By the Committee on Banking and Insurance; and Senator Posey

597-2343-07

1	A bill to be entitled
2	An act relating to hurricane preparedness and
3	insurance; amending s. 163.01, F.S.; correcting
4	a cross-reference; amending s. 215.555, F.S.,
5	relating to the Florida Hurricane Catastrophe
6	Fund; revising certain requirements for
7	reimbursement contracts; authorizing limited
8	apportionment companies to purchase additional
9	coverage from the fund; continuing procedures
10	for Citizens Property Insurance Corporation to
11	obtain coverage for policies of an insurer
12	placed in liquidation; revising criteria,
13	requirements, and limitations on temporary
14	emergency options for additional coverage under
15	the Florida Hurricane Catastrophe Fund;
16	amending s. 215.5595, F.S.; providing
17	eligibility of certain insurers for a surplus
18	note from the Insurance Capital Build-Up
19	Incentive Program; providing an aggregate
20	requirement; amending s. 624.407, F.S.;
21	revising an insurer criterion for capital funds
22	requirements for new insurers; amending s.
23	627.0613, F.S.; limiting application of certain
24	annual report card preparation powers of the
25	consumer advocate to personal residential
26	property insurers; amending s. 627.062, F.S.;
27	specifying an effective date of application of
28	certain "file and use" requirements for rate
29	filing for certain insurers; amending s.
30	627.0655, F.S.; revising criteria for the
31	inclusion of discounts in certain premiums;

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amending s. 627.351, F.S.; specifying the purpose of Citizens Property Insurance Corporation; making legislative findings that the lack of affordable property insurance coverage threatens the public health, safety, and welfare of the state and that there is a compelling public interest in ensuring that property is insured at affordable rates; specifying legislative intent that the corporation is an integral part of the state; specifying the conditions under which a policyholder removed for the corporation through an assumption agreement is eligible for coverage from the corporation; specifying criteria for determining comparable coverage offered by an authorized insurer for purposes of determining eligibility for coverage from the corporation; deleting the 10-day waiting period for coverage to be effective for a new policy; expanding the authority of the board of the corporation to approve exemptions from the requirement for non-wind insurers to contract to provide claims-adjusting services for the wind coverage from the corporation; specifying the sections of ch. 112, F.S., relating to the code of ethics for political subdivisions of the state, which apply to employees, senior managers, and members of the board of the corporation; specifying that a member of the board may be an employee, officer, or director of an insurance agency or insurance company if

certain requirements are met; revising the 2 requirements for an employee of the corporation to provide notice of suspected fraud by an 3 4 employee; revising the time period for the 5 current rates of the corporation coverage to 6 remain in effect; providing that notice 7 requirements for cancellation or nonrenewal of 8 a policy do not apply under certain situations; 9 revising provisions of a premium payment plan 10 option of the operating plan requirements of Citizens Property Insurance Corporation; 11 12 amending s. 627.3511, F.S.; correcting a 13 cross-reference; amending s. 627.3515, F.S.; revising criteria for an electronic database 14 for a business plan for determining eligibility 15 for coverage in Citizens Property Insurance 16 17 Corporation; amending s. 627.3517, F.S.; 18 deleting a provision specifying that the "consumer choice" statute does not apply during 19 the first 10 days after a new application for 20 21 coverage has been submitted to the corporation; 22 amending s. 627.4035, F.S.; revising provisions 23 of a premium payment plan option for certain insurers; amending s. 627.4133, F.S.; 24 specifying requirements for notices of 25 nonrenewal and renewal of property insurance 26 27 policies; authorizing the Financial Services 2.8 Commission to adopt rules; amending s. 627.701, 29 F.S.; revising requirements for deductibles for 30 certain personal lines residential property insurance policies; amending s. 627.70131, 31

1 F.S.; specifying that certain requirements for 2 the payment or denial of a claim apply to 3 residential property insurance claims only; 4 authorizing an insurer to pay or deny a portion 5 of a claim; providing that an overdue payment 6 accrues interest; amending s. 627.712, F.S.; 7 requiring residential property insurers to provide windstorm coverage, with certain 8 9 exceptions; specifying personal lines 10 residential property insurers must make available an exclusion of windstorm coverage; 11 12 specifying a period of application of such 13 exclusion; providing for implementation of changes to such exclusion; amending s. 627.713, 14 F.S.; limiting the period when the Office of 15 Insurance Regulation may require insurers to 16 17 report certain hurricane loss data; amending s. 627.7277, F.S.; deleting certain notice of 18 renewal premium requirements; deleting 19 authority of the commission to adopt rules; 20 21 amending s. 631.52, F.S., specifying that 22 self-insurance funds are not covered by the 23 association; amending s. 631.57, F.S.; specifying that the emergency assessments for 2.4 funding obligations of the Florida Insurance 25 Guaranty Association are for claims of insurers 26 27 rendered insolvent by the effects of a 2.8 hurricane; amending s. 631.695, F.S.; 29 authorizing any municipality or county to issue 30 bonds to assist the association in paying for covered claims of insurers rendered insolvent 31

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as a result of a hurricane; providing an
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           effective date.
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   Be It Enacted by the Legislature of the State of Florida:
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           Section 1. Paragraph (h) of subsection (7) of section
    163.01, Florida Statutes, as amended by chapter 2007-1, Laws
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    of Florida, is amended to read:
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           163.01 Florida Interlocal Cooperation Act of 1969.--
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           (7)
           (h)1. Notwithstanding the provisions of paragraph (c),
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    any separate legal entity consisting of an alliance, as
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    defined in s. 395.106(2)(a), created pursuant to this
   paragraph and controlled by and whose members consist of
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    eligible entities comprised of special districts created
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   pursuant to a special act and having the authority to own or
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    operate one or more hospitals licensed in this state or
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   hospitals licensed in this state that are owned, operated, or
    funded by a county or municipality, for the purpose of
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   providing property insurance coverage as defined in s.
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    395.106(2)(b) s. 395.106(2)(c), for such eligible entities,
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   may exercise all powers under this subsection in connection
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    with borrowing funds for such purposes, including, without
    limitation, the authorization, issuance, and sale of bonds,
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   notes, or other obligations of indebtedness. Borrowed funds,
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    including, but not limited to, bonds issued by such alliance
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    shall be deemed issued on behalf of such eliqible entities
    that enter into loan agreements with such separate legal
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    entity as provided in this paragraph.
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           2. Any such separate legal entity shall have all the
   powers that are provided by the interlocal agreement under
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which the entity is created or that are necessary to finance, operate, or manage the alliance's property insurance coverage program. Proceeds of bonds, notes, or other obligations issued by such an entity may be loaned to any one or more eligible entities. Such eligible entities are authorized to enter into loan agreements with any separate legal entity created pursuant to this paragraph for the purpose of obtaining moneys with which to finance property insurance coverage or claims. Obligations of any eligible entity pursuant to a loan agreement as described in this paragraph may be validated as provided in chapter 75.

3. Any bonds, notes, or other obligations to be issued or incurred by a separate legal entity created pursuant to this paragraph shall be authorized by resolution of the governing body of such entity and bear the date or dates; mature at the time or times, not exceeding 30 years from their respective dates; bear interest at the rate or rates, which may be fixed or vary at such time or times and in accordance with a specified formula or method of determination; be payable at the time or times; be in the denomination; be in the form; carry the registration privileges; be executed in the manner; be payable from the sources and in the medium of payment and at the place; and be subject to redemption, including redemption prior to maturity, as the resolution may provide. The bonds, notes, or other obligations may be sold at public or private sale for such price as the governing body of the separate legal entity shall determine. The bonds may be secured by such credit enhancement, if any, as the governing body of the separate legal entity deems appropriate. The bonds may be secured by an indenture of trust or trust agreement. In addition, the governing body of the separate legal entity may

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delegate, to such officer or official of such entity as the governing body may select, the power to determine the time; manner of sale, public or private; maturities; rate or rates of interest, which may be fixed or may vary at such time or times and in accordance with a specified formula or method of determination; and other terms and conditions as may be deemed appropriate by the officer or official so designated by the governing body of such separate legal entity. However, the amounts and maturities of such bonds, the interest rate or rates, and the purchase price of such bonds shall be within the limits prescribed by the governing body of such separate legal entity in its resolution delegating to such officer or official the power to authorize the issuance and sale of such bonds.

- 4. Bonds issued pursuant to this paragraph may be validated as provided in chapter 75. The complaint in any action to validate such bonds shall be filed only in the Circuit Court for Leon County. The notice required to be published by s. 75.06 shall be published in Leon County and in each county in which an eligible entity that is a member of an alliance is located. The complaint and order of the circuit court shall be served only on the State Attorney of the Second Judicial Circuit and on the state attorney of each circuit in each county in which an eligible entity receiving bond proceeds is located.
- 5. The accomplishment of the authorized purposes of a separate legal entity created under this paragraph is deemed in all respects for the benefit, increase of the commerce and prosperity, and improvement of the health and living conditions of the people of this state. Inasmuch as the separate legal entity performs essential public functions in

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accomplishing its purposes, the separate legal entity is not required to pay any taxes or assessments of any kind upon any property acquired or used by the entity for such purposes or upon any revenues at any time received by the entity. The bonds, notes, and other obligations of such separate legal entity, 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 at all times free from taxation of any kind of the state or by any political subdivision or other agency or instrumentality of the state. The exemption granted in this paragraph does not apply to any tax imposed by chapter 220 on interest, income, or profits on debt obligations owned by corporations.

6. The participation by any eligible entity in an alliance or a separate legal entity created pursuant to this paragraph may not be deemed a waiver of immunity to the extent of liability or any other coverage, and a contract entered regarding such alliance is not required to contain any provision for waiver.

Section 2. Paragraph (b) of subsection (4), paragraph (e) of subsection (5), and subsection (16) of section 215.555, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, are amended to read:

215.555 Florida Hurricane Catastrophe Fund.--

(4) REIMBURSEMENT CONTRACTS.--

(b)1. The contract shall contain a promise by the board to reimburse the insurer for 45 percent, 75 percent, or 90 percent of its losses from each covered event in excess of the insurer's retention, plus 5 percent of the reimbursed losses to cover loss adjustment expenses.

