwriting Association or the Residential Property and Casualty Joint Underwriting Association may reasonably request to further evidence the transfers and assumptions, which transfers and assumptions, however, are effective on the date provided under this paragraph whether or not, and regardless of the date on which, the assumptions or instruments are executed by the corporation. Subject to the relevant financing documents

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pertaining to their outstanding bonds, notes, indebtedness, or other financing obligations, the moneys, investments, receivables, choses in action, and other intangibles of the Florida Windstorm Underwriting Association shall be credited to the high-risk account of the corporation, and those of the personal lines residential coverage account and the commercial lines residential coverage account of the Residential Property and Casualty Joint Underwriting Association shall be credited to the personal lines account and the commercial lines account, respectively, of the corporation.

4. Effective July 1, 2002, a new applicant for property insurance coverage who would otherwise have been eligible for coverage in the Florida Windstorm Underwriting Association is eligible for coverage from the corporation as provided in this subsection.

4.5. The transfer of all policies, obligations, rights, assets, and liabilities from the Florida Windstorm Underwriting Association to the corporation and the renaming of the Residential Property and Casualty Joint Underwriting Association as the corporation shall in no way affect the coverage with respect to covered policies as defined in s. 215.555(2)(c) provided to these entities by the Florida Hurricane Catastrophe Fund. The coverage provided by the Florida Hurricane Catastrophe Fund to the Florida Windstorm Underwriting Association based on its exposures as of June 30, 2002, and each June 30 thereafter shall be redesignated as coverage for the high-risk account of the corporation. Notwithstanding any other provision of law, the coverage provided by the Florida Hurricane Catastrophe Fund to

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the Residential Property and Casualty Joint Underwriting Association based on its exposures as of June 30, 2002, and each June 30 thereafter shall be transferred to the personal lines account and the commercial lines account of the corporation. Notwithstanding any other provision of law, the high-risk account shall be treated, for all Florida Hurricane Catastrophe Fund purposes, as if it were a separate participating insurer with its own exposures, reimbursement premium, and loss reimbursement. Likewise, the personal lines and commercial lines accounts shall be viewed together, for all Florida Hurricane Catastrophe Fund purposes, as if the two accounts were one and represent a single, separate participating insurer with its own exposures, reimbursement premium, and loss reimbursement. The coverage provided by the Florida Hurricane Catastrophe Fund to the corporation shall constitute and operate as a full transfer of coverage from the Florida Windstorm Underwriting Association and Residential Property and Casualty Joint Underwriting to the corporation.

- (m) Notwithstanding any other provision of law:
- 1. The pledge or sale of, the lien upon, and the security interest in any rights, revenues, or other assets of the corporation created or purported to be created pursuant to any financing documents to secure any bonds or other indebtedness of the corporation 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 corporation under the laws of this state.

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- 2. No such proceeding shall relieve the corporation of its obligation, or otherwise affect its ability to perform its obligation, to continue to collect, or levy and collect, assessments, market equalization or other surcharges under subparagraph (c)10., or any other rights, revenues, or other assets of the corporation pledged pursuant to any financing documents.
- Each such pledge or sale of, lien upon, and security interest in, including the priority of such pledge, lien, or security interest, any such assessments, market equalization or other surcharges, or other rights, revenues, or other assets which are collected, or levied and collected, after the commencement of and during the pendency of, or after, any such proceeding shall continue unaffected by such proceeding. As used in this subsection, the term "financing documents" means any agreement or agreements, instrument or instruments, or other document or documents now existing or hereafter created evidencing any bonds or other indebtedness of the corporation 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 corporation 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 or financial product, as defined in the plan of operation of the corporation related to such bonds or indebtedness.

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Any such pledge or sale of assessments, revenues, contract rights, or other rights or assets of the corporation shall constitute a lien and security interest, or sale, as the case may be, that is immediately effective and attaches to such assessments, revenues, or contract rights or other rights or assets, whether or not imposed or collected at the time the pledge or sale is made. Any such pledge or sale is effective, valid, binding, and enforceable against the corporation or other entity making such pledge or sale, and valid and binding against and superior to any competing claims or obligations owed to any other person or entity, including policyholders in this state, asserting rights in any such assessments, revenues, or contract rights or other rights or assets to the extent set forth in and in accordance with the terms of the pledge or sale contained in the applicable financing documents, whether or not any such person or entity has notice of such pledge or sale and without the need for any physical delivery, recordation, filing, or other action.

- (n)1. The following records of the corporation are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution:
- a. Underwriting files, except that a policyholder or an applicant shall have access to his or her own underwriting files.
- b. Claims files, until termination of all litigation and settlement of all claims arising out of the same incident, although portions of the claims files may remain exempt, as otherwise provided by law. Confidential and exempt claims file

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records may be released to other governmental agencies upon written request and demonstration of need; such records held by the receiving agency remain confidential and exempt as provided for herein.

- c. Records obtained or generated by an internal auditor pursuant to a routine audit, until the audit is completed, or if the audit is conducted as part of an investigation, until the investigation is closed or ceases to be active. An investigation is considered "active" while the investigation is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings.
- d. Matters reasonably encompassed in privileged attorneyclient communications.
- e. Proprietary information licensed to the corporation under contract and the contract provides for the confidentiality of such proprietary information.
- f. All information relating to the medical condition or medical status of a corporation employee which is not relevant to the employee's capacity to perform his or her duties, except as otherwise provided in this paragraph. Information which is exempt shall include, but is not limited to, information relating to workers' compensation, insurance benefits, and retirement or disability benefits.
- g. Upon an employee's entrance into the employee assistance program, a program to assist any employee who has a behavioral or medical disorder, substance abuse problem, or emotional difficulty which affects the employee's job

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performance, all records relative to that participation shall be confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, except as otherwise provided in s. 112.0455(11).

