A bill to be entitled 2 An act relating to insurance; amending s. 3 215.5595, F.S.; providing that domestic and other insurers writing only manufactured 4 5 housing policies are eligible to receive a 6 surplus note in a specified amount; amending s. 7 626.916, F.S.; providing requirements for 8 insurance coverage eligible for export for residential property risks; requiring that the 9 insured be notified that coverage may be 10 available from Citizens Property Insurance 11 Corporation; amending s. 626.914, F.S.; 12 13 revising the definition of the term "diligent 14 effort"; amending s. 215.555, F.S.; revising the dates regarding an exemption from emergency 15 assessments for medical malpractice insurance 16 premiums; amending s. 627.351, F.S.; revising 17 18 legislative findings to provide a finding that the lack of affordable property insurance 19 threatens the public health, safety, and 20 welfare and threatens the economic health of 21 22 the state; revising provisions for determining 23 eligibility for coverage under Citizens 24 Property Insurance Corporation; amending s. 627.062, F.S.; providing that certain interest 25 paid by an insurer may not be included in rate 26 base or used to justify a rate or rate change; 27 28 amending s. 626.9541, F.S.; providing 29 additional unfair claim settlement practices; amending s. 627.70131, F.S.; deleting the 30 definition of the term "insurer"; defining the 31

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term "claim"; revising provisions relating to when an insurer must pay a claim; providing conditions under which interest must be paid; extending the date for increasing rates; prohibiting issuance of new certificates of authority to certain insurers; requiring rate filings of certain insurers to include certain parent company profits information; establishing a pilot program to offer optional sinkhole coverage; amending s. 626.9201, F.S.; revising requirements concerning cancellation for nonpayment of premium of policies providing coverage for property, casualty, surety, or marine insurance; defining the term "nonpayment of premium"; providing that certain contracts or contractual obligations concerning such coverage are void under specified conditions; requiring the refund of certain premiums received by an insurer; providing that the internal design option of the Florida Building Code remains in effect until a specified date for a building permit application made before that date, notwithstanding provisions of ch. 2007-1, Laws of Florida; providing an effective date and for retroactive application; applying the act to any actions taken with respect to a building permit affected by such prior act; providing effective dates. Be It Enacted by the Legislature of the State of Florida:

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Section 1. Paragraphs (b) and (c) of subsection (2) of section 215.5595, Florida Statutes, as amended by section 5 of chapter 2007-1, Laws of Florida, are amended to read:

215.5595 Insurance Capital Build-Up Incentive Program.--

- (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 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 that an insurer writing only manufactured housing policies is eliqible to receive a surplus note in the amount of \$7 million and a domestic mutual insurer is eliqible to receive a surplus note in the amount of \$7 million and a domestic mutual insurer is eliqible to receive a surplus note in the amount of \$12.5 million. 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 for 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 surplus note for a domestic mutual insurer must total at least \$25 million. Section 2. Paragraph (e) is added to subsection (1) of 3 section 626.916, Florida Statutes, to read: 4 5 626.916 Eligibility for export.--6 (1) No insurance coverage shall be eligible for export unless it meets all of the following conditions: 8 (e) For personal residential property risks, the retail or producing agent must advise the insured in writing 9 that coverage may be available and may be less expensive from 10 Citizens Property Insurance Corporation. The notice must 11 include other information that states that Citizens' 12 13 assessments are higher and the coverage provided by Citizens 14 may be less than the property's existing coverage. If the notice is signed by the insured, it is presumed that the 15 insured has been informed and knows that policies from 16 Citizens Property Insurance Corporation may be less expensive, 17 18 may provide less coverage, and will be accompanied by higher 19 assessments. Section 3. Subsection (4) of section 626.914, Florida 20 Statutes, is amended to read: 21 22 626.914 Definitions.--As used in this Surplus Lines 23 Law, the term: 24 (4) "Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers 25 currently writing this type of coverage and documenting these 26 rejections. However, if the residential structure has a 27 28 dwelling replacement cost of \$1 million or more, the term 29 means seeking coverage from and having been rejected by at least one authorized insurer currently writing this type of 30 31 <u>coverage and documenting this rejection.</u>

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Section 4. Paragraph (b) of subsection (6) of section 215.555, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read:

215.555 Florida Hurricane Catastrophe Fund.--

- (6) REVENUE BONDS.--
- (b) Emergency assessments. --
- 1. If the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy, by order, an emergency assessment on direct premiums for all property and casualty lines of business in this state, including property and casualty business of surplus lines insurers regulated under part VIII of chapter 626, but not including any workers' compensation premiums or medical malpractice premiums. As used in this subsection, the term "property and casualty business" includes all lines of business identified on Form 2, Exhibit of Premiums and Losses, in the annual statement required of authorized insurers by s. 624.424 and any rule adopted under this section, except for those lines identified as accident and health insurance and except for policies written under the National Flood Insurance Program. The assessment shall be specified as a percentage of direct written premium and is subject to annual adjustments by the board in order to meet debt obligations. The same percentage shall apply to all policies in lines of business subject to the assessment issued or renewed during the 12-month period beginning on the 31 effective date of the assessment.

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- 2. A premium is not subject to an annual assessment under this paragraph in excess of 6 percent of premium with respect to obligations arising out of losses attributable to any one contract year, and a premium is not subject to an aggregate annual assessment under this paragraph in excess of 10 percent of premium. An annual assessment under this paragraph shall continue as long as the revenue bonds issued with respect to which the assessment was imposed are outstanding, including any bonds the proceeds of which were used to refund the revenue bonds, unless adequate provision has been made for the payment of the bonds under the documents authorizing issuance of the bonds.
- 3. Emergency assessments shall be collected from policyholders. Emergency assessments shall be remitted by insurers as a percentage of direct written premium for the preceding calendar quarter as specified in the order from the Office of Insurance Regulation. The office shall verify the accurate and timely collection and remittance of emergency assessments and shall report the information to the board in a form and at a time specified by the board. Each insurer collecting assessments shall provide the information with respect to premiums and collections as may be required by the office to enable the office to monitor and verify compliance with this paragraph.
- 4. With respect to assessments of surplus lines premiums, each surplus lines agent shall collect the assessment at the same time as the agent collects the surplus lines tax required by s. 626.932, and the surplus lines agent shall remit the assessment to the Florida Surplus Lines Service Office created by s. 626.921 at the same time as the 31 agent remits the surplus lines tax to the Florida Surplus

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Lines Service Office. The emergency assessment on each insured procuring coverage and filing under s. 626.938 shall be remitted by the insured to the Florida Surplus Lines Service Office at the time the insured pays the surplus lines tax to the Florida Surplus Lines Service Office. The Florida Surplus Lines Service Office shall remit the collected assessments to the fund or corporation as provided in the order levied by the Office of Insurance Regulation. The Florida Surplus Lines Service Office shall verify the proper application of such emergency assessments and shall assist the board in ensuring the accurate and timely collection and remittance of assessments as required by the board. The Florida Surplus Lines Service Office shall annually calculate the aggregate written premium on property and casualty business, other than workers' compensation and medical malpractice, procured through surplus lines agents and insureds procuring coverage and filing under s. 626.938 and shall report the information to the board in a form and at a time specified by the board.

5. Any assessment authority not used for a particular contract year may be used for a subsequent contract year. If, for a subsequent contract year, the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy an emergency assessment up to an amount not exceeding the amount of unused assessment authority from a previous contract year or years, plus an additional 4 percent provided that the assessments in the aggregate do not 31 exceed the limits specified in subparagraph 2.

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- 6. The assessments otherwise payable to the corporation under this paragraph shall be paid to the fund unless and until the Office of Insurance Regulation and the Florida Surplus Lines Service Office have received from the corporation and the fund a notice, which shall be conclusive and upon which they may rely without further inquiry, that the corporation has issued bonds and the fund has no agreements in effect with local governments under paragraph (c). On or after the date of the notice and until the date the corporation has no bonds outstanding, the fund shall have no right, title, or interest in or to the assessments, except as provided in the fund's agreement with the corporation.
- 7. Emergency assessments are not premium and are not subject to the premium tax, to the surplus lines tax, to any fees, or to any commissions. An insurer is liable for all assessments that it collects and must treat the failure of an insured to pay an assessment as a failure to pay the premium. An insurer is not liable for uncollectible assessments.
- 8. When an insurer is required to return an unearned premium, it shall also return any collected assessment attributable to the unearned premium. A credit adjustment to the collected assessment may be made by the insurer with regard to future remittances that are payable to the fund or corporation, but the insurer is not entitled to a refund.
- 9. When a surplus lines insured or an insured who has procured coverage and filed under s. 626.938 is entitled to the return of an unearned premium, the Florida Surplus Lines Service Office shall provide a credit or refund to the agent or such insured for the collected assessment attributable to the unearned premium prior to remitting the emergency 31 assessment collected to the fund or corporation.