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- 2. The insurer must elect one of the percentage coverage levels specified in this paragraph and may, upon renewal of a reimbursement contract, elect a lower percentage coverage level if no revenue bonds issued under subsection (6) after a covered event are outstanding, or elect a higher percentage coverage level, regardless of whether or not revenue bonds are outstanding. All members of an insurer group must elect the same percentage coverage level. Any joint underwriting association, risk apportionment plan, or other entity created under s. 627.351 must elect the 90-percent coverage level.
- 3. The contract shall provide that reimbursement amounts shall not be reduced by reinsurance paid or payable to the insurer from other sources.
- 4. Notwithstanding any other provision contained in this section, the board shall make available to insurers that purchased coverage provided by this subparagraph participated in 2006, insurers qualifying as limited apportionment companies under s. 627.351(6)(c) which began writing property insurance in 2007, and insurers that were approved to participate in 2006 or that are approved in 2007 for the Insurance Capital Build-Up Incentive Program pursuant to s. 215.5595, a contract or contract addendum that provides an additional amount of reimbursement coverage of up to \$10 million. The premium to be charged for this additional reimbursement coverage shall be 50 percent of the additional reimbursement coverage provided, which shall include one prepaid reinstatement. The minimum retention level that an eligible participating insurer must retain associated with this additional coverage layer is 30 percent of the insurer's surplus as of December 31, 2006. This coverage shall be in

addition to all other coverage that may be provided under this 2 section. The coverage provided by the fund under this subparagraph subsection shall be in addition to the 3 4 claims-paying capacity as defined in subparagraph (c)1., but 5 only with respect to those insurers that select the additional 6 coverage option and meet the requirements of this subparagraph 7 subsection. The claims-paying capacity with respect to all 8 other participating insurers and limited apportionment companies that do not select the additional coverage option 9 shall be limited to their reimbursement premium's 10 proportionate share of the actual claims-paying capacity 11 12 otherwise defined in subparagraph (c)1. and as provided for 13 under the terms of the reimbursement contract. Coverage provided in the reimbursement contract will not be affected by 14 the additional premiums paid by participating insurers 15 exercising the additional coverage option allowed in this 16 17 subparagraph. This subparagraph expires on May 31, 2008.

(5) REIMBURSEMENT PREMIUMS. --

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(e) If Citizens Property Insurance Corporation assumes or otherwise provides coverage for policies of an insurer placed in liquidation under chapter 631 pursuant to s. 627.351(6), the corporation may, pursuant to conditions mutually agreed to between the corporation and the State Board of Administration, obtain coverage for such policies under its contract with the fund or accept an assignment of the liquidated insurer's contract with the fund. If Citizens Property Insurance Corporation elects to cover these policies under the corporation's contract with the fund, it shall notify the board of its insured values with respect to such policies within a specified time mutually agreed to between the corporation and the board, after such assumption or other

coverage transaction, and the fund shall treat such policies 2 as having been in effect as of June 30 of that year. In the event of an assignment, the fund shall apply that contract to 3 such policies and treat Citizens Property Insurance 4 Corporation as if the corporation were the liquidated insurer 5 6 for the remaining term of the contract, and the corporation 7 shall have all rights and duties of the liquidated insurer 8 beginning on the date it provides coverage for such policies, 9 but the corporation is not subject to any preexisting rights, liabilities, or duties of the liquidated insurer. The 10 assignment, including any unresolved issues between the 11 12 liquidated insurer and Citizens Property Insurance Corporation 13 under the contract, shall be provided for in the liquidation order or otherwise determined by the court. However, if a 14 covered event occurs before the effective date of the 15 assignment, the corporation may not obtain coverage for such 16 policies under its contract with the fund and shall accept an 18 assignment of the liquidated insurer's contract as provided in this paragraph. This paragraph expires on June 1, 2007. 19

- (16) TEMPORARY EMERGENCY OPTIONS FOR ADDITIONAL COVERAGE.--
 - (a) Findings and intent. --

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- 1. The Legislature finds that:
- a. Because of temporary disruptions in the market for catastrophic reinsurance, many property insurers were unable to procure reinsurance for the 2006 hurricane season with an attachment point below the insurers' respective Florida Hurricane Catastrophe Fund attachment points, were unable to procure sufficient amounts of such reinsurance, or were able to procure such reinsurance only by incurring substantially higher costs than in prior years.

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- b. The reinsurance market problems were responsible, at least in part, for substantial premium increases to many consumers and increases in the number of policies issued by the Citizens Property Insurance Corporation.
- c. It is likely that the reinsurance market disruptions will not significantly abate prior to the 2007 hurricane season.
- 2. It is the intent of the Legislature to create a temporary emergency program, applicable to the 2007, 2008, and 2009 hurricane seasons, to address these market disruptions and enable insurers, at their option, to procure additional coverage from the Florida Hurricane Catastrophe Fund.
- (b) Applicability of other provisions of this section.—All provisions of this section and the rules adopted under this section apply to the program created by this subsection unless specifically superseded by this subsection.
- (c) Optional coverage.--For the contract year commencing June 1, 2007, and ending May 31, 2008, the contract year commencing June 1, 2008, and ending May 31, 2009, and the contract year commencing June 1, 2009, and ending May 31, 2010, the board shall offer for each of such years the optional coverage as provided in this subsection.
- (d) Additional definitions.--As used in this subsection, the term:
- 1. "TEACO options" means the temporary emergency additional coverage options created under this subsection.
- 2. "TEACO insurer" means an insurer that has opted to obtain coverage under the TEACO options in addition to the coverage provided to the insurer under its reimbursement contract.

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- 3. "TEACO reimbursement premium" means the premium charged by the fund for coverage provided under the TEACO options.
- 4. "TEACO retention" means the amount of losses below which a TEACO insurer is not entitled to reimbursement from the fund under the TEACO option selected. A TEACO insurer's retention options shall be calculated as follows:
- a. The board shall calculate and report to each TEACO insurer the TEACO retention multiples. There shall be three TEACO retention multiples for defining coverage. Each multiple shall be calculated by dividing \$3 billion, \$4 billion, or \$5 billion by the total estimated mandatory FHCF TEACO reimbursement premium assuming all insurers selected that option. Total estimated TEACO reimbursement premium for purposes of the calculation under this sub subparagraph shall be calculated using the assumption that all insurers have selected a specific TEACO retention multiple option and have selected the 90-percent coverage level.
- b. The TEACO retention multiples as determined under sub-subparagraph a. shall be adjusted to reflect the coverage level elected by the insurer. For insurers electing the 90-percent coverage level, the adjusted retention multiple is 100 percent of the amount determined under sub-subparagraph a. For insurers electing the 75-percent coverage level, the retention multiple is 120 percent of the amount determined under sub-subparagraph a. For insurers electing the 45-percent coverage level, the adjusted retention multiple is 200 percent of the amount determined under sub-subparagraph a.
- c. An insurer shall determine its provisional TEACO retention by multiplying its <u>estimated mandatory FHCF</u> provisional TEACO reimbursement premium by the applicable

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adjusted TEACO retention multiple and shall determine its actual TEACO retention by multiplying its actual <u>mandatory</u>

<u>FHCF TEACO</u> reimbursement premium by the applicable adjusted TEACO retention multiple.

- d. For TEACO insurers who experience multiple covered events causing loss during the contract year, the insurer's full TEACO retention shall be applied to each of the covered events causing the two largest losses for that insurer. For other covered events resulting in losses, the TEACO option does not apply and the insurer's retention shall be one-third of the full retention as calculated under paragraph (2)(e).
- 5. "TEACO addendum" means an addendum to the reimbursement contract reflecting the obligations of the fund and TEACO insurers under the program created by this subsection.
- 6. "FHCF" means the Florida Hurricane Catastrophe Fund.
 - (e) TEACO addendum.--
- 1. The TEACO addendum shall provide for reimbursement of TEACO insurers for covered events occurring during the contract year, in exchange for the TEACO reimbursement premium paid into the fund under paragraph (f). Any insurer writing covered policies has the option of choosing to accept the TEACO addendum for any of the 3 contract years that the coverage is offered.
- 2. The TEACO addendum shall contain a promise by the board to reimburse the TEACO insurer for 45 percent, 75 percent, or 90 percent of its losses from each covered event in excess of the insurer's TEACO retention, plus 5 percent of the reimbursed losses to cover loss adjustment expenses. The

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percentage shall be the same as the coverage level selected by the insurer under paragraph (4)(b).

- 3. The TEACO addendum shall provide that reimbursement amounts shall not be reduced by reinsurance paid or payable to the insurer from other sources.
- 4. The TEACO addendum shall also provide that the obligation of the board with respect to all TEACO addenda shall not exceed an amount equal to two times the difference between the industry retention level calculated under paragraph (2)(e) and the \$3 billion, \$4 billion, or \$5 billion industry TEACO retention level options actually selected, but in no event may the board's obligation exceed the actual claims-paying capacity of the fund plus the additional capacity created in paragraph (g). If the actual claims-paying capacity and the additional capacity created under paragraph (q) fall short of the board's obligations under the reimbursement contract, each insurer's share of the fund's capacity shall be prorated based on the premium an insurer pays for its mandatory normal reimbursement coverage and the premium paid for its optional TEACO coverage as each such premium bears to the total premiums paid to the fund times the available capacity.
- 5. The priorities, schedule, and method of reimbursements under the TEACO addendum shall be the same as provided under subsection (4).
- 6. A TEACO insurer's maximum reimbursement <u>for a</u> single event shall be equal to the product of multiplying its mandatory FHCF premium by the difference between its FHCF retention multiple and its TEACO retention multiple under the TEACO option selected and by the coverage selected under paragraph (4)(b), plus an additional 5 percent for loss

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adjustment expenses. A TEACO insurer's maximum reimbursement under the TEACO option selected for a TEACO insurer's two largest events addendum shall be twice its maximum reimbursement for a single event calculated by multiplying the insurer's share of the estimated total TEACO reimbursement premium as calculated under sub subparagraph (d)4.a. by an amount equal to two times the difference between the industry retention level calculated under paragraph (2)(e) and the \$3 billion, \$4 billion, or \$5 billion industry TEACO retention level specified in sub subparagraph (d)4.a. as selected by the TEACO insurer.