- h. Information relating to negotiations for financing, reinsurance, depopulation, or contractual services, until the conclusion of the negotiations.
- i. Minutes of closed meetings regarding underwriting files, and minutes of closed meetings regarding an open claims file until termination of all litigation and settlement of all claims with regard to that claim, except that information otherwise confidential or exempt by law will be redacted.

When an authorized insurer is considering underwriting a risk insured by the corporation, relevant underwriting files and confidential claims files may be released to the insurer provided the insurer agrees in writing, notarized and under oath, to maintain the confidentiality of such files. When a file is transferred to an insurer that file is no longer a public record because it is not held by an agency subject to the provisions of the public records law. Underwriting files and confidential claims files may also be released to staff of and the board of governors of the market assistance plan established pursuant to s. 627.3515, who must retain the confidentiality of such files, except such files may be released to authorized insurers that are considering assuming the risks to which the files apply, provided the insurer agrees in writing, notarized and under oath, to maintain the confidentiality of such files.

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Finally, the corporation or the board or staff of the market assistance plan may make the following information obtained from underwriting files and confidential claims files available to licensed general lines insurance agents: name, address, and telephone number of the residential property owner or insured; location of the risk; rating information; loss history; and policy type. The receiving licensed general lines insurance agent must retain the confidentiality of the information received.

- Portions of meetings of the corporation are exempt from 2. . the provisions of s. 286.011 and s. 24(b), Art. I of the State Constitution wherein confidential underwriting files or confidential open claims files are discussed. All portions of corporation meetings which are closed to the public shall be recorded by a court reporter. The court reporter shall record the times of commencement and termination of the meeting, all discussion and proceedings, the names of all persons present at any time, and the names of all persons speaking. No portion of any closed meeting shall be off the record. Subject to the provisions hereof and s. 119.07(1)(b)-(d), the court reporter's notes of any closed meeting shall be retained by the corporation for a minimum of 5 years. A copy of the transcript, less any exempt matters, of any closed meeting wherein claims are discussed shall become public as to individual claims after settlement of the claim.
- (o) It is the intent of the Legislature that the amendments to this subsection enacted in 2002 should, over time, reduce the probable maximum windstorm losses in the residual

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markets and should reduce the potential assessments to be levied on property insurers and policyholders statewide. In furtherance of this intent:

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- The board shall, on or before February 1 of each year, provide a report to the President of the Senate and the Speaker of the House of Representatives showing the reduction or increase in the 100-year probable maximum loss attributable to wind-only coverages and the quota share program under this subsection combined, as compared to the benchmark 100-year probable maximum loss of the Florida Windstorm Underwriting Association. For purposes of this paragraph, the benchmark 100year probable maximum loss of the Florida Windstorm Underwriting Association shall be the calculation dated February 2001 and based on November 30, 2000, exposures. In order to ensure comparability of data, the board shall use the same methods for calculating its probable maximum loss as were used to calculate the benchmark probable maximum loss. The reduction or increase in probable maximum loss shall be calculated without taking into account the probable maximum loss attributable to the nonhomestead account.
- 2. Beginning February 1, 2013 2007, if the report under subparagraph 1. for any year indicates that the 100-year probable maximum loss attributable to wind-only coverages and the quota share program combined does not reflect a reduction of at least 25 percent from the benchmark, the board shall reduce the boundaries of the high-risk area eligible for wind-only coverages under this subsection in a manner calculated to reduce

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such probable maximum loss to an amount at least 25 percent below the benchmark.

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- 3. Beginning February 1, 2018 2012, if the report under subparagraph 1. for any year indicates that the 100-year probable maximum loss attributable to wind-only coverages and the quota share program combined does not reflect a reduction of at least 50 percent from the benchmark, the boundaries of the high-risk area eligible for wind-only coverages under this subsection shall be reduced by the elimination of any area that is not seaward of a line 1,000 feet inland from the Intracoastal Waterway.
- In enacting the provisions of this section, the (g) Legislature recognizes that both the Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association have entered into financing arrangements that obligate each entity to service its debts and maintain the capacity to repay funds secured under these financing arrangements. It is the intent of the Legislature that nothing in this section be construed to compromise, diminish, or interfere with the rights of creditors under such financing arrangements. It is further the intent of the Legislature to preserve the obligations of the Florida Windstorm Underwriting Association and Residential Property and Casualty Joint Underwriting Association with regard to outstanding financing arrangements, with such obligations passing entirely and unchanged to the corporation and, specifically, to the applicable account of the corporation. So long as any bonds, notes, indebtedness, or other financing

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obligations of the Florida Windstorm Underwriting Association or the Residential Property and Casualty Joint Underwriting Association are outstanding, under the terms of the financing documents pertaining to them, the governing board of the corporation shall have and shall exercise the authority to levy, charge, collect, and receive all premiums, assessments, surcharges, charges, revenues, and receipts that the associations had authority to levy, charge, collect, or receive under the provisions of subsection (2) and this subsection, respectively, as they existed on January 1, 2002, to provide moneys, without exercise of the authority provided by this subsection, in at least the amounts, and by the times, as would be provided under those former provisions of subsection (2) or this subsection, respectively, so that the value, amount, and collectability of any assets, revenues, or revenue source pledged or committed to, or any lien thereon securing such outstanding bonds, notes, indebtedness, or other financing obligations will not be diminished, impaired, or adversely affected by the amendments made by this act and to permit compliance with all provisions of financing documents pertaining to such bonds, notes, indebtedness, or other financing obligations, or the security or credit enhancement for them, and any reference in this subsection to bonds, notes, indebtedness, financing obligations, or similar obligations, of the corporation shall include like instruments or contracts of the Florida Windstorm Underwriting Association and the Residential Property and Casualty Joint Underwriting Association to the

extent not inconsistent with the provisions of the financing documents pertaining to them.