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10. The exemption of medical malpractice insurance premiums from emergency assessments under this paragraph is repealed May 31, 2010 May 31, 2007, and medical malpractice insurance premiums shall be subject to emergency assessments attributable to loss events occurring in the contract years commencing on June 1, 2010 June 1, 2007. Section 5. Paragraphs (a), (c), (m) and (r) of subsection (6) of section 627.351, Florida Statutes, as

amended by section 21 of chapter 2007-1, Laws of Florida, are amended, and paragraph (ff) is added to that subsection, to read:

- 627.351 Insurance risk apportionment plans.--
- 13 (6) CITIZENS PROPERTY INSURANCE CORPORATION. --
 - (a)1. It is the public purpose of this subsection to ensure the existence of an orderly market for property insurance for Floridians and Florida businesses. The Legislature finds that private insurers are unwilling or unable to provide affordable property insurance coverage in this state to the extent sought and needed. The absence of affordable property insurance threatens the public health, safety, and welfare and likewise threatens the economic health of the state. The state therefore has a compelling public interest and a public purpose to assist in assuring that property in the state is insured and that it is insured at affordable rates so as to facilitate the remediation, reconstruction, and replacement of damaged or destroyed property in order to reduce or avoid the negative effects otherwise resulting to the public health, safety, and welfare; to the economy of the state; and to the revenues of the state and local governments which are needed to provide for the

public welfare. It is necessary, therefore, to provide

affordable property insurance to applicants who are in good faith entitled to procure insurance through the voluntary market but are unable to do so. The Legislature intends by 3 this subsection that affordable property insurance be provided 4 and that it continue to be provided, as long as necessary, 5 through Citizens Property Insurance Corporation, a government 6 7 entity that is an integral part of the state, and that is not 8 a private insurance company. To that end, Citizens Property 9 Insurance Company shall strive to increase the availability of affordable property insurance in this state, while achieving 10 efficiencies and economies, and while providing service to 11 policyholders, applicants, and agents which is no less than 12 13 the quality generally provided in the voluntary market, for 14 the achievement of the foregoing public purposes. Because it is essential for this government entity to have the maximum 15 financial resources to pay claims following a catastrophic 16 hurricane, it is the intent of the Legislature that Citizens 17 18 Property Insurance Corporation continue to be an integral part 19 of the state and that the income of the corporation be exempt from federal income taxation and that interest on the debt 20 obligations issued by the corporation be exempt from federal 2.1 22 income taxation. The Legislature finds that actual and 23 threatened catastrophic losses to property in this state from 24 hurricanes have caused insurers to be unwilling or unable to 2.5 provide property insurance coverage to the extent sought 26 is in the public interest and a public purpose 2.7 assist in assuring that property in the state is insured so as 28 to facilitate the remediation, reconstruction, and replacement 29 of damaged or destroyed property in order to reduce 30 negative effects otherwise resulting to the public health, safety, and welfare; to the economy of the state; and to the

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revenues of the state and local governments needed to provide for the public welfare. It is necessary, therefore, to provide property insurance to applicants who are in good faith entitled to procure insurance through the voluntary market but are unable to do so. The Legislature intends by this subsection that property insurance be provided and that it continues, as long as necessary, through an entity organized to achieve efficiencies and economies, while providing service to policyholders, applicants, and agents that is no less than the quality generally provided in the voluntary market, all toward the achievement of the foregoing public purposes. Because it is essential for the corporation to have the maximum financial resources to pay claims following a catastrophic hurricane, it is the intent of the Legislature that the income of the corporation be exempt from federal income taxation and that interest on the debt obligations issued by the corporation be exempt from federal income taxation.