- (f) TEACO reimbursement premiums. --
- 1. Each TEACO insurer shall pay to the fund, in the manner and at the time provided in the reimbursement contract for payment of reimbursement premiums, a TEACO reimbursement premium calculated as specified in this paragraph.
- 2. The TEACO reimbursement premiums shall be calculated based on the assumption that, if all insurers entering into reimbursement contracts under subsection (4) also accepted the TEACO option:
- a. The <u>insurer's</u> <u>industry</u> TEACO reimbursement premium associated with the \$3 billion retention option <u>shall</u> <u>would</u> be equal to 85 percent of <u>a TEACO insurer's maximum reimbursement</u> for a single event as calculated under subparagraph (e)6. the difference between the industry retention level calculated under paragraph (2)(e) and the \$3 billion industry TEACO retention level.
- b. The TEACO reimbursement premium associated with the \$4 billion retention option shall would be equal to 80 percent of a TEACO insurer's maximum reimbursement for a single event as calculated under subparagraph (e)6. the difference between

the industry retention level calculated under paragraph (2)(e) 2 and the \$4 billion industry TEACO retention level. c. The TEACO premium associated with the \$5 billion 3 retention option shall would be equal to 75 percent of a TEACO 4 insurer's maximum reimbursement for a single event as 5 calculated under subparagraph (e)6. the difference between the 7 industry retention level calculated under paragraph (2)(e) and 8 the \$5 billion industry TEACO retention level. 9 3. Each insurer's TEACO premium shall be calculated 10 based on its share of the total TEACO reimbursement premiums based on its coverage selection under the TEACO addendum. 11 12 (q) Effect on claims-paying capacity of the fund. -- For 13 the contract term commencing June 1, 2007, the contract year commencing June 1, 2008, and the contract term beginning June 14 1, 2009, the program created by this subsection shall increase 15 the claims-paying capacity of the fund as provided in 16 17 subparagraph (4)(c)1. by an amount equal to two times the 18 difference between the industry retention level calculated under paragraph (2)(e) and the \$3 billion industry TEACO 19 retention level specified in sub-subparagraph (d)4.a. The 20 21 additional capacity shall apply only to the additional 22 coverage provided by the TEACO option and shall not otherwise 23 affect any insurer's reimbursement from the fund. Section 3. Paragraphs (b), (c), and (g) of subsection 2.4 (2) of section 215.5595, Florida Statutes, as amended by 2.5 26 chapter 2007-1, Laws of Florida, are amended to read: 27 215.5595 Insurance Capital Build-Up Incentive 2.8 Program. --29 (2) The purpose of this section is to provide surplus

notes to new or existing authorized residential property

insurers under the Insurance Capital Build-Up Incentive

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Program administered by the State Board of Administration, under the following conditions:

- capital to its surplus which is at least equal to the amount of the surplus note and must apply to the board by July 1, 2006. If an insurer applies after July 1, 2006, but before June 1, 2007, the amount of the surplus note is limited to one-half of the new capital that the insurer contributes to its surplus, except for an insurer writing only manufactured housing policies or a domestic mutual insurer, for which the amount of the surplus note is equal to the amount of the new capital that the insurer contributes to its surplus. For purposes of this section, new capital must be in the form of cash or cash equivalents as specified in s. 625.012(1).
- (c) The insurer's surplus, new capital, and the surplus note must total at least \$50 million, except for insurers writing residential property insurance covering only manufactured housing or a domestic mutual insurer. The insurer's surplus, new capital, and the surplus note must total at least \$14 million for insurers writing only residential property insurance covering manufactured housing policies as provided in paragraph (a). The surplus, new capital, and the surplus note for a domestic mutual insurer must total at least \$25 million.
- (g) The total amount of funds available for the program is limited to the amount appropriated by the Legislature for this purpose. If the amount of surplus notes requested by insurers exceeds the amount of funds available, the board may prioritize insurers that are eligible and approved, with priority for funding given to insurers writing only manufactured housing policies and to domestic mutual

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insurers, regardless of the date of application, based on the
financial strength of the insurer, the viability of its
proposed business plan for writing additional residential
property insurance in the state, and the effect on competition
in the residential property insurance market.

Section 4. Subsection (1) of section 624.407, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read:

624.407 Capital funds required; new insurers.--

- (1) To receive authority to transact any one kind or combinations of kinds of insurance, as defined in part V of this chapter, an insurer applying for its original certificate of authority in this state after the effective date of this section shall possess surplus as to policyholders not less than the greater of:
- (a) Five million dollars for a property and casualty insurer, or \$2.5 million for any other insurer;
- 18 (b) For life insurers, 4 percent of the insurer's total liabilities;
 - (c) For life and health insurers, 4 percent of the insurer's total liabilities, plus 6 percent of the insurer's liabilities relative to health insurance; or
 - (d) For all insurers other than life insurers and life and health insurers, 10 percent of the insurer's total liabilities;

26 27 however, a domestic insurer that transacts residential

28 property insurance and is a wholly owned subsidiary of an

29 insurer <u>domiciled</u> authorized to do business in any other state

30 shall possess surplus as to policyholders of at least \$50

31 million, but no insurer shall be required under this

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subsection to have surplus as to policyholders greater than 2 \$100 million.

Section 5. Subsection (4) of section 627.0613, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read:

627.0613 Consumer advocate. -- The Chief Financial Officer must appoint a consumer advocate who must represent the general public of the state before the department and the office. The consumer advocate must report directly to the Chief Financial Officer, but is not otherwise under the authority of the department or of any employee of the department. The consumer advocate has such powers as are necessary to carry out the duties of the office of consumer advocate, including, but not limited to, the powers to:

- (4) Prepare an annual report card for each authorized personal residential property insurer, on a form and using a letter-grade scale developed by the commission by rule, which grades each insurer based on the following factors:
- (a) The number and nature of consumer complaints received by the department against the insurer.
- (b) The disposition of all complaints received by the department.
- (c) The average length of time for payment of claims by the insurer.
- (d) Any other factors the commission identifies as 25 assisting policyholders in making informed choices about 26 homeowner's insurance.
 - Section 6. Paragraph (a) of subsection (2) of section 627.062, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read:
- 627.062 Rate standards.--31

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- (2) As to all such classes of insurance:
- (a) Insurers or rating organizations shall establish and use rates, rating schedules, or rating manuals to allow the insurer a reasonable rate of return on such classes of insurance written in this state. A copy of rates, rating schedules, rating manuals, premium credits or discount schedules, and surcharge schedules, and changes thereto, shall be filed with the office under one of the following procedures except as provided in subparagraph 3.:
- 1. If the filing is made at least 90 days before the proposed effective date and the filing is not implemented during the office's review of the filing and any proceeding and judicial review, then such filing shall be considered a "file and use" filing. In such case, the office shall finalize its review by issuance of a notice of intent to approve or a notice of intent to disapprove within 90 days after receipt of the filing. The notice of intent to approve and the notice of intent to disapprove constitute agency action for purposes of the Administrative Procedure Act. Requests for supporting information, requests for mathematical or mechanical corrections, or notification to the insurer by the office of its preliminary findings shall not toll the 90-day period during any such proceedings and subsequent judicial review. The rate shall be deemed approved if the office does not issue a notice of intent to approve or a notice of intent to disapprove within 90 days after receipt of the filing.
- 2. If the filing is not made in accordance with the provisions of subparagraph 1., such filing shall be made as soon as practicable, but no later than 30 days after the effective date, and shall be considered a "use and file" filing. An insurer making a "use and file" filing is

potentially subject to an order by the office to return to policyholders portions of rates found to be excessive, as provided in paragraph (h).

3. For all filings made or submitted on or after

January 25, 2007, but on or before December 31, 2008, an
insurer seeking a rate that is greater than the rate most
recently approved by the office shall make a "file and use"
filing. This subparagraph applies to property insurance only.
For purposes of this subparagraph, automobile collision and
comprehensive coverages are not considered to be property
coverages.

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

Section 7. Section 627.0655, Florida Statutes, as created by chapter 2007-1, Laws of Florida, is amended, to read:

627.0655 Policyholder loss or expense-related premium discounts.—An insurer or person authorized to engage in the business of insurance in this state may include, in the premium charged an insured for any policy, contract, or certificate of insurance, a discount based on the fact that another policy, contract, or certificate of any type has been purchased by the insured <u>from the same insurer or insurer group</u>.

Section 8. Paragraphs (a), (b), (c), (d), (j), (m), (n), and (v) of subsection (6) of section 627.351, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, are amended to read:

627.351 Insurance risk apportionment plans.--

(6) CITIZENS PROPERTY INSURANCE CORPORATION. --2 (a)1. It is the public purpose of this subsection to 3 ensure the existence of an orderly market for property 4 insurance for Florida's residents and businesses. The Legislature finds that actual and threatened catastrophic 5 6 losses to property in this state from hurricanes have caused 7 insurers are to be unwilling or unable to provide affordable 8 property insurance coverage in this state to the extent sought and needed. The absence of affordable property insurance 9 10 threatens the public health, safety, and welfare and likewise threatens the economic health of this state. The state 11 12 therefore has a compelling It is in the public interest and a 13 public purpose to assist in assuring that property in the state is insured so as to facilitate the remediation, 14 reconstruction, and replacement of damaged or destroyed 15 property in order to reduce or avoid the negative effects 16 17 otherwise resulting to the public health, safety, and welfare; 18 to the economy of the state; and to the revenues of the state and local governments needed to provide for the public 19 welfare. It is necessary, therefore, to provide property 20 21 insurance to applicants who are in good faith entitled to 22 procure insurance through the voluntary market but are unable 23 to do so. The Legislature intends by this subsection that property insurance be provided and that it continues to be 2.4 25 provided, as long as necessary, through <u>Citizens Property</u> 26 Insurance Corporation, a government entity that is an integral part of the state and that is not a private insurance company. 27 2.8 To that end, the corporation shall strive an entity organized to achieve efficiencies and economies, while providing service 29 to policyholders, applicants, and agents which that is no less 30 than the quality generally provided in the voluntary market,

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for all toward the achievement of the foregoing public purposes. Because it is essential for this government entity the corporation to have the maximum financial resources to pay claims following a catastrophic hurricane, it is the intent of the Legislature that Citizens Property Insurance Corporation continues to be an integral part of the state and 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.