- (q) The corporation shall not require the securing of flood insurance as a condition of coverage if the insured or applicant executes a form approved by the office affirming that flood insurance is not provided by the corporation and that if flood insurance is not secured by the applicant or insured in addition to coverage by the corporation, the risk will not be covered for flood damage. A corporation policyholder electing not to secure flood insurance and executing a form as provided herein making a claim for water damage against the corporation shall have the burden of proving the damage was not caused by flooding. Notwithstanding other provisions of this subsection, the corporation may deny coverage to an applicant or insured who refuses to execute the form described herein.
- (r) A salaried employee of the corporation who performs policy administration services subsequent to the effectuation of a corporation policy is not required to be licensed as an agent under the provisions of s. 626.112.
- shall begin on October 1, 2006. A policy issued on or after that date shall be issued in the applicable homestead account or the nonhomestead account, based upon whether the property constitutes homestead property as provided in subparagraph (b)2. A policy in effect on October 1, 2006, shall be placed in the applicable homestead account or the nonhomestead account, based upon whether the property constitutes homestead account, based upon whether the property constitutes homestead property as provided in subparagraph (b)2., upon the first renewal of such

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2647 policy after October 1, 2006.

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(t) Any employee of the corporation whose position is managerial, policymaking, or professional in nature and all members of the corporation's board of governors shall comply with the Code of Ethics for public officers and employers found in ss. 112.311-112.326.

- (u) An employee of the corporation shall notify the Division of Insurance Fraud within 48 hours after having information that would lead a reasonable person to suspect that fraud may have been committed by any employee of the corporation.
- By February 1, 2007, the corporation shall submit a report to the President of the Senate, the Speaker of the House of Representatives, the minority party leaders of the Senate and the House of Representatives, and the chairs of the standing committees of the Senate and the House of Representatives having jurisdiction over matters relating to property and casualty insurance. In preparing the report, the corporation shall consult with the Office of Insurance Regulation, the Department of Financial Services, and any other party the corporation determines is appropriate. The report shall include findings and recommendations on the feasibility of requiring authorized insurers that issue and service personal and commercial residential policies and commercial nonresidential policies that provide coverage for basic property perils except for the peril of wind to issue and service for a fee personal and commercial residential policies and commercial nonresidential policies providing coverage for the peril of wind issued by the

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2675 corporation. The report shall include:

- 1. The expense savings to the corporation of issuing and servicing such policies as determined through a cost benefit analysis.
- 2. The expenses and liability to authorized insurers associated with issuing and servicing such policies.
- 3. The impact on service to policyholders of the corporation relating to issuing and servicing such policies.
- 4. The impact on the producing agent of the corporation of issuing and servicing such policies.
- 5. Recommendations as to the amount of the fee that should be paid to authorized insurers for issuing and servicing such policies.
- 6. The impact issuing and servicing such policies will have on the corporation's number of policies, total insured value, and probable maximum loss.
- (w) There shall be no liability on the part of, and no cause of action of any nature shall arise against, producing agents of record or their employees for any action taken by them in the performance of their duties or responsibilities relating to the removal of policies from the corporation. Such immunity only applies to actions that may arise due to differences in coverage or procedures between any take-out insurer and the corporation or for insolvency of any take-out insurer.
- (x) The Legislature finds that the total area eligible for the high-risk account of the corporation has a material impact on the availability of wind coverage from the voluntary admitted market, deficits of the corporation, assessments to be levied on

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property insurers and policyholders statewide, the ability and willingness of authorized insurers to write wind coverage in the high-risk areas, the probable maximum windstorm losses of the corporation, general commerce in coastal areas, and the overall financial condition of the state. Therefore, in furtherance of these findings and intent:

- 1. The High Risk Eligibility Panel is created.
- 2. The members of the panel shall be appointed as follows:
- a. The board shall appoint two board members.

- b. The Governor shall appoint one member.
- c. The Chief Financial Officer shall appoint one member.
- d. The Commissioner of Insurance Regulation shall appoint a representative of the office to serve as a member.
 - e. The President of the Senate shall appoint one member.
- f. The Speaker of the House of Representatives shall appoint one member.

Members of the panel must be residents of this state with insurance expertise. Members shall elect a chair and shall serve 3-year terms each. The panel shall operate independently of any state agency and shall be administered by the corporation. The panel shall make an annual report to the President of the Senate and the Speaker of the House of Representatives on or before February 1 of each year recommending the areas that should be eligible for the high-risk account of the corporation. Members shall not receive compensation and are not entitled to receive reimbursement for per diem and travel expenses as provided in s. 112.061, except for any panel member who is a state employee.

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3. The Legislature's intent provided in subparagraphs

(a) 1. and 2. shall provide guidance for the panel to use in the panel's recommendations to the Legislature required in subparagraph 1. The panel shall consider the following factors in fulfilling its responsibilities under this paragraph:

- a. The number of commercial risks in a given area that are unable to find wind coverage from the voluntary admitted market.
- b. Reports from members of the mortgage industry indicating difficulty in finding forced placed policies for commercial wind coverage.
- c. The number of approved excess and surplus lines carriers certifying an unwillingness to provide commercial wind coverage similar to that approved for use by the office for the voluntary admitted market.
 - d. Other relevant factors.

The office and the corporation shall provide the panel with any information the panel considers necessary to determine areas eligible for the high-risk account of the corporation. For the purpose of making accurate determinations for areas eligible for the high-risk account of the corporation, the panel may interview and request and receive information from residents of this state in areas impacted by this paragraph, including, but not limited to, insurance agents, insurance companies, actuaries, and other insurance professionals. Upon request of the panel, the office may conduct public hearings in areas that may be impacted by the panel's recommendations.

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4. Notwithstanding other provisions of this paragraph, the

panel shall conduct an analysis to determine the areas to be eligible for the high-risk account of the corporation for any county that contains an eligible area extending more than 2 miles from the coast, any coastal county that does not have areas designated as eligible for the high-risk account, and counties with barrier islands whether or not such islands or portions of such islands are currently eligible for the high risk account. The panel shall submit a report, including its analysis, to the office and to the corporation by November 30, 2006. The report shall specify changes to the areas eligible for the high-risk account for such affected counties based on its analysis.