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

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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 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; 31 or a continuing care retirement community that is certified

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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 <u>January 1, 2009</u> 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 or more is not eligible for coverage by the corporation. Such dwellings insured by the corporation on December 31, 2008 June 30, 2008, may continue to be covered by the corporation until the end of the policy term. However, such dwellings that are insured by the corporation and become ineligible for coverage due to the provisions of this subparagraph may reapply and obtain coverage in the high-risk account and be considered "nonhomestead property" if the property owner provides the corporation with a sworn affidavit from one or more insurance agents, on a form provided by the corporation, stating that the agents have made their best efforts to obtain coverage and that the property has been rejected for coverage by at least one authorized insurer and at least three surplus lines insurers. If such conditions are met, the dwelling may be insured by the corporation for up to 3 years, after which time the dwelling is ineligible for coverage. The office shall approve the method used by the corporation for valuing the dwelling replacement cost for the purposes of this subparagraph. If a policyholder is insured by the corporation prior to being determined to be ineligible pursuant to this subparagraph and such policyholder files a 31 | lawsuit challenging the determination, the policyholder may

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remain insured by the corporation until the conclusion of the litigation.

- 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.
- 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.
 - (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 policiessimilar to an HO-8 policy or a dwelling fire policy that

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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 eliqible for coverage under the high-risk account referred to in sub-subparagraph (b)2.a.
- f. The corporation may adopt variations of the policy forms listed in sub-subparagraphs a.-e. that contain more restrictive coverage.
- 2.a. Must provide that the corporation adopt a program in which the corporation and authorized insurers enter into quota share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt property insurance forms for eligible risks which cover the peril of wind only. As used in this subsection, the term:
- "Quota share primary insurance" means an arrangement in which the primary hurricane coverage of an 31 eligible risk is provided in specified percentages by the

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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 eliqible for coverage by the Florida Windstorm Underwriting Association on January 1, 2002.
- b. The corporation may enter into quota share primary insurance agreements with authorized insurers at corporation coverage levels of 90 percent and 50 percent.
- c. If the corporation determines that additional coverage levels are necessary to maximize participation in 31 | quota share primary insurance agreements by authorized

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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 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 31 that there is no discriminatory application among insurers as

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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.
- 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 required to, seek judicial validation of its bonds or other indebtedness under chapter 75. The corporation may issue bonds or incur other indebtedness, or have bonds issued on its behalf by a unit of local government pursuant to subparagraph (g)2., in the absence of a hurricane or other weather-related

event, upon a determination by the corporation, subject to approval by the office, that such action would enable it to efficiently meet the financial obligations of the corporation 3 and that such financings are reasonably necessary to 4 effectuate the requirements of this subsection. The corporation is authorized to take all actions needed to 6 facilitate tax-free status for any such bonds or indebtedness, 8 including formation of trusts or other affiliated entities. 9 The corporation shall have the authority to pledge assessments, projected recoveries from the Florida Hurricane 10 Catastrophe Fund, other reinsurance recoverables, market 11 equalization and other surcharges, and other funds available 12 13 to the corporation as security for bonds or other 14 indebtedness. In recognition of s. 10, Art. I of the State Constitution, prohibiting the impairment of obligations of 15 contracts, it is the intent of the Legislature that no action 16 be taken whose purpose is to impair any bond indenture or 17 financing agreement or any revenue source committed by 19 contract to such bond or other indebtedness. 20 4.a. Must require that the corporation operate subject to the supervision and approval of a board of governors 21 22 consisting of eight individuals who are residents of this 23 state, from different geographical areas of this state. The 24 Governor, the Chief Financial Officer, the President of the Senate, and the Speaker of the House of Representatives shall 25 each appoint two members of the board. At least one of the two 26 members appointed by each appointing officer must have 27 28 demonstrated expertise in insurance. The Chief Financial 29 Officer shall designate one of the appointees as chair. All

board members serve at the pleasure of the appointing officer.

31 All members of the board of governors are subject to removal

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at will by the officers who appointed them. All board members, including the chair, must be appointed to serve for 3-year terms beginning annually on a date designated by the plan. Any board vacancy shall be filled for the unexpired term by the appointing officer. The Chief Financial Officer shall appoint a technical advisory group to provide information and advice to the board of governors in connection with the board's duties under this subsection. The executive director and senior managers of the corporation shall be engaged by the board and serve at the pleasure of the board. Any executive director appointed on or after July 1, 2006, is subject to confirmation by the Senate. The executive director is responsible for employing other staff as the corporation may require, subject to review and concurrence by the board.