2. 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 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 Financial Services Commission. The plan is subject to continuous review by the commission. The commission may, by order, withdraw approval of all or part of a plan if the commission determines that conditions have changed since approval was granted and that the purposes of the plan require changes in the plan. The corporation shall continue to operate pursuant to the plan of operation approved by the Office of Insurance Regulation until October 1, 2006. 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

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consists of the type of coverage provided by condominium association, apartment building, and similar policies.

- 3. For the purposes of this subsection, the term
 "homestead property" means:
- a. Property that has been granted a homestead exemption under chapter 196;
- b. Property for which the owner has a current, written lease with a renter for a term of at least 7 months and for which the dwelling is insured by the corporation for \$200,000 or less;
- c. An owner-occupied mobile home or manufactured home, as defined in s. 320.01, which is permanently affixed to real property, is owned by a Florida resident, and has been granted a homestead exemption under chapter 196 or, if the owner does not own the real property, the owner certifies that the mobile home or manufactured home is his or her principal place of residence;
 - d. Tenant's coverage;
 - e. Commercial lines residential property; or
- f. Any county, district, or municipal hospital; a hospital licensed by any not-for-profit corporation qualified under s. 501(c)(3) of the United States Internal Revenue Code; or a continuing care retirement community that is certified under chapter 651 and that receives an exemption from ad valorem taxes under chapter 196.
- 4. For the purposes of this subsection, the term "nonhomestead property" means property that is not homestead property.
- 5. Effective July 1, 2008, a personal lines residential structure that has a dwelling replacement cost of \$1 million or more, or a single condominium unit that has a

combined dwelling and content replacement cost of \$1 million 2 or more is not eligible for coverage by the corporation. Such dwellings insured by the corporation on June 30, 2008, may 3 continue to be covered by the corporation until the end of the 4 policy term. However, such dwellings that are insured by the 5 corporation and become ineligible for coverage due to the 7 provisions of this subparagraph may reapply and obtain 8 coverage in the high-risk account and be considered "nonhomestead property" if the property owner provides the 9 10 corporation with a sworn affidavit from one or more insurance agents, on a form provided by the corporation, stating that 11 12 the agents have made their best efforts to obtain coverage and 13 that the property has been rejected for coverage by at least one authorized insurer and at least three surplus lines 14 insurers. If such conditions are met, the dwelling may be 15 insured by the corporation for up to 3 years, after which time 16 17 the dwelling is ineligible for coverage. The office shall 18 approve the method used by the corporation for valuing the dwelling replacement cost for the purposes of this 19 subparagraph. If a policyholder is insured by the corporation 20 21 prior to being determined to be ineligible pursuant to this 22 subparagraph and such policyholder files a lawsuit challenging 23 the determination, the policyholder may remain insured by the corporation until the conclusion of the litigation. 2.4

6. For properties constructed on or after January 1, 2009, the corporation may not insure any property located within 2,500 feet landward of the coastal construction control line created pursuant to s. 161.053 unless the property meets the requirements of the code-plus building standards developed by the Florida Building Commission.

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7. It is the intent of the Legislature that policyholders, applicants, and agents of the corporation receive service and 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.

(b)1. 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 three
separate accounts as follows:

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- (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 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;
- (II) A commercial lines account for commercial residential and commercial nonresidential 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
- (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. Subject to the approval of a business plan by the Financial Services

 Commission and Legislative Budget Commission as provided in this sub-sub-subparagraph, but no earlier than March 31, 2007, the corporation may offer policies that provide multiperil

coverage and the corporation shall continue to offer policies 2 that provide coverage only for the peril of wind for risks located in areas eligible for coverage in the high-risk 3 account. In issuing multiperil coverage, the corporation may 4 5 use its approved policy forms and rates for the personal lines account. An applicant or insured who is eligible to purchase a multiperil policy from the corporation may purchase a 8 multiperil policy from an authorized insurer without prejudice to the applicant's or insured's eligibility to prospectively 9 purchase a policy that provides coverage only for the peril of 10 wind from the corporation. An applicant or insured who is 11 12 eligible for a corporation policy that provides coverage only 13 for the peril of wind may elect to purchase or retain such policy and also purchase or retain coverage excluding wind 14 from an authorized insurer without prejudice to the 15 applicant's or insured's eliqibility to prospectively purchase 16 17 a policy that provides multiperil coverage from the 18 corporation. It is the goal of the Legislature that there would be an overall average savings of 10 percent or more for 19 a policyholder who currently has a wind-only policy with the 20 21 corporation, and an ex-wind policy with a voluntary insurer or 22 the corporation, and who then obtains a multiperil policy from 23 the corporation. It is the intent of the Legislature that the offer of multiperil coverage in the high-risk account be made 2.4 and implemented in a manner that does not adversely affect the 25 tax-exempt status of the corporation or creditworthiness of or 26 27 security for currently outstanding financing obligations or credit facilities of the high-risk account, the personal lines 29 account, or the commercial lines account. By March 1, 2007, the corporation shall prepare and submit for approval by the 30 Financial Services Commission and Legislative Budget

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Commission a report detailing the corporation's business plan 2 for issuing multiperil coverage in the high-risk account. The business plan shall be approved or disapproved within 30 days 3 after receipt, as submitted or modified and resubmitted by the 4 corporation. The business plan must include: the impact of 5 6 such multiperil coverage on the corporation's financial 7 resources, the impact of such multiperil coverage on the 8 corporation's tax-exempt status, the manner in which the 9 corporation plans to implement the processing of applications and policy forms for new and existing policyholders, the 10 impact of such multiperil coverage on the corporation's 11 12 ability to deliver customer service at the high level required 13 by this subsection, the ability of the corporation to process claims, the ability of the corporation to quote and issue 14 policies, the impact of such multiperil coverage on the 15 corporation's agents, the impact of such multiperil coverage 16 17 on the corporation's existing policyholders, and the impact of 18 such multiperil coverage on rates and premium. The high-risk account must also include quota share primary insurance under 19 subparagraph (c)2. The area eligible for coverage under the 20 21 high-risk account also includes the area within Port 22 Canaveral, which is bordered on the south by the City of Cape 23 Canaveral, bordered on the west by the Banana River, and bordered on the north by Federal Government property. 24 25 b. The three separate accounts must be maintained as

long as financing obligations entered into by the Florida

Casualty Joint Underwriting Association are outstanding, in

accordance with the terms of the corresponding financing documents. When the financing obligations are no longer

Windstorm Underwriting Association or Residential Property and

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financing documents, the corporation may use a single account 2 for all revenues, assets, liabilities, losses, and expenses of the corporation. Consistent with the requirement of this 3 subparagraph and prudent investment policies that minimize the 4 cost of carrying debt, the board shall exercise its best 5 efforts to retire existing debt or to obtain approval of necessary parties to amend the terms of existing debt, so as to structure the most efficient plan to consolidate the three separate accounts into a single account. By February 1, 2007, the board shall submit a report to the Financial Services Commission, the President of the Senate, and the Speaker of 11 12 the House of Representatives which includes an analysis of consolidating the accounts, the actions the board has taken to minimize the cost of carrying debt, and its recommendations for executing the most efficient plan. 15

- c. Creditors of the Residential Property and Casualty Joint Underwriting Association shall have a claim against, and recourse to, the accounts referred to in sub-sub-subparagraphs a.(I) and (II) and shall have no claim against, or recourse to, the account referred to in sub-sub-subparagraph a.(III). Creditors of the Florida Windstorm Underwriting Association shall have a claim against, and recourse to, the account referred to in sub-sub-subparagraph a.(III) and shall have no claim against, or recourse to, the accounts referred to in sub-sub-subparagraphs a.(I) and (II).
- 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

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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 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 (p) 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 (p) 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 preceding the 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 sub-subparagraph b. to

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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 (p). Notwithstanding any other provision of this subsection, the aggregate amount of a regular assessment for a deficit incurred in a particular calendar year shall be reduced by the estimated amount to be received by the corporation from the Citizens policyholder surcharge under subparagraph (c)11. and the amount collected or estimated to be collected from the assessment on Citizens policyholders pursuant to sub-subparagraph i. 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 through regular assessments under sub-subparagraph a. or sub-subparagraph b., the board shall levy, after verification by the office, emergency assessments, for as many years as necessary to cover the deficits, to be collected by assessable insurers and the corporation and collected from assessable insureds upon issuance or renewal of policies for subject lines of business, excluding National Flood Insurance

policies. The amount of the emergency assessment collected in a particular year shall be a uniform percentage of that year's direct written premium for subject lines of business and all 3 accounts of the corporation, excluding National Flood 4 5 Insurance Program policy premiums, as annually determined by the board and verified by the office. The office shall verify 7 the arithmetic calculations involved in the board's 8 determination within 30 days after receipt of the information on which the determination was based. Notwithstanding any 9 other provision of law, the corporation and each assessable 10 insurer that writes subject lines of business shall collect 11 12 emergency assessments from its policyholders without such 13 obligation being affected by any credit, limitation, exemption, or deferment. Emergency assessments levied by the 14 corporation on assessable insureds shall be collected by the 15 16 surplus lines agent at the time the surplus lines agent 17 collects the surplus lines tax required by s. 626.932 and shall be paid to the Florida Surplus Lines Service Office at 18 the time the surplus lines agent pays the surplus lines tax to 19 the Florida Surplus Lines Service Office. The emergency 20 21 assessments so collected shall be transferred directly to the 22 corporation on a periodic basis as determined by the 23 corporation and shall be held by the corporation solely in the applicable account. The aggregate amount of emergency 2.4 assessments levied for an account under this sub-subparagraph 25 in any calendar year may not exceed the greater of 10 percent 26 27 of the amount needed to cover the original deficit, plus 2.8 interest, fees, commissions, required reserves, and other 29 costs associated with financing of the original deficit, or 10 percent of the aggregate statewide direct written premium for 30 subject lines of business and for all accounts of the

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corporation for the prior year, plus interest, fees, commissions, required reserves, and other costs associated with financing the original deficit.

e. The corporation may pledge the proceeds of assessments, projected recoveries from the Florida Hurricane Catastrophe Fund, other insurance and reinsurance recoverables, policyholder surcharges and other surcharges, and other funds available to the corporation as the source of revenue for and to secure bonds issued under paragraph (p), 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 (p)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

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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 for purposes of any deficit incurred on or after January 25, 2007, the term "subject lines of business" means insurance written by assessable insurers or procured by assessable insureds for all property and casualty lines of business in this state, but not including workers' compensation or medical malpractice. As used in the sub-subparagraph, the term "property and casualty lines of 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 or the Federal Crop Insurance Program. For purposes of this sub-subparagraph, the term "workers' compensation" includes both workers' compensation insurance and excess workers' compensation insurance.
- 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.