Section 10. Paragraph (b) of subsection (3) of section 627.4035, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

627.4035 Cash payment of premiums; claims.--

- (3) All payments of claims made in this state under any contract of insurance shall be paid:
- (b) If authorized in writing by the recipient or the recipient's representative, by debit card or any other form of electronic transfer. Any fees or costs to be charged against the recipient must be disclosed in writing to the recipient or the recipient's representative at the time of written authorization. However, the written authorization requirement may be waived by the recipient or the recipient's representative if the insurer verifies the identity of the insured or the insured's recipient and does not charge a fee for the transaction. If the funds are

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misdirected, the insurer would remain liable for the payment of the claim.

- (4) Nothing in this section shall be construed as prohibiting an insurer from limiting its liability under a policy or endorsement providing that loss will be adjusted on the basis of replacement costs to the lesser of:
- (a) The limit of liability shown on the policy declarations page;

- (b) The reasonable and necessary cost to repair the damaged, destroyed, or stolen covered property; or
- (c) The reasonable and necessary cost to replace the damaged, destroyed, or stolen covered property.

Section 11. Subsections (2) and (3) of section 627.7011, Florida Statutes, are amended, and subsection (6) is added to that section, to read:

- 627.7011 Homeowners' policies; offer of replacement cost coverage and law and ordinance coverage.--
- (2) Unless the insurer obtains the policyholder's written refusal of the policies or endorsements specified in subsection (1), any policy covering the dwelling is deemed to include the law and ordinance coverage limited to 25 percent of the dwelling limit specified in paragraph (1)(b). The rejection or selection of alternative coverage shall be made on a form approved by the office. The form shall fully advise the applicant of the nature of the coverage being rejected. If this form is signed by a named insured, it will be conclusively presumed that there was an informed, knowing rejection of the coverage or election of the alternative coverage on behalf of all insureds. Unless the

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policyholder requests in writing the coverage specified in this section, it need not be provided in or supplemental to any other policy that renews, insures, extends, changes, supersedes, or replaces an existing policy when the policyholder has rejected the coverage specified in this section or has selected alternative coverage. The insurer must provide such policyholder with notice of the availability of such coverage in a form approved by the office at least once every 3 years. The failure to provide such notice constitutes a violation of this code, but does not affect the coverage provided under the policy.

- (3) In the event of a loss for which a dwelling or personal property is insured on the basis of replacement costs, the insurer shall pay the replacement cost without reservation or holdback of any depreciation in value, whether or not the insured replaces or repairs the dwelling or property.
- (6) Insurers shall issue separate checks for living expenses, contents, and casualty proceeds. Checks for living expenses and contents should be issued directly to the policyholder.

Section 12. Effective upon this act becoming a law, section 627.7019, Florida Statutes, is created to read:

- 627.7019 Standardization of requirements applicable to insurers after natural disasters.--
- (1) The commission shall adopt by rule, pursuant to s.

 120.54(1)-(3), standardized requirements that may be applied to insurers as a consequence of a hurricane or other natural disaster. The rules shall address the following areas:
 - (a) Claims reporting requirements.

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(b) Grace periods for payment of premiums and performance of other duties by insureds.

(c) Temporary postponement of cancellations and nonrenewals.

- (2) The rules adopted pursuant to this section shall require the office to issue an order within 72 hours after the occurrence of a hurricane or other natural disaster specifying, by line of insurance, which of the standardized requirements apply, the geographic areas in which they apply, the time at which applicability commences, and the time at which applicability terminates.
- (3) The commission and the office may not adopt an emergency rule under s. 120.54(4) in conflict with any provision of the rules adopted under this section.
- (4) The commission shall initiate rulemaking under this section no later than June 1, 2006.
- Section 13. Subsection (5) of section 627.727, Florida Statutes, is amended to read:
- 627.727 Motor vehicle insurance; uninsured and underinsured vehicle coverage; insolvent insurer protection.--
- (5) Any person having a claim against an insolvent insurer as defined in s. 631.54(6)(5) under the provisions of this section shall present such claim for payment to the Florida Insurance Guaranty Association only. In the event of a payment to any person in settlement of a claim arising under the provisions of this section, the association is not subrogated or entitled to any recovery against the claimant's insurer. The association, however, has the rights of recovery as set forth in

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chapter 631 in the proceeds recoverable from the assets of the insolvent insurer.

Section 14. Paragraph (f) is added to subsection (2) of section 631.181, Florida Statutes, to read:

631.181 Filing and proof of claim. --

2875 (2)

(f) The signed statement required by this section shall not be required on claims for which adequate claims file documentation exists within the records of the insolvent insurer. Claims for payment of unearned premium shall not be required to use the signed statement required by this section if the receiver certifies to the guaranty fund that the records of the insolvent insurer are sufficient to determine the amount of unearned premium owed to each policyholder of the insurer and such information is remitted to the guaranty fund by the receiver in electronic or other mutually agreed-upon format.

Section 15. Subsections (5), (6), (7), and (8) of section 631.54, Florida Statutes, are renumbered as subsections (6), (7), (8), and (9), respectively, and a new subsection (5) is added to that section, to read:

631.54 Definitions.--As used in this part:

residential property insurance coverage that consists of the type of coverage provided under homeowner's, dwelling, and similar policies for repair or replacement of the insured structure and contents, which policies are written directly to the individual homeowner. Residential coverage for personal lines as set forth in this section includes policies that

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provide coverage for particular perils such as windstorm and hurricane coverage but excludes all coverage for mobile homes, renter's insurance, or tenant's coverage. The term "homeowner's insurance" excludes commercial residential policies covering condominium associations or homeowners' associations, which associations have a responsibility to provide insurance coverage on residential units within the association, and also excludes coverage for the common elements of a homeowners' association.