b. The board shall create a Market Accountability Advisory Committee to assist the corporation in developing awareness of its rates and its customer and agent service levels in relationship to the voluntary market insurers writing similar coverage. The members of the advisory committee shall consist of the following 11 persons, one of whom must be elected chair by the members of the committee: four representatives, one appointed by the Florida Association of Insurance Agents, one by the Florida Association of Insurance and Financial Advisors, one by the Professional Insurance Agents of Florida, and one by the Latin American Association of Insurance Agencies; three representatives appointed by the insurers with the three highest voluntary market share of residential property insurance business in the state; one representative from the Office of Insurance Regulation; one consumer appointed by the board who is insured 31 by the corporation at the time of appointment to the

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committee; one representative appointed by the Florida Association of Realtors; and one representative appointed by the Florida Bankers Association. All members must serve for 3-year terms and may serve for consecutive terms. The committee shall report to the corporation at each board meeting on insurance market issues which may include rates and rate competition with the voluntary market; service, including policy issuance, claims processing, and general responsiveness to policyholders, applicants, and agents; and matters relating to depopulation.

- 5. Must provide a procedure for determining the eligibility of a risk for coverage, as follows:
- a. Subject to the provisions of s. 627.3517, with respect to personal lines residential risks, if the risk is offered coverage from an authorized insurer at the insurer's approved rate under either a standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the office, a basic policy including wind coverage, 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 15/25 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 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. 31 However, with regard to a policyholder of the corporation, the

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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 15 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 a policy including wind coverage issued by the corporation. However, with regard to a policyholder of the corporation, the policyholder remains eligible for coverage from the corporation regardless of any offer of coverage from an

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.

- 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

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

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

- 6. Must provide by July 1, 2007, that an application for coverage for a new policy is subject to a waiting period of 10 days before coverage is effective, during which time the corporation shall make such application available for review by general lines agents and authorized property and casualty insurers. The board shall approve an exception that allows for coverage to be effective before the end of the 10-day waiting 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.
- 7. Must include rules for classifications of risks and rates therefor.
- 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.
- 9. Must provide objective criteria and procedures to 31 be uniformly applied for all applicants in determining whether

an individual risk is so hazardous as to be uninsurable. In making this determination and in establishing the criteria and procedures, the following shall be considered:

- a. Whether the likelihood of a loss for the individual risk is substantially higher than for other risks of the same class; and
- b. Whether the uncertainty associated with the individual risk is such that an appropriate premium cannot be determined.

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- The acceptance or rejection of a risk by the corporation shall be construed as the private placement of insurance, and the provisions of chapter 120 shall not apply.
- 10. Must provide that the corporation shall make its best efforts to procure catastrophe reinsurance at reasonable rates, to cover its projected 100-year probable maximum loss as determined by the board of governors.
- 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 31 | which this surcharge is related shall be determined as set

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forth in subparagraph (b)3., without deducting the estimated Citizens policyholder surcharge. Citizens policyholder surcharges under this subparagraph are not considered premium 3 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.

- 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.
- 13. Corporation policies and applications must include a notice that the corporation policy could, under this section, be replaced with a policy issued by an authorized insurer that does not provide coverage identical to the coverage provided by the corporation. The notice shall also specify that acceptance of corporation coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.
- 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 31 | from the corporation. When coverage is sought in connection

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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.

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 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.

16. Must provide that the corporation appoint as its licensed agents only those agents who also hold an appointment 31 as defined in s. 626.015(3) with an insurer who at the time of

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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.

17. Must provide, by July 1, 2007, a premium payment plan option to its policyholders which allows for quarterly and semiannual payment of premiums.

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 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 finds, after a hearing, that the insurer is not capable of providing adjusting services at an acceptable level 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.

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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.

- (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 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

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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 for the 2007 and 2008 calendar years year except for any rate change that results in a lower rate. The next rate change that may increase rates shall take effect January 1, 2009 2008, pursuant to a new rate filing recommended by the corporation and established by the office, subject to the requirements of this paragraph.
- (r)1. There shall be no liability on the part of, and no cause of action of any nature shall arise against, any assessable insurer or its agents or employees, the corporation or its agents or employees, members of the board of governors or their respective designees at a board meeting, corporation committee members, or the office or its representatives, for any action taken by them in the performance of their duties or responsibilities under this subsection. Such immunity does not apply to:
- $\underline{a.1.}$ Any of the foregoing persons or entities for any willful tort;
- b.2. The corporation or its producing agents for
 breach of any contract or agreement pertaining to insurance
 coverage;
- 30 <u>c.3.</u> The corporation with respect to issuance or 31 payment of debt; or