- i. If a deficit is incurred in any account in 2008 or thereafter, the board of governors shall levy an immediate assessment against the premium of each nonhomestead property policyholder in all accounts of the corporation, as a uniform percentage of the premium of the policy of up to 10 percent of such premium, which funds shall be used to offset the deficit. If this assessment is insufficient to eliminate the deficit, the board of governors shall levy an additional assessment against all policyholders of the corporation, which shall be collected at the time of issuance or renewal of a policy, as a uniform percentage of the premium for the policy of up to 10 percent of such premium, which funds shall be used to further offset the deficit.
- j. The board of governors shall maintain separate accounting records that consolidate data for nonhomestead properties, including, but not limited to, number of policies, insured values, premiums written, and losses. The board of governors shall annually report to the office and the Legislature a summary of such data.
 - (c) The plan of operation of the corporation:
- 1. Must provide for adoption of residential property and casualty insurance policy forms and commercial residential and nonresidential property insurance forms, 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.
- c. Commercial lines residential and nonresidential policy forms that are generally similar to the basic perils of full coverage obtainable for commercial residential structures and commercial nonresidential 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

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cover the peril of wind only. As used in this subsection, the term:

- "Quota share primary insurance" means an (I) 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 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.

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- 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 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

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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 indebtedness. The corporation may, but is not 2 required to, seek judicial validation of its bonds or other indebtedness under chapter 75. The corporation may issue bonds 3 or incur other indebtedness, or have bonds issued on its 4 behalf by a unit of local government pursuant to subparagraph 5 (g)2., in the absence of a hurricane or other weather-related 7 event, upon a determination by the corporation, subject to 8 approval by the office, that such action would enable it to efficiently meet the financial obligations of the corporation 9 and that such financings are reasonably necessary to 10 effectuate the requirements of this subsection. The 11 12 corporation is authorized to take all actions needed to 13 facilitate tax-free status for any such bonds or indebtedness, including formation of trusts or other affiliated entities. 14 The corporation shall have the authority to pledge 15 assessments, projected recoveries from the Florida Hurricane 16 Catastrophe Fund, other reinsurance recoverables, market 18 equalization and other surcharges, and other funds available to the corporation as security for bonds or other 19 indebtedness. In recognition of s. 10, Art. I of the State 20 21 Constitution, prohibiting the impairment of obligations of 22 contracts, it is the intent of the Legislature that no action 23 be taken whose purpose is to impair any bond indenture or financing agreement or any revenue source committed by 2.4 contract to such bond or other indebtedness. 25 4.a. Must require that the corporation operate subject 26 27 to the supervision and approval of a board of governors 2.8 consisting of eight individuals who are residents of this 29 state, from different geographical areas of this state. The Governor, the Chief Financial Officer, the President of the 30

each appoint two members of the board. At least one of the two 2 members appointed by each appointing officer must have demonstrated expertise in insurance. The Chief Financial 3 Officer shall designate one of the appointees as chair. All board members serve at the pleasure of the appointing officer. 5 All members of the board of governors are subject to removal 7 at will by the officers who appointed them. All board members, 8 including the chair, must be appointed to serve for 3-year 9 terms beginning annually on a date designated by the plan. Any board vacancy shall be filled for the unexpired term by the 10 appointing officer. The Chief Financial Officer shall appoint 11 12 a technical advisory group to provide information and advice 13 to the board of governors in connection with the board's duties under this subsection. The executive director and 14 senior managers of the corporation shall be engaged by the 15 board and serve at the pleasure of the board. Any executive 16 17 director appointed on or after July 1, 2006, is subject to 18 confirmation by the Senate. The executive director is responsible for employing other staff as the corporation may 19 require, subject to review and concurrence by the board. 20 21 b. The board shall create a Market Accountability 22 Advisory Committee to assist the corporation in developing 23 awareness of its rates and its customer and agent service levels in relationship to the voluntary market insurers 2.4 writing similar coverage. The members of the advisory 25 committee shall consist of the following 11 persons, one of 26 27 whom must be elected chair by the members of the committee: 2.8 four representatives, one appointed by the Florida Association

of Insurance Agents, one by the Florida Association of

Insurance and Financial Advisors, one by the Professional

Insurance Agents of Florida, and one by the Latin American

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- Association of Insurance Agencies; three representatives 2 appointed by the insurers with the three highest voluntary market share of residential property insurance business in the 3 state; one representative from the Office of Insurance 4 Regulation; one consumer appointed by the board who is insured 5 6 by the corporation at the time of appointment to the 7 committee; one representative appointed by the Florida 8 Association of Realtors; and one representative appointed by the Florida Bankers Association. All members must serve for 9 3-year terms and may serve for consecutive terms. The 10 committee shall report to the corporation at each board 11 12 meeting on insurance market issues which may include rates and 13 rate competition with the voluntary market; service, including policy issuance, claims processing, and general responsiveness 14 to policyholders, applicants, and agents; and matters relating 15 16 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, for a new application to the corporation for coverage, the risk is not eligible for any policy issued by the corporation unless the premium for coverage from the authorized insurer is more than 25 percent greater than the premium for comparable coverage from 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

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or 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. However, with regard to a policyholder of the corporation or a policyholder removed from the corporation through an assumption agreement until the end of the assumption period, the policyholder remains eligible for coverage from the corporation regardless of any offer of coverage from an authorized insurer or surplus lines insurer. 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.

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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, for a new application to the corporation for coverage, 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 unless the premium for coverage from the authorized insurer is more than 25 percent greater than the premium for comparable

coverage from the corporation. If the risk is not able to 2 obtain any such offer, the risk is eligible for a policy including wind coverage issued by the corporation. However, 3 with regard to a policyholder of the corporation or a 4 policyholder removed from the corporation through an 5 assumption agreement until the end of the assumption period, 7 the policyholder remains eligible for coverage from the 8 corporation regardless of any offer of coverage from an 9 authorized insurer or surplus lines insurer.

- (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.

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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).

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- 25 determination shall be presumed correct and deemed to be made
- in its capacity as the corporation's agent. It is acceptable
 to make a comparison solely of the premium with respect to the
- 28 <u>main building or structure only, on the following basis: the</u>
- 29 same coverage A or other building limits; the same percentage
 30 hurricane deductible that applies on an annual basis or that
- 31
 - applies to each hurricane for commercial residential property;
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(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

(A) Pay to the producing agent of record of the

corporation policy, for the first year, an amount that is the

the corporation policy to continue servicing the policy for a

period of not less than 1 year and offer to pay the agent the

appointment, the new insurer shall pay the agent in accordance

under sub-subparagraphs a. and b., the comparison shall be

comparable. The corporation may rely on a determination of

comparable coverage and premium made by the producing agent

based on those forms and coverages that are reasonably

who submits the application to the corporation, which

c. For purposes of determining comparable coverage

greater of the insurer's or the corporation's usual and

If the producing agent is unwilling or unable to accept

customary commission for the type of policy written.

(B) Offer to allow the producing agent of record of

greater of the insurer's usual and customary commission for

the type of policy written or a fee equal to the usual and

commission on the policy, and the insurer shall:

customary commission of the corporation; or

with sub-sub-sub-subparagraph (A).

the same percentage of ordinance and law coverage, if the same 2 limit is offered by both the corporation and the authorized insurer; the same mitigation credits, to the extent the same 3 4 types of credits are offered both by the corporation and the authorized insurer; the same method for loss payment, such as 5 6 replacement cost or actual cash value, if the same method is 7 offered both by the corporation and the authorized insurer in 8 accordance with underwriting rules; and any other form or coverage that is reasonably comparable as determined by the 9 10 board. Any other differences in coverage may be ignored. If an application is submitted to the corporation for wind-only 11 12 coverage in the high-risk account, the premium for the 13 corporation's wind-only policy plus the premium for the ex-wind policy that is offered by an authorized insurer to the 14 applicant shall be compared to the premium for multi-peril 15 coverage offered by an authorized insurer, subject to the 16 17 standards for comparison specified in this subparagraph. If 18 the corporation or the applicant requests from the authorized insurer a breakdown of the premium of the offer by types of 19 2.0 coverage so that a comparison may be made by the corporation 21 or its agent and the authorized insurer refuses or is unable to provide such information, the corporation may treat the 2.2 23 offer as not being an offer of coverage from an authorized 2.4 <u>insurer</u> at the insurer's approved rate. Must provide by July 1, 2007, that an application 2.5 2.6 for coverage for a new policy is subject to a waiting period 2.7 of 10 days before coverage is effective, during which time the 2.8 corporation shall make such application available for review 29 general lines agents and authorized property and casualty insurers. The board shall approve an exception that allows for 30

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period, for coverage issued in conjunction with a real estate closing. The board may approve such other exceptions as the board determines are necessary to prevent lapses in coverage.

- $\underline{6.7.}$ Must include rules for classifications of risks and rates therefor.
- 7.8. 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 for that purpose prior to assessing assessable insurers and assessable insureds as to any calendar year.
- 8.9. 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.

 $\underline{9.10.}$ Must provide that the corporation shall make its best efforts to procure catastrophe reinsurance at reasonable

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rates, to cover its projected 100-year probable maximum loss as determined by the board of governors.