Section 16. Subsection (1) of section 631.55, Florida Statutes, is amended to read:

631.55 Creation of the association. --

(1) There is created a nonprofit corporation to be known as the "Florida Insurance Guaranty Association, Incorporated." All insurers defined as member insurers in s. 631.54(7)(6) shall be members of the association as a condition of their authority to transact insurance in this state, and, further, as a condition of such authority, an insurer shall agree to reimburse the association for all claim payments the association makes on said insurer's behalf if such insurer is subsequently rehabilitated. The association shall perform its functions under a plan of operation established and approved under s. 631.58 and shall exercise its powers through a board of directors established under s. 631.56. The corporation shall have all those powers granted or permitted nonprofit corporations, as provided in chapter 617.

Section 17. Paragraph (a) of subsection (1), paragraph (d) of subsection (2), and paragraph (a) of subsection (3) of section 631.57, Florida Statutes, are amended, and paragraph (e)

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2926 is added to subsection (3) of that section, to read:

- 631.57 Powers and duties of the association.--
- (1) The association shall:

- (a)1. Be obligated to the extent of the covered claims existing:
- a. Prior to adjudication of insolvency and arising within30 days after the determination of insolvency;
- b. Before the policy expiration date if less than 30 days after the determination; or
- c. Before the insured replaces the policy or causes its cancellation, if she or he does so within 30 days of the determination.
- 2. The obligation under subparagraph 1. shall include only the amount of each covered claim that is in excess of \$100 and is less than \$300,000, except policies providing coverage for homeowner's insurance shall provide for an additional \$200,000 for the portion of a covered claim that relates only to the damage to the structure and contents.
- 3.a.2. Notwithstanding subparagraph 2., the obligation under subparagraph 1. for shall include only that amount of each covered claim which is in excess of \$100 and is less than \$300,000, except with respect to policies covering condominium associations or homeowners' associations, which associations have a responsibility to provide insurance coverage on residential units within the association, the obligation shall include that amount of each covered property insurance claim which is less than \$100,000 multiplied by the number of condominium units or other residential units; however, as to

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homeowners' associations, this <u>sub-subparagraph</u> subparagraph applies only to claims for damage or loss to residential units and structures attached to residential units.

- b. Notwithstanding sub-subparagraph a., the association has no obligation to pay covered claims that are to be paid from the proceeds of bonds issued under s. 631.695. However, the association shall assign and pledge the first available moneys from all or part of the assessments to be made under paragraph (3)(a) to or on behalf of the issuer of such bonds for the benefit of the holders of such bonds. The association shall administer any such covered claims and present valid covered claims for payment in accordance with the provisions of the assistance program in connection with which such bonds have been issued.
- 3. In no event shall the association be obligated to a policyholder or claimant in an amount in excess of the obligation of the insolvent insurer under the policy from which the claim arises.
 - (2) The association may:

(d) Negotiate and become a party to such contracts as are necessary to carry out the purpose of this part. Additionally, the association may enter into such contracts with a municipality, a county, or a legal entity created pursuant to s. 163.01(7)(g) as are necessary in order for the municipality, county, or legal entity to issue bonds under s. 631.695. In connection with the issuance of any such bonds and the entering into of any such necessary contracts, the association may agree

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to such terms and conditions as the association deems necessary and proper.

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(3)(a) To the extent necessary to secure the funds for the respective accounts for the payment of covered claims, and also to pay the reasonable costs to administer the same, and to the extent necessary to secure the funds for the account specified in s. 631.55(2)(c) or to retire indebtedness, including, without limitation, the principal, redemption premium, if any, and interest on, and related costs of issuance of, bonds issued under s. 631.695 and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, the office, upon certification of the board of directors, shall levy assessments in the proportion that each insurer's net direct written premiums in this state in the classes protected by the account bears to the total of said net direct written premiums received in this state by all such insurers for the preceding calendar year for the kinds of insurance included within such account. Assessments shall be remitted to and administered by the board of directors in the manner specified by the approved plan. Each insurer so assessed shall have at least 30 days' written notice as to the date the assessment is due and payable. Every assessment shall be made as a uniform percentage applicable to the net direct written premiums of each insurer in the kinds of insurance included within the account in which the assessment is made. The assessments levied against any insurer shall not exceed in any one year more than 2 percent of that insurer's net direct written premiums in this state for the kinds of insurance

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included within such account during the calendar year next preceding the date of such assessments.

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- (e)1.a. In addition to assessments otherwise authorized in paragraph (a) and to the extent necessary to secure the funds for the account specified in s. 631.55(2)(c) or to retire indebtedness, including, without limitation, the principal, redemption premium, if any, and interest on, and related costs of issuance of, bonds issued under s. 631.695 and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, the office, upon certification of the board of directors, shall levy emergency assessments upon insurers holding a certificate of authority. The emergency assessments payable under this paragraph by any insurer shall not exceed in any single year more than 2 percent of that insurer's direct written premiums, net of refunds, in this state during the preceding calendar year for the kinds of insurance within the account specified in s. 631.55(2)(c).
- b. Any emergency assessments authorized under this paragraph shall be levied by the office upon insurers referred to in sub-subparagraph a., upon certification as to the need for such assessments by the board of directors, in each year that bonds issued under s. 631.695 and secured by such emergency assessments are outstanding, in such amounts up to such 2-percent limit as required in order to provide for the full and timely payment of the principal of, redemption premium, if any, and interest on, and related costs of issuance of, such bonds. The emergency assessments provided for in this paragraph are

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assigned and pledged to the municipality, county, or legal entity issuing bonds under s. 631.695 for the benefit of the holders of such bonds, in order to enable such municipality, county, or legal entity to provide for the payment of the principal of, redemption premium, if any, and interest on such bonds, the cost of issuance of such bonds, and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, without the necessity of any further action by the association, the office, or any other party. To the extent bonds are issued under s. 631.695 and the association determines to secure such bonds by a pledge of revenues received from the emergency assessments, such bonds, upon such pledge of revenues, shall be secured by and payable from the proceeds of such emergency assessments, and the proceeds of emergency assessments levied under this paragraph shall be remitted directly to and administered by the trustee or custodian appointed for such bonds.