1	d.4. Any assessable insurer with respect to any action
2	to enforce an assessable insurer's obligations to the
3	corporation under this subsection; or-
4	e. The corporation in any pending or future action for
5	breach of contract or for benefits under a policy issued by
6	the corporation; in any such action, the corporation shall be
7	liable to the policyholders and beneficiaries for attorney's
8	fees under s. 627.428.
9	2. The corporation shall manage its claim employees,
10	independent adjusters, and others who handle claims to ensure
11	they carry out the corporation's duty to its policyholders to
12	handle claims carefully, timely, diligently, and in good
13	faith, balanced against the corporation's duty to the state to
14	manage its assets responsibly to minimize its assessment
15	potential.
16	(ff) The office may establish a pilot program to offer
17	optional sinkhole coverage in one or more counties or other
18	territories of the corporation for the purpose of implementing
19	s. 627.706, as amended by s. 30 of chapter 2007-1, Laws of
20	Florida. Under the pilot program, the corporation is not
21	required to issue a notice of nonrenewal to exclude sinkhole
22	coverage upon the renewal of existing policies, but may
23	exclude such coverage using a notice of coverage change.
24	Section 6. Subsection (11) is added to section
25	627.062, Florida Statutes, as amended by section 18 of chapter
26	2007-1, Laws of Florida, to read:
27	627.062 Rate standards
28	(11) Any interest paid pursuant to s. 627.70131(5) may
29	not be included in the insurer's rate base and may not be used

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Section 7. Paragraph (i) of subsection (1) of section 626.9541, Florida Statutes, is amended to read:

626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.--

- (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR
 DECEPTIVE ACTS.—The following are defined as unfair methods
 of competition and unfair or deceptive acts or practices:
 - (i) Unfair claim settlement practices.--
- 1. Attempting to settle claims on the basis of an application, when serving as a binder or intended to become a part of the policy, or any other material document which was altered without notice to, or knowledge or consent of, the insured;
- 2. A material misrepresentation made to an insured or any other person having an interest in the proceeds payable under such contract or policy, for the purpose and with the intent of effecting settlement of such claims, loss, or damage under such contract or policy on less favorable terms than those provided in, and contemplated by, such contract or policy; or
- 3. A violation of s. 627.70131(5), if the insurer's handling of the claim is found to be dishonest or in reckless disregard for the rights of any insured;
- 4. Failing to pay undisputed amounts of partial or full benefits under first-party property insurance policies within 30 days after determining the amounts of partial or full benefits and agreeing to coverage; or
- $\underline{5.3.}$ Committing or performing with such frequency as to indicate a general business practice any of the following:
- a. Failing to adopt and implement standards for the proper investigation of claims;

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- b. Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;
- c. Failing to acknowledge and act promptly upon communications with respect to claims;
- d. Denying claims without conducting reasonable investigations based upon available information;
- e. Failing to affirm or deny full or partial coverage of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement that the claim is being investigated, upon the written request of the insured within 30 days after proof-of-loss statements have been completed;
- f. Failing to promptly provide a reasonable explanation in writing to the insured of the basis in the insurance policy, in relation to the facts or applicable law, for denial of a claim or for the offer of a compromise settlement;
- g. Failing to promptly notify the insured of any additional information necessary for the processing of a claim; or
- 21 h. Failing to clearly explain the nature of the 22 requested information and the reasons why such information is 23 necessary.
 - Section 8. Subsections (4) and (5) of section 627.70131, Florida Statutes, as amended by section 27 of chapter 2007-1, Laws of Florida, are amended to read:
 - 627.70131 Insurer's duty to acknowledge communications regarding claims; investigation.--
 - (4) For purposes of this section, the term<u>"claim"</u> means any of the following:

1	(a) A claim under an insurance policy providing
2	residential coverage as defined in s. 627.4025(1);
3	(b) A claim for structural or contents coverage under
4	a commercial property insurance policy if the insured
5	structure is 10,000 square fee or less; or
6	(c) A claim for contents coverage under a commercial
7	tenants policy if the insured premises is 10,000 square feet
8	or less. "insurer" means any residential property insurer.
9	(5) Within 90 days after an insurer receives notice of
10	a property insurance claim from a policyholder <u>under a policy</u>
11	providing residential coverage as defined in s. 627.4025, the
12	insurer shall pay or deny such claim or a portion of the claim
13	unless the failure to pay such claim or a portion of the claim
14	is caused by factors beyond the control of the insurer which
15	reasonably prevent such payment. Any payment of a claim or
16	portion of a claim paid 90 days after the insurer receives
17	notice of the claim, or paid more than 15 days after there are
18	no longer factors beyond the control of the insurer which
19	reasonably prevented such payment, whichever is later, shall
20	bear interest at the rate set forth in s. 55.03. Interest
21	begins to accrue from the date the insurer receives notice of
22	the claim. The provisions of this subsection may not be
23	waived, voided, or nullified by the terms of the insurance
24	policy. If there is a right to prejudgment interest, the
25	insured shall select whether to receive prejudgment interest
26	or interest under this subsection. Interest is payable when
27	the claim or portion of the claim is paid. Failure to comply
28	with this subsection constitutes a violation of this code.
29	Section 9. Effective January 1, 2008, and
30	notwithstanding any other provision of law:
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(1) A new certificate of authority for the transaction of residential property insurance may not be issued to any insurer domiciled in this state which is a wholly owned subsidiary of an insurer authorized to do business in any other state.

(2) The rate filings of any insurer domiciled in this state that is a wholly owned subsidiary of an insurer authorized to do business in any other state shall include information relating to the profits of the parent company of the insurer domiciled in this state.

Section 10. Subsection (2) of section 626.9201, Florida Statutes, is amended to read:

626.9201 Notice of cancellation or nonrenewal.--

- (2) An insurer issuing a policy providing coverage for property, casualty, surety, or marine insurance shall give the named insured written notice of cancellation or termination other than nonrenewal at least 45 days prior to the effective date of the cancellation or termination, including in the written notice the reason or reasons for the cancellation or termination, except that:
- (a) 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 paragraph, the term "nonpayment of premium" means the failure of the named insured to discharge when due any of his or her obligations in connection with the payment of premiums on a policy or an installment of such a premium, whether the premium or installment is payable directly to the insurer or its agent or indirectly under any plan for financing premiums or extension of credit or the failure of the named insured to maintain membership in an organization if such membership is a

condition precedent to insurance coverage. The term also includes the failure of a financial institution to honor the check of an applicant for insurance which was delivered to a 3 licensed agent for payment of a premium, even if the agent 4 previously delivered or transferred the premium to the 5 insurer. If a dishonored check represents payment of the 6 7 initial premium, the contract, and all contractual obligations 8 are void ab initio unless the nonpayment is cured within the 9 <u>earlier</u> of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to 10 the applicant by certified mail or registered mail, and, if 11 the contract is void, any premium received by the insurer from 12 13 a third party shall be refunded to that party in full; and 14 (b) When such cancellation or termination occurs during the first 90 days during which the insurance is in 15 force and the insurance is canceled or terminated for reasons 16 other than nonpayment, at least 20 days' written notice of 17 18 cancellation or termination accompanied by the reason therefor 19 shall be given except where there has been a material misstatement or misrepresentation or failure to comply with 20 the underwriting requirements established by the insurer. 21 22 Section 11. Notwithstanding section 9 of chapter 2007-1, Laws of Florida, the internal design option provided 23 24 in Section 1609.1.4.1, Florida Building Code, Building Volume, and Section R301.2.1.2, Florida Building Code, Residential 2.5 Volume, shall remain in effect until June 1, 2007, for a 26 building permit application made before that date. 2.7 28 Section 12. Section 11 of this act shall take effect 29 upon becoming a law and applies retroactively to January 25, 2007, the effective date of chapter 2007-1, Laws of Florida. 30 Section 11 of this act applies to any action taken with

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respect to a building permit affected by section 9 of chapter
   2007-1, Laws of Florida, including any actions, legal or
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   ministerial, pertaining to the issuance, revocation, or
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   modifications of any building permit initiated or issued
   before, on, or after January 25, 2007, or pending as of
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    January 25, 2007. If the retroactivity of any provision of
    Section 11 of this act or its retroactive application to any
   person or circumstance is held invalid, the invalidity does
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   not affect the retroactivity or retroactive application of
    other provisions of Section 11 of this act.
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           Section 13. Except as otherwise expressly provided in
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    this act, this act shall take effect upon becoming a law.
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