10.11. 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 account, the commercial lines residential account, or the high-risk account, the corporation shall levy upon corporation policyholders in its next rate filing, or by a separate rate filing solely for this purpose, a Citizens policyholder surcharge arising from a regular assessment 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. For purposes of calculating the Citizens policyholder surcharge to be levied under this subparagraph, the total amount of the regular assessment to which this surcharge is related shall be determined as set forth in subparagraph (b)3., without deducting the estimated Citizens policyholder surcharge. Citizens policyholder surcharges under this subparagraph are not considered premium and are not subject to commissions, fees, or premium taxes; however, failure to pay a market equalization surcharge shall be treated as failure to pay premium.

11.12. 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, except as otherwise provided in this subsection.

12.13. Corporation policies and applications must include a notice that the corporation policy could, under this

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section, be replaced with a policy issued by an authorized insurer that does not provide coverage identical to the coverage provided by the corporation. The notice shall also specify that acceptance of corporation coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.

13.14. 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.

14.15. Must provide that, with respect to the high-risk 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. A regular assessment levied by the corporation on a limited apportionment company for a deficit incurred by the corporation for the high-risk account in 2006 or thereafter

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may be paid to the corporation on a monthly basis as the assessments are collected by the limited apportionment company from its insureds pursuant to s. 627.3512, but the regular assessment must be paid in full within 12 months after being levied by the corporation. 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.

15.16. 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 within the state.

16.17. Must provide, by July 1, 2007, a premium payment plan option to its policyholders which allows at a minimum for quarterly and semiannual payment of premiums. A monthly payment plan may, but is not required to, be offered.

17.18. Must provide, effective June 1, 2007, that the corporation contract with each insurer providing the non-wind coverage for risks insured by the corporation in the high-risk account, requiring that the insurer provide claims adjusting services for the wind coverage provided by the corporation for

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such risks. An insurer is required to enter into this contract as a condition of providing non-wind coverage for a risk that is insured by the corporation in the high-risk account unless the board approves an exemption for good cause finds, after a hearing, that the insurer is not capable of providing adjusting services at an acceptable level of quality to corporation policyholders. The terms and conditions of such contracts must be substantially the same as the contracts that the corporation executed with insurers under the "adjust-your-own" program in 2006, except as may be mutually agreed to by the parties and except for such changes that the board determines are necessary to ensure that claims are adjusted appropriately. The corporation shall provide a process for neutral arbitration of any dispute between the corporation and the insurer regarding the terms of the contract. The corporation shall review and monitor the performance of insurers under these contracts.

18.19. Must limit coverage on mobile homes or manufactured homes built prior to 1994 to actual cash value of the dwelling rather than replacement costs of the dwelling.

19.20. May provide such limits of coverage as the board determines, consistent with the requirements of this subsection.

20.21. May require commercial property to meet specified hurricane mitigation construction features as a condition of eligibility for coverage.

(d)1. All prospective employees for senior management positions, as defined by the plan of operation, are subject to background checks as a prerequisite for employment. The office shall conduct background checks on such prospective employees pursuant to ss. 624.34, 624.404(3), and 628.261.

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- 2. On or before July 1 of each year, employees of the corporation are required to sign and submit a statement attesting that they do not have a conflict of interest, as defined in part III of chapter 112. As a condition of employment, all prospective employees are required to sign and submit to the corporation a conflict-of-interest statement.
- 3. Senior managers and members of the board of governors are subject to the provisions of ss. 112.313, 112.3135, 112,3143, 112.3145, 112.316, and 112.317 which apply to political subdivisions of the state part III of chapter 112, including, but not limited to, the code of ethics and public disclosure and reporting of financial interests, pursuant to s. 112.3145. For purposes of the filing requirements in s. 112.3145, senior managers and board members are also required to file such disclosures with the Commission on Ethics and the Office of Insurance Regulation. The executive director of the corporation or his or her designee shall notify each newly appointed and existing appointed member of the board of governors and senior managers of their duty to comply with the reporting requirements of s. 112.3145 part III of chapter 112. At least quarterly, the executive director or his or her designee shall submit to the Commission on Ethics a list of names of the senior managers and members of the board of governors who are subject to the public disclosure requirements under s. 112.3145. Notwithstanding s. 112.313, if a member of the board of governors has been appointed by his or her appointing officer because of demonstrated expertise in insurance, such member may be an employee, officer, owner, or director of an insurance agency or insurance company or other insurance entity that has a contractual relationship with the corporation. Such board

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member may participate in and vote on a matter if the 2 applicable provisions of s. 112.3143 are met and if the insurance entity would not obtain a special or unique benefit 3 4 that would not apply to other similar insurance entities that have a contractual relationship with the corporation. For 5 6 purposes of the applicable sections of chapter 112 cited in 7 this subparagraph, senior managers of the corporation are subject to those provisions applicable to employees of 8 political subdivisions of the state and board members are 9 subject to those provisions applicable to appointed public 10 officers or public officials of political subdivisions of the 11 state and, for purposes of s. 112.3143(2), board members are 12 13 considered state public officers.

- 4. Notwithstanding s. 112.3148 or s. 112.3149, or any other provision of law, an employee or board member may not knowingly accept, directly or indirectly, any gift or expenditure from a person or entity, or an employee or representative of such person or entity, that has a contractual relationship with the corporation or who is under consideration for a contract. An employee or board member who fails to comply with <u>subparagraph 3. or</u> this subparagraph is subject to penalties provided under <u>s. ss.</u> 112.317 and 112.3173.
- 5. Any senior manager of the corporation who is employed on or after January 1, 2007, regardless of the date of hire, who subsequently retires or terminates employment is prohibited from representing another person or entity before the corporation for 2 years after retirement or termination of employment from the corporation.
- 6. Any <u>senior manager</u> employee of the corporation who is employed on or after January 1, 2007, regardless of the

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date of hire, who subsequently retires or terminates employment is prohibited from having any employment or contractual relationship for 2 years with an insurer that has received a take-out bonus agreement with from the corporation.

- (j)1. The corporation shall establish and maintain a unit or division to investigate possible fraudulent claims by insureds or by persons making claims for services or repairs against policies held by insureds; or it may contract with others to investigate possible fraudulent claims for services or repairs against policies held by the corporation pursuant to s. 626.9891. The corporation must comply with reporting requirements of s. 626.9891. An employee of the corporation shall notify the Corporation's Office of the Internal Auditor 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.
- 2. The corporation shall establish a unit or division responsible for receiving and responding to consumer complaints, which unit or division is the sole responsibility of a senior manager of the corporation.
- (m)1. Rates for coverage provided by the corporation shall be actuarially sound and subject to the requirements of s. 627.062, except as otherwise provided in this paragraph. The corporation shall file its recommended rates with the office at least annually. The corporation shall provide any additional information regarding the rates which the office requires. The office shall consider the recommendations of the board and issue a final order establishing the rates for the corporation within 45 days after the recommended rates are

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filed. The corporation may not pursue an administrative challenge or judicial review of the final order of the office.

- 2. 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.
- 3. After the public hurricane loss-projection model under s. 627.06281 has been found to be accurate and reliable by the Florida Commission on Hurricane Loss Projection Methodology, that model shall serve as the minimum benchmark for determining the windstorm portion of the corporation's rates. This subparagraph does not require or allow the corporation to adopt rates lower than the rates otherwise required or allowed by this paragraph.
- 4. The rate filings for the corporation which were approved by the office and which took effect January 1, 2007, are rescinded, except for those rates that were lowered. As soon as possible, the corporation shall begin using the lower rates that were in effect on December 31, 2006, and shall provide refunds to policyholders who have paid higher rates as a result of that rate filing. The rates in effect on December 31, 2006, shall remain in effect through at least December 31, 2007, for the 2007 calendar year except for any rate change that results in a lower rate. The next rate change that may increase rates shall be filed with the office by take effect January 1, 2008, pursuant to a new rate filing recommended by the corporation and established by the office, subject to the requirements of this paragraph.
- $\hbox{(n)} \quad \hbox{If coverage in an account is deactivated pursuant} \\$ to paragraph $\hbox{(f)}, \ \hbox{coverage through the corporation shall be}$

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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 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.
 - (v) 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,

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conservatorship, reorganization, or similar proceeding against the corporation under the laws of this state.

- 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.
- 3. 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.
- 4. Any such pledge or sale of assessments, revenues, contract rights, or other rights or assets of the corporation

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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.

- 5. As long as the corporation has any bonds outstanding, the corporation may not file a voluntary petition under chapter 9 of the federal Bankruptcy Code or such corresponding chapter or sections as may be in effect, from time to time, and a public officer or any organization, entity, or other person may not authorize the corporation to be or become a debtor under chapter 9 of the federal Bankruptcy Code or such corresponding chapter or sections as may be in effect, from time to time, during any such period.
- 6. If ordered by a court of competent jurisdiction, the corporation may assume policies or otherwise provide coverage for policyholders of an insurer placed in liquidation under chapter 631, under such forms, rates, terms, and conditions as the corporation deems appropriate, subject to approval by the office.

Section 9. Subsection (4) of section 627.3511, Florida Statutes, is amended to read:

627.3511 Depopulation of Citizens Property Insurance Corporation.--

- (4) AGENT BONUS.--When the corporation enters into a contractual agreement for a take-out plan that provides a bonus to the insurer, the producing agent of record of the corporation policy is entitled to retain any unearned commission on such policy, and the insurer shall either:
- (a) Pay to the producing agent of record of the association policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the 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.

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If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with paragraph (a). The requirement of this subsection that the producing agent of record is entitled to retain the unearned commission on an association policy does not apply to a policy for which coverage has been provided in the association for 30 days or less or for which a cancellation notice has been issued pursuant to \underline{s} . $\underline{627.351(6)(c)12}$. \underline{s} . $\underline{627.351(6)(c)11}$. during the first 30 days of coverage.