- c. Emergency assessments under this paragraph may be payable in a single payment or, at the option of the association, may be payable in 12 monthly installments with the first installment being due and payable at the end of the month after an emergency assessment is levied and subsequent installments being due not later than the end of each succeeding month.
- d. If emergency assessments are imposed, the report required by s. 631.695(7) shall include an analysis of the revenues generated from the emergency assessments imposed under

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this paragraph.

e. If emergency assessments are imposed, the references in sub-subparagraph (1)(a)3.b. and s. 631.695(2) and (7) to assessments levied under paragraph (a) shall include emergency assessments imposed under this paragraph.

- 2. In order to ensure that insurers paying emergency assessments levied under this paragraph continue to charge rates that are neither inadequate nor excessive, within 90 days after being notified of such assessments, each insurer that is to be assessed pursuant to this paragraph shall submit a rate filing for coverage included within the account specified in s. 631.55(2)(c) and for which rates are required to be filed under s. 627.062. If the filing reflects a rate change that, as a percentage, is equal to the difference between the rate of such assessment and the rate of the previous year's assessment under this paragraph, the filing shall consist of a certification so stating and shall be deemed approved when made. Any rate change of a different percentage shall be subject to the standards and procedures of s. 627.062.
- 3. An annual assessment under this paragraph shall continue while the bonds issued with respect to which the assessment was imposed are outstanding, including any bonds the proceeds of which were used to refund bonds issued pursuant to s. 631.695, unless adequate provision has been made for the payment of the bonds in the documents authorizing the issuance of such bonds.
- 4. Emergency assessments under this paragraph are not premium and are not subject to the premium tax, to any fees, or

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to any commissions. An insurer is liable for all emergency assessments that the insurer collects and shall treat the failure of an insured to pay an emergency assessment as a failure to pay the premium. An insurer is not liable for uncollectible emergency assessments.

Section 18. Section 631.695, Florida Statutes, is created to read:

- 631.695 Revenue bond issuance through counties or municipalities.--
 - (1) The Legislature finds:

- (a) The potential for widespread and massive damage to persons and property caused by hurricanes making landfall in this state can generate insurance claims of such a number as to render numerous insurers operating within this state insolvent and therefore unable to satisfy covered claims.
- (b) The inability of insureds within this state to receive payment of covered claims or to timely receive such payment creates financial and other hardships for such insureds and places undue burdens on the state, the affected units of local government, and the community at large.
- (c) In addition, the failure of insurers to pay covered claims or to timely pay such claims due to the insolvency of such insurers can undermine the public's confidence in insurers operating within this state, thereby adversely affecting the stability of the insurance industry in this state.
- (d) The state has previously taken action to address these problems by adopting the Florida Insurance Guaranty Association Act, which, among other things, provides a mechanism for the

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payment of covered claims under certain insurance policies to avoid excessive delay in payment and to avoid financial loss to claimants or policyholders because of the insolvency of an insurer.

- (e) In the wake of the unprecedented destruction caused by various hurricanes that have made landfall in this state, the resultant covered claims, and the number of insurers rendered insolvent thereby, make it evident that alternative programs must be developed to allow the Florida Insurance Guaranty Association to more expeditiously and effectively provide for the payment of covered claims.
- (f) It is therefore determined to be in the best interests of, and necessary for, the protection of the public health, safety, and general welfare of the residents of this state and for the protection and preservation of the economic stability of insurers operating in this state and it is declared to be an essential public purpose to permit certain municipalities and counties to take such actions as will provide relief to claimants and policyholders having covered claims against insolvent insurers operating in this state by expediting the handling and payment of covered claims.
- (g) To achieve the foregoing purposes, it is proper to authorize municipalities and counties of this state substantially affected by the landfall of a hurricane to issue bonds to assist the Florida Insurance Guaranty Association in expediting the handling and payment of covered claims of insolvent insurers.
 - (h) In order to avoid the needless and indiscriminate

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proliferation, duplication, and fragmentation of such assistance programs, it is in the best interests of the residents of this state to authorize municipalities and counties severely affected by a hurricane to provide for the payment of covered claims beyond their territorial limits in the implementation of such programs.

- (i) It is a paramount public purpose for municipalities and counties substantially affected by the landfall of a hurricane to be able to issue bonds for the purposes described in this section. Such issuance shall provide assistance to residents of those municipalities and counties as well as to other residents of this state.
- The governing body of any municipality or county, the (2) residents of which have been substantially affected by a hurricane, may issue bonds to fund an assistance program in conjunction with, and with the consent of, the Florida Insurance Guaranty Association for the purpose of paying claimants' or policyholders' covered claims, as defined in s. 631.54, arising through the insolvency of an insurer, which insolvency is determined by the Florida Insurance Guaranty Association to have been a result of a hurricane, regardless of whether the claimants or policyholders are residents of such municipality or county or the property to which the claim relates is located within or outside the territorial jurisdiction of the municipality or county. The power of a municipality or county to issue bonds, as described in this section, is in addition to any powers granted by law and may not be abrogated or restricted by any provisions in such municipality's or county's charter. A

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municipality or county issuing bonds for this purpose shall enter into such contracts with the Florida Insurance Guaranty Association or any entity acting on behalf of the Florida Insurance Guaranty Association as are necessary to implement the assistance program. Any bonds issued by a municipality or county or a combination thereof under this subsection shall be payable from and secured by moneys received by or on behalf of the municipality or county from assessments levied under s.

631.57(3)(a) and assigned and pledged to or on behalf of the municipality or county for the benefit of the holders of the bonds in connection with the assistance program. The funds, credit, property, and taxing power of the state or any municipality or county shall not be pledged for the payment of such bonds.