Section 10. Paragraph (a) of subsection (3) of section 2 627.3515, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read: 3 627.3515 Market assistance plan; property and casualty 4 5 risks.--6 (3)(a) The plan and the corporation shall develop a business plan and present it to the Financial Services 8 Commission for approval by September 1, 2007, to provide for the implementation of an electronic database for the purpose 9 of confirming eligibility pursuant to s. 627.351(6). The 10 business plan may provide that authorized insurers or agents 11 12 of authorized insurers may submit to the plan or the 13 corporation in electronic form, as determined by the plan or the corporation, information determined necessary by the plan 14 or the corporation to deny coverage to risks ineligible for 15 coverage by the corporation. Any authorized insurer submitting 16 17 such information that results in a risk being denied coverage 18 by the corporation is required to offer coverage to the risk at its approved rates, for the coverage and premium quoted, 19 for at least 1 year. 20 21 Section 11. Section 627.3517, Florida Statutes, is 2.2 amended to read: 23 627.3517 Consumer choice.--(1) Except as provided in subsection (2), No provision 2.4 of s. 627.351, s. 627.3511, or s. 627.3515 shall be construed 2.5 26 to impair the right of any insurance risk apportionment plan 27 policyholder, upon receipt of any keepout or take-out offer, 2.8 to retain his or her current agent, so long as that agent is 29 duly licensed and appointed by the insurance risk apportionment plan or otherwise authorized to place business 30 with the insurance risk apportionment plan. This right shall

not be canceled, suspended, impeded, abridged, or otherwise 2 compromised by any rule, plan of operation, or depopulation plan, whether through keepout, take-out, midterm assumption, 3 or any other means, of any insurance risk apportionment plan 4 or depopulation plan, including, but not limited to, those 5 6 described in s. 627.351, s. 627.3511, or s. 627.3515. The 7 commission shall adopt any rules necessary to cause any 8 insurance risk apportionment plan or market assistance plan 9 under such sections to demonstrate that the operations of the plan do not interfere with, promote, or allow interference 10 with the rights created under this section. If the 11 12 policyholder's current agent is unable or unwilling to be 13 appointed with the insurer making the take-out or keepout offer, the policyholder shall not be disqualified from 14 participation in the appropriate insurance risk apportionment 15 plan because of an offer of coverage in the voluntary market. 16 17 An offer of full property insurance coverage by the insurer 18 currently insuring either the ex-wind or wind-only coverage on the policy to which the offer applies shall not be considered 19 a take-out or keepout offer. Any rule, plan of operation, or 20 21 plan of depopulation, through keepout, take-out, midterm 22 assumption, or any other means, of any property insurance risk 23 apportionment plan under s. 627.351(2) or (6) is subject to ss. 627.351(2)(b) and (6)(c) and 627.3511(4). 2.4 25 (2) This section does not apply during the first 10 26 days after a new application for coverage has been submitted 27 to Citizens Property Insurance Corporation under s. 2.8 627.351(6), whether or not coverage is bound during this 29 period.

Section 12. Subsection (1) of section 627.4035, 2 Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read: 3 627.4035 Cash payment of premiums; claims.--4 5 (1) The premiums for insurance contracts issued in this state or covering risk located in this state shall be paid in cash consisting of coins, currency, checks, or money 8 orders or by using a debit card, credit card, automatic electronic funds transfer, or payroll deduction plan. By July 9 1, 2007, insurers issuing personal lines residential and 10 commercial property policies shall provide a premium payment 11 12 plan option to their policyholders which allows for a minimum 13 of quarterly and semiannual payment of premiums. Insurers may, but are not required to, offer monthly payment plans. Insurers 14 issuing such policies must submit their premium payment plan 15 option to the office for approval before use. 16 17 Section 13. Paragraph (b) of subsection (2) of section 18 627.4133, Florida Statutes, is amended, and subsection (7) is added to that section to read: 19 20 627.4133 Notice of cancellation, nonrenewal, or 21 renewal premium. --22 (2) With respect to any personal lines or commercial 23 residential property insurance policy, including, but not limited to, any homeowner's, mobile home owner's, farmowner's, 2.4 condominium association, condominium unit owner's, apartment 25 26 building, or other policy covering a residential structure or 27 its contents: 2.8 (b) The insurer shall give the named insured written notice of nonrenewal, cancellation, or termination at least 29

100 days prior to the effective date of the nonrenewal,

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at least 100 days' written notice, or written notice by June

1, whichever is earlier, for any nonrenewal, cancellation, or
termination that would be effective between June 1 and

November 30. The notice must include the reason or reasons for
the nonrenewal, cancellation, or termination, except that:

- 1. When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason therefor shall be given. As used in this subparagraph, the term "nonpayment of premium" means failure of the named insured to discharge when due any of her or his obligations in connection with the payment of premiums on a policy or any installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance coverage. "Nonpayment of premium" also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium, even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check represents the initial premium payment, the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.
- 2. When such cancellation or termination occurs during the first 90 days during which the insurance is in force and the insurance is canceled or terminated for reasons other than

nonpayment of premium, at least 20 days' written notice of cancellation or termination accompanied by the reason therefor shall be given except where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by the insurer.

3. The requirement for providing written notice of nonrenewal by June 1 of any nonrenewal that would be effective between June 1 and November 30 does not apply to the following situations, but the insurer remains subject to the requirement to provide such notice at least 100 days prior to the effective date of nonrenewal:

a. A policy that is nonrenewed due to a revision in the coverage for sinkhole losses and catastrophic ground cover collapse pursuant to s. 627.730, as amended by s. 30 of chapter 2007-1, Laws of Florida.

b. A policy that is nonrenewed by Citizens Property

Insurance Corporation, pursuant to s. 627.351(6), for a policy
that has been assumed by an authorized insurer offering
replacement or renewal coverage to the policyholder.

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After the policy has been in effect for 90 days, the policy shall not be canceled by the insurer except when there has been a material misstatement, a nonpayment of premium, a failure to comply with underwriting requirements established by the insurer within 90 days of the date of effectuation of coverage, or a substantial change in the risk covered by the policy or when the cancellation is for all insureds under such policies for a given class of insureds. This paragraph does not apply to individually rated risks having a policy term of less than 90 days.

1	(7)(a) Effective August 1, 2007, with respect to any					
2	residential property insurance policy, every notice of renewal					
3	premium must specify:					
4	1. The dollar amounts recouped for assessments by the					
5	Florida Hurricane Catastrophe Fund, the Citizens Property					
6	Insurance Corporation, and the Florida Insurance Guaranty					
7	Association. The actual names of the entities must appear next					
8	to the dollar amounts.					
9	2. The dollar amount of any premium increase that is					
10	due to a rate increase and the total dollar amount that is due					
11	to coverage changes.					
12	(b) The Financial Services Commission may adopt rules					
13	pursuant to ss. 120.536(1) and 120.54 to implement this					
14	subsection.					
15	Section 14. Paragraphs (a) and (c) of subsection (3)					
16	and paragraph (d) of subsection (4) of section 627.701,					
17	Florida Statutes, as amended by chapter 2007-1, Laws of					
18	Florida, are amended, to read:					
19	627.701 Liability of insureds; coinsurance;					
20	deductibles					
21	(3)(a) Except as otherwise provided in this					
22	subsection, prior to issuing a personal lines residential					
23	property insurance policy, the insurer must offer alternative					
24	deductible amounts applicable to hurricane losses equal to					
25	\$500, 2 percent, 5 percent, and 10 percent of the policy					
26	dwelling limits, unless the specific percentage deductible is					
27	less than \$500. The written notice of the offer shall specify					
28	the hurricane or wind deductible to be applied in the event					
29	that the applicant or policyholder fails to affirmatively					
30	choose a hurricane deductible. The insurer must provide such					
31	policyholder with notice of the availability of the deductible					

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amounts specified in this paragraph in a form approved by the office in conjunction with each renewal of the policy. The failure to provide such notice constitutes a violation of this code but does not affect the coverage provided under the policy.

(c) With respect to a policy covering a risk with dwelling limits of at least \$100,000, but less than \$250,000, the insurer may, in lieu of offering a policy with a \$500 hurricane or wind deductible as required by paragraph (a), offer a policy that the insurer guarantees it will not nonrenew for reasons of reducing hurricane loss for one renewal period and that contains up to a 2 percent hurricane or wind deductible as required by paragraph (a).

(4)

- (d)1. A personal lines residential property insurance policy covering a risk valued at less than \$500,000 may not have a hurricane deductible in excess of 10 percent of the policy dwelling limits, unless the following conditions are met:
- a. The policyholder must personally write and provide to the insurer the following statement in his or her own handwriting and sign his or her name, which must also be signed by every other named insured on the policy, and dated: "I do not want the insurance on my home to pay for the first (specify dollar value) of damage from hurricanes. I will pay those costs. My insurance will not."
- b. If the structure insured by the policy is subject to a mortgage or lien, the policyholder must provide the insurer with a written statement from the mortgageholder or lienholder indicating that the mortgageholder or lienholder

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approves the policyholder electing to have the specified deductible.

- 2. A deductible subject to the requirements of this paragraph applies for the term of the policy and for each renewal thereafter unless the policyholder elects otherwise.

 Changes to the deductible percentage may be implemented only as of the date of renewal.
- 3. An insurer shall keep the original copy of the signed statement required by this paragraph, electronically or otherwise, and provide a copy to the policyholder providing the signed statement. A signed statement meeting the requirements of this paragraph creates a presumption that there was an informed, knowing election of coverage.
- 4. The commission shall adopt rules providing appropriate alternative methods for providing the statements required by this section for policyholders who have a handicapping or disabling condition that prevents them from providing a handwritten statement.

Section 15. Subsection (5) of section 627.70131, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read:

627.70131 Insurer's duty to acknowledge communications regarding claims; investigation.--

(5) Within 90 days after an insurer receives notice of a property insurance claim from a policyholder under a policy providing residential coverage as defined in s. 627.4025, the insurer shall pay or deny such claim or a portion of the claim unless the failure to pay such claim or a portion of the claim is caused by factors beyond the control of the insurer which reasonably prevent such payment. Any overdue payment of a claim or portion of a claim shall bear interest at the rate as

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set forth in s. 55.03. Interest on an overdue payment for a

claim or for any portion of a claim begins to accrue interest

from the date the insurer receives notice of the claim. The

interest is payable with the payment of the claim. The

provisions of this subsection may not be waived, voided, or

nullified by contract. Failure to comply with this subsection

constitutes a violation of this code.

Section 16. Subsections (2), (3), (4), and (5) of section 627.712, Florida Statutes, as created by chapter 2007-1, Laws of Florida, are amended to read:

627.712 Residential hurricane coverage required; availability of exclusions for windstorm or contents.--

- (1) An insurer issuing a residential property insurance policy must provide hurricane or windstorm coverage as defined in s. 627.4025. This subsection does not apply with respect to risks that are eligible for wind-only coverage from Citizens Property Insurance Corporation under s. 627.351(6).
- (2) A personal lines residential property An insurer that is subject to subsection (1) must make available, at the option of the policyholder, an exclusion of hurricane coverage or windstorm coverage. The coverage may be excluded only if:
- (a) The policyholder personally writes and provides to the insurer the following statement in his or her own handwriting and signs his or her name, which must also be signed by every other named insured on the policy, and dated:
 "I do not want the insurance on my (home/mobile home/condominium unit) to pay for damage from windstorms or hurricanes. I will pay those costs. My insurance will not."
- (b) If the structure insured by the policy is subject to a mortgage or lien, the policyholder must provide the insurer with a written statement from the mortgageholder or

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lienholder indicating that the mortgageholder or lienholder approves the policyholder electing to exclude windstorm coverage or hurricane coverage from his or her residential property insurance policy.

- insurance policy, except for a condominium unit owner's policy or a tenant's policy, must make available, at the option of the policyholder, an exclusion of coverage for the contents. The coverage may be excluded only if the policyholder personally writes and provides to the insurer the following statement in his or her own handwriting and signs his or her signature, which must also be signed by every other named insured on the policy, and dated: "I do not want the insurance on my (home/mobile home) to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not."
- (4) An insurer shall keep the original copy of a signed statement required by this section, electronically or otherwise, and provide a copy to the policyholder providing the signed statement. A signed statement meeting the requirements of this section creates a presumption that there was an informed, knowing rejection of coverage.
- for the term of the policy and for each renewal thereafter.

 Changes to the exclusions authorized by this section may be implemented only as of the date of renewal. The exclusions authorized by this section are valid for the term of the contract and for each renewal unless the policyholder elects otherwise.

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Section 17. Section 627.713, Florida Statutes, as
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    created by chapter 2007-1, Laws of Florida, is amended to
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   read:
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           627.713 Report of hurricane loss data.--
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          (1) The office may require property insurers to report
   data regarding hurricane claims and underwriting costs,
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    including, but not limited to:
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          (a) (1) Number of claims.
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          (b) (2) Amount of claim payments made.
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          (c) (3) Number and amount of total-loss claims.
          (d)(4) Amount and percentage of losses covered by
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   reinsurance or other loss-transfer agreements.
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          (e)(5) Amount of losses covered under specified
   deductibles.
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          (f)(6) Claims and payments for specified insured
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    values.
          (q) (7) Claims and payments for specified dollar
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   values.
          (h)(8) Claims and payments for specified types of
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    construction or mitigation features.
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          (i)(9) Claims and payments for policies under
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    specified underwriting criteria.
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          (j) (10) Claims and payments for contents, additional
    living expense, and other specified coverages.
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          (k) (11) Claims and payments by county for the
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    information specified in this section.
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          (1) Any other data that the office requires.
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          (2) The office may not require a property insurer to
   report the data specified in paragraphs (1)(f), (q), (h), (i),
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    or (j) for a particular year until January of the following
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   year or later.
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Section 18. Subsections (4) and (5) of section 627.7277, Florida Statutes, as amended by chapter 2007-1, Laws 2 of Florida, are amended to read: 3 4 627.7277 Notice of renewal premium.--5 (4) Every notice of renewal premium must specify: 6 (a) The dollar amounts recouped for assessments by the 7 Florida Hurricane Catastrophe Fund, the Citizens Property 8 Insurance Corporation, and the Florida Insurance Guaranty Association. The actual names of the entities must appear next 9 10 to the dollar amounts. (b) The dollar amount of any premium increase that is 11 12 due to a rate increase and the dollar amounts that are due to 13 coverage changes. (5) The Financial Services Commission may adopt rules 14 pursuant to ss. 120.536(1) and 120.54 to implement this 15 16 section. Section 19. Section 631.52, Florida Statutes, is 18 amended to read: 631.52 Scope. -- This part shall apply to all kinds of 19 direct insurance, except: 2.0 21 (1) Life, annuity, health, or disability insurance; 22 (2) Mortgage guaranty, financial guaranty, or other 23 forms of insurance offering protection against investment 2.4 risks; 25 (3) Fidelity or surety bonds, or any other bonding obligations; 26 27 (4) Credit insurance, vendors' single interest insurance, or collateral protection insurance or any similar insurance protecting the interests of a creditor arising out 29 of a creditor-debtor transaction; 30 31

(5) Warranty, including motor vehicle service, home 2 warranty, or service warranty; 3 (6) Ambulance service, health care service, or preneed 4 funeral merchandise or service; 5 (7) Optometric service plan, pharmaceutical service 6 plan, or dental service plan; 7 (8) Legal expense; 8 (9) Health maintenance, prepaid health clinic, or 9 continuing care; 10 (10) Ocean marine or wet marine insurance; (11) Self-insurance and any kind of self-insurance 11 12 fund, liability pool, or risk management fund; 13 (12) Title insurance; 14 (13) Surplus lines; (14) Workers' compensation; 15 (15) Any transaction or combination of transactions 16 17 between a person, including affiliates of such person, and an insurer, including affiliates of such insurer, which involves 18 the transfer of investment or credit risk unaccompanied by the 19 transfer of insurance risk; or 2.0 21 (16) Any insurance provided by or guaranteed by 22 government. 23 Section 20. Paragraph (e) of subsection (3) of section 631.57, Florida Statutes, as amended by chapter 2007-1, Laws 2.4 of Florida, is amended to read: 2.5 631.57 Powers and duties of the association.--26 27 (3) 2.8 (e)1.a. In addition to assessments otherwise 29 authorized in paragraph (a) and to the extent necessary to secure the funds for the account specified in s. 631.55(2)(c) 30 for the direct payment of covered claims of insurers rendered

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insolvent by the effects of a hurricane homeowners' insurers and to pay the reasonable costs to administer such claims, 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 the event the board of directors participates in the issuance of bonds in accordance with s. 631.695, emergency assessments shall be levied 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 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 3 other payments required under the bond resolution or trust 4 indenture pursuant to which such bonds have been issued, 5 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 8 determines to secure such bonds by a pledge of revenues 9 received from the emergency assessments, such bonds, upon such 10 pledge of revenues, shall be secured by and payable from the 11 12 proceeds of such emergency assessments, and the proceeds of 13 emergency assessments levied under this paragraph shall be remitted directly to and administered by the trustee or 14 custodian appointed for such bonds. 15

- 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 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.

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- 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. In the event the board of directors participates in the issuance of bonds in accordance with s. 631.695, 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 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.

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Section 21. Paragraphs (g), (h), and (i) of subsection (1), and subsections (2) and (6) of section 631.695, Florida Statutes, are amended to read:

631.695 Revenue bond issuance through counties or municipalities.--

- (1) The Legislature finds:
- (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 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.
- (2) The governing body of any municipality or county—
 the 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.

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631.54, arising through the insolvency of an insurer, which 2 insolvency is determined by the Florida Insurance Guaranty Association to have been a result of a hurricane, regardless 3 of whether the claimants or policyholders are residents of 4 5 such municipality or county or the property to which the claim relates is located within or outside the territorial 7 jurisdiction of the municipality or county. The power of a 8 municipality or county to issue bonds, as described in this 9 section, is in addition to any powers granted by law and may not be abrogated or restricted by any provisions in such 10 municipality's or county's charter. A municipality or county 11 12 issuing bonds for this purpose shall enter into such contracts 13 with the Florida Insurance Guaranty Association or any entity acting on behalf of the Florida Insurance Guaranty Association 14 as are necessary to implement the assistance program. Any 15 16 bonds issued by a municipality or county or a combination thereof under this subsection shall be payable from and 18 secured by moneys received by or on behalf of the municipality or county from assessments levied under s. 631.57(3)(a) and 19 assigned and pledged to or on behalf of the municipality or 20 21 county for the benefit of the holders of the bonds in 22 connection with the assistance program. The funds, credit, 23 property, and taxing power of the state or any municipality or county shall not be pledged for the payment of such bonds. 2.4

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.

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Section 22. This act shall take effect upon becoming a
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    law.
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1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR								
2		<u>Senate Bill 1866</u>							
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4	The	committee substitute provides the following changes:							
5 6	1.	1. Revises the legislative findings for establishing Citizens Property Insurance Corporation (Citizens), in order to support its tax-exempt status.							
7	2. Requires the timing for the next rate change for Citizens that may increase rates.								
9	 Revises criteria for determining if an applicant or policyholder is eligible for coverage in Citizens. 								
10	4.	Deletes the requirement that an application for coverage with Citizens is subject to a 10-day waiting period.							
11 12	5.	Revises the ethics requirements that apply to members of Citizens board of governors and senior management.							
13	6.	Revises requirements for a Citizens employee to report suspected fraud by a Citizens employee.							
14 15	7. Revises the requirement for a property insurer to pay or deny a claim within 90 days of receiving notice of a claim.								
16	8. Allows any insurer that qualifies as a limited apportionment company to purchase certain coverage from the Florida Hurricane Catastrophe Fund (FHCF).								
18 19	9. Revises provisions related to policy deductibles and exclusions.								
20	10. Revises the prohibition against making a "use and file" rate filing.								
21	11.	Revises the conditions for certain insurers to obtain a surplus note under the Capital Build-Up Incentive Program.							
23	10								
24	12.	Applies the \$50 million surplus requirement to a domestic residential property insurer if it is a subsidiary of an insurer domiciled in another state.							
2526	13.	Provides that the annual report card for insurers prepared by the consumer advocate applies to personal							
27		residential property insurers.							
28	14.	Provides that 100 days' notice of non-renewal is required in certain circumstances.							
29	15. Prohibits the OIR from requiring a property insurer to report certain hurricane data until the following year.								
30	16.	Clarifies that any kind of self-insurance fund is not covered by Florida Insurance Guaranty Association (FIGA).							

1	17.	Permits all	municipalities	and counties in the state in certain circumstances.	to
2		issue bonds	to assist FIGA	in certain circumstances.	
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