(3) Bonds may be validated by the municipality or county pursuant to chapter 75. The proceeds of the bonds may be used to pay covered claims of insolvent insurers; to refinance or replace previously existing borrowings or financial arrangements; to pay interest on bonds; to fund reserves for the bonds; to pay expenses incident to the issuance or sale of any bond issued under this section, including costs of validating, printing, and delivering the bonds, costs of printing the official statement, costs of publishing notices of sale of the bonds, costs of obtaining credit enhancement or liquidity support, and related administrative expenses; or for such other purposes related to the financial obligations of the fund as the association may determine. The term of the bonds may not exceed 30 years.

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4) The state covenants with holders of bonds of the assistance program that the state will not take any action that will have a material adverse effect on the holders and will not repeal or abrogate the power of the board of directors of the association to direct the Office of Insurance Regulation to levy the assessments and to collect the proceeds of the revenues pledged to the payment of the bonds as long as any of the bonds remain outstanding, unless adequate provision has been made for the payment of the bonds in the documents authorizing the issuance of the bonds.

The accomplishment of the authorized purposes of such (5) municipality or county under this section is in all respects for the benefit of the people of the state, for the increase of their commerce and prosperity, and for the improvement of their health and living conditions. The municipality or county, in performing essential governmental functions in accomplishing its purposes, is not required to pay any taxes or assessments of any kind whatsoever upon any property acquired or used by the county or municipality for such purposes or upon any revenues at any time received by the county or municipality. The bonds, notes, and other obligations of the municipality or county and the transfer of and income from such bonds, notes, and other obligations, including any profits made on the sale of such bonds, notes, and other obligations, are exempt from taxation of any kind by the state or by any political subdivision or other agency or instrumentality of the state. The exemption granted in this subsection is not applicable to any tax imposed by chapter 220 on interest, income, or profits on debt obligations owned by

corporations.

(6) Two or more municipalities or counties, the residents of which have been substantially affected by a hurricane, may create a legal entity pursuant to s. 163.01(7)(g) to exercise the powers described in this section as well as those powers granted in s. 163.01(7)(g). References in this section to a municipality or county includes such legal entity.

(7) The association shall issue an annual report on the status of the use of bond proceeds as related to insolvencies caused by hurricanes. The report must contain the number and amount of claims paid. The association shall also include an analysis of the revenue generated from the assessment levied under s. 631.57(3)(a) to pay such bonds. The association shall submit a copy of the report to the President of the Senate, the Speaker of the House of Representatives, and the Chief Financial Officer within 90 days after the end of each calendar year in which bonds were outstanding.

Section 19. No provision of s. 631.57 or s. 631.695,
Florida Statutes, shall be repealed until such time as the
principal, redemption premium, if any, and interest on all bonds
issued under s. 631.695, Florida Statutes, payable and secured
from assessments levied under s. 631.57(3)(a), Florida Statutes,
have been paid in full or adequate provision for such payment
has been made in accordance with the bond resolution or trust
indenture pursuant to which the bonds were issued.

Section 20. Paragraph (a) of subsection (1) of section 817.234, Florida Statutes, is amended to read:

817.234 False and fraudulent insurance claims.--

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(1)(a) A person commits insurance fraud punishable as provided in subsection (11) if that person, with the intent to injure, defraud, or deceive any insurer:

- 1. Presents or causes to be presented any written or oral statement as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy or a health maintenance organization subscriber or provider contract, knowing that such statement contains any false, incomplete, or misleading information concerning any fact or thing material to such claim;
- 2. Prepares or makes any written or oral statement that is intended to be presented to any insurer in connection with, or in support of, any claim for payment or other benefit pursuant to an insurance policy or a health maintenance organization subscriber or provider contract, knowing that such statement contains any false, incomplete, or misleading information concerning any fact or thing material to such claim; or
- 3.a. Knowingly presents, causes to be presented, or prepares or makes with knowledge or belief that it will be presented to any insurer, purported insurer, servicing corporation, insurance broker, or insurance agent, or any employee or agent thereof, any false, incomplete, or misleading information or written or oral statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a health maintenance organization subscriber or provider contract, including any false declaration of homestead status for the purpose of obtaining coverage in a homestead account under s. 627.351(6); or

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b. Who knowingly conceals information concerning any fact material to such application.

Section 21. <u>Task Force on Hurricane Mitigation and Hurricane Insurance for Mobile and Manufactured Homes.--</u>

- (1) TASK FORCE CREATED.--There is created the Task Force on Hurricane Mitigation and Hurricane Insurance for Mobile and Manufactured Homes.
- administratively housed within the Office of Insurance
 Regulation but shall operate independently of any state officer or agency. The office shall provide such administrative support as the task force deems necessary to accomplish its mission and shall provide necessary funding for the task force within the office's existing resources. The Executive Office of the Governor, the Department of Financial Services, the Office of Insurance Regulation, the Department of Highway Safety and Motor Vehicles, and the Department of Community Affairs shall provide substantive staff support for the task force.
- (3) MEMBERSHIP.--The members of the task force shall be appointed as follows:
- (a) The Governor shall appoint two members who have expertise in financial matters, one of whom is a representative of the mobile or manufactured home industry and one of whom is a representative of insurance consumers.
- (b) The Chief Financial Officer shall appoint two members who have expertise in financial matters, one of whom is a representative of a property insurer writing mobile or manufactured homeowners insurance in this state and one of whom

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is a representative of insurance agents.

- (c) The President of the Senate shall appoint one member.
- (d) The Speaker of the House of Representatives shall appoint one member.
- (e) The Commissioner of Insurance Regulation or his or her designee shall serve as an ex officio voting member of the task force.
- (f) The Executive Director of Citizens Property Insurance or his or her designee shall serve as an ex officio voting member of the task force.
- (g) The Chief Executive Officer of the Federal Alliance for Safe Homes, Incorporated or his or her designee shall serve as an ex officio voting member of the task force.

Members of the task force shall serve without compensation but may receive reimbursement for per diem and travel expenses as provided in s. 112.061, Florida Statutes.

(4) PURPOSE AND INTENT.--The Legislature recognizes the continued availability of hurricane insurance coverage for mobile and manufactured home owners in this state is essential to the state's economic survival. The Legislature further recognizes hurricane mitigation measures and building codes may reduce the likelihood or amount of damage to mobile or manufactured homes in the event of a hurricane. The Legislature further recognizes mobile and manufactured homes provide safe and affordable housing to many residents of this state. The purpose of the task force is to make recommendations to the legislative and executive branches of this state's government

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relating to the creation and maintenance of insurance capacity in the private sector and public sector that is sufficient to ensure that all mobile and manufactured home owners in this state are able to obtain appropriate insurance coverage for hurricane losses and relating to the effectiveness of hurricane mitigation measures for mobile or manufactured homes as further described in this section.

- (5) SPECIFIC TASKS.--The task force shall conduct such research and hearings as the task force deems necessary to achieve the purposes specified in subsection (4) and shall develop information on relevant issues, including, but not limited to, the following issues:
- (a) Whether this state currently has sufficient hurricane insurance capacity for mobile and manufactured homes to ensure the continuation of a healthy, competitive marketplace, taking into consideration private-sector and public-sector resources.
- (b) Identifying the future demands on the hurricane insurance capacity of this state, taking into account population growth, coastal growth, and anticipated future hurricane activity.
- (c) Identifying how many mobile or manufactured homes are occupied in this state, how many mobile or manufactured homes are occupied by owners who also own the land to which the unit is attached, the age or average age of mobile or manufactured homes, the location of such homes, and the size of such homes.
- (d) The extent to which the growth in insurance on mobile or manufactured homes in Citizens Property Insurance Corporation is attributable to insufficient insurance capacity.

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(e) The extent to which the growth trends of Citizens

Property Insurance Corporation create long-term problems for

mobile and manufactured home owners in this state and for other

persons and businesses that depend on a viable market.

- (f) The extent to which insurance discounts, credits, or other rate differentials or reductions in the hurricane insurance deductible for a mobile or manufactured homeowner who takes mitigative measures would increase hurricane insurance capacity for mobile or manufactured homeowners.
- (g) The extent hurricane mitigation enhancements to mobile or manufactured homes decreases the likelihood of damage from a hurricane or decreases the amount of damage from a hurricane.
- (h) The extent to which the building codes reduce the likelihood of damage or amount of damage to mobile or manufactured homes.
- (6) REPORT AND RECOMMENDATIONS.--By January 1, 2007, the task force shall provide a report containing findings relating to the tasks identified in subsection (5) and recommendations consistent with the purposes of this section and also consistent with such findings. The task force shall submit the report to the Governor, the Chief Financial Officer, the President of the Senate, and the Speaker of the House of Representatives. The task force may also submit such interim reports as the task force deems appropriate.
- (7) EXPIRATION.--The task force shall expire on January 2, 2007.
- Section 22. <u>By January 1, 2007, the Office of Insurance</u>

 Regulation shall submit a report to the President of the Senate,

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3401 the Speaker of the House of Representatives, the minority party 3402 leaders of the Senate and the House of Representatives, and the 3403 chairs of the standing committees of the Senate and the House of 3404 Representatives having jurisdiction over matters relating to 3405 property and casualty insurance. In preparing the report, the 3406 office shall consult with the Department of Highway Safety and 3407 Motor Vehicles, the Department of Community Affairs, the Florida Building Commission, the Florida Home Builders Association, 3408 3409 representatives of the mobile and manufactured home industry, 3410 representatives of the property and casualty insurance industry, 3411 and any other party the office determines is appropriate. The report shall include findings and recommendations on the 3412 3413 insurability of attached or free standing structures to 3414 residential homes, mobile, or manufactured homes, such as 3415 carports or pool enclosures; the increase or decrease in 3416 insurance costs associated with insuring such structures; the feasibility of insuring such structures; the impact on 3417 homeowners of not having insurance coverage for such structures; 3418 3419 the ability of mitigation measures relating to such structures 3420 to reduce risk and loss; and such other related information as 3421 the office determines is appropriate for the Legislature to 3422 consider. 3423 (1) By January 15, 2007, the Office of Insurance Regulation shall submit a report to the President of 3424 3425 the Senate, the Speaker of the House of Representatives, the 3426 minority party leaders of the Senate and the House of Representatives, and the chairs of the standing committees of 3427 the Senate and the House of Representatives having jurisdiction 3428

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over matters relating to property and casualty insurance. The report shall include findings and recommendations on requiring residential property insurers to provide an opportunity for policyholders to decrease the monetary amount of a hurricane deductible predicated upon the policyholder demonstrating certifiable and verifiable mitigation measures that reduce hurricane damage. As a part of the report, the office shall address the feasibility of such a requirement and the specific procedures necessary for implementation and include suggested legislation. The report may also include other related information as the office determines is appropriate for the Legislature to consider.

(2) In conducting such research and offering recommendations for the report, the office shall consult with consumers, insurers, builders, wind certification inspectors, organizations dedicated to promoting disaster safety and property loss mitigation, counties, municipalities, and state agencies as well as any other entity that the office determines could provide relevant information.

Section 24. (1) The sum of \$100 million is appropriated from the General Revenue Fund to the Florida Hurricane Damage

Prevention Endowment as a nonrecurring appropriation for the purposes specified in s. 215.558, Florida Statutes.

(2) The sum of \$5.5 million is appropriated from the General Revenue Fund to the Department of Community Affairs as a nonrecurring appropriation for the purposes specified in s. 215.5586, Florida Statutes.

Section 25. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2006.

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