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CHAMBER ACTION

ı	CHAMBER ACTION <u>Senate</u> <u>House</u>
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11	Senator Posey moved the following amendment:
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13	Senate Amendment (with title amendment)
14	Delete everything after the enacting clause
15	
16	and insert:
17	Section 1. Paragraph (h) of subsection (7) of section
18	163.01, Florida Statutes, as amended by chapter 2007-1, Laws
19	of Florida, is amended to read:
20	163.01 Florida Interlocal Cooperation Act of 1969
21	(7)
22	(h)1. Notwithstanding the provisions of paragraph (c),
23	any separate legal entity consisting of an alliance, as
24	defined in s. 395.106(2)(a), created pursuant to this
25	paragraph and controlled by and whose members consist of
26	eligible entities comprised of special districts created
27	pursuant to a special act and having the authority to own or
28	operate one or more hospitals licensed in this state or
29	hospitals licensed in this state that are owned, operated, or
30	funded by a county or municipality, for the purpose of
31	providing property insurance coverage as defined in \underline{s} .
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- 395.106(2)(b) s. 395.106(2)(c), for such eligible entities, may exercise all powers under this subsection in connection 2 with borrowing funds for such purposes, including, without 3 limitation, the authorization, issuance, and sale of bonds, notes, or other obligations of indebtedness. Borrowed funds, 5 including, but not limited to, bonds issued by such alliance 7 shall be deemed issued on behalf of such eligible entities that enter into loan agreements with such separate legal 8 entity as provided in this paragraph. 9
 - 2. Any such separate legal entity shall have all the powers that are provided by the interlocal agreement under 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 31 | payable at the time or times; be in the denomination; be in

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the form; carry the registration privileges; be executed in the manner; be payable from the sources and in the medium of 2 payment and at the place; and be subject to redemption, 3 including redemption prior to maturity, as the resolution may provide. The bonds, notes, or other obligations may be sold at 5 public or private sale for such price as the governing body of 7 the separate legal entity shall determine. The bonds may be secured by such credit enhancement, if any, as the governing 8 body of the separate legal entity deems appropriate. The bonds 9 10 may be secured by an indenture of trust or trust agreement. In 11 addition, the governing body of the separate legal entity may delegate, to such officer or official of such entity as the 12 13 governing body may select, the power to determine the time; manner of sale, public or private; maturities; rate or rates 14 15 of interest, which may be fixed or may vary at such time or times and in accordance with a specified formula or method of 16 determination; and other terms and conditions as may be deemed 17 appropriate by the officer or official so designated by the 18 19 governing body of such separate legal entity. However, the 20 amounts and maturities of such bonds, the interest rate or rates, and the purchase price of such bonds shall be within 21 22 the limits prescribed by the governing body of such separate legal entity in its resolution delegating to such officer or 23 24 official the power to authorize the issuance and sale of such bonds. 25

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 31 | each county in which an eligible entity that is a member of an

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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 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 4

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(e) of subsection (5), paragraph (b) of subsection (6), and subsection (16) of section 215.555, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, are amended to 3 4 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.
- 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 31 | insurance in 2007, and insurers that were approved to

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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 3 additional amount of reimbursement coverage of up to \$10 million. The premium to be charged for this additional 5 reimbursement coverage shall be 50 percent of the additional 7 reimbursement coverage provided, which shall include one prepaid reinstatement. The minimum retention level that an 8 eligible participating insurer must retain associated with 10 this additional coverage layer is 30 percent of the insurer's 11 surplus as of December 31, 2006. This coverage shall be in addition to all other coverage that may be provided under this 12 13 section. The coverage provided by the fund under this subparagraph subsection shall be in addition to the 14 15 claims-paying capacity as defined in subparagraph (c)1., but only with respect to those insurers that select the additional 16 coverage option and meet the requirements of this subparagraph 17 subsection. The claims-paying capacity with respect to all 18 19 other participating insurers and limited apportionment companies that do not select the additional coverage option 20 21 shall be limited to their reimbursement premium's 22 proportionate share of the actual claims-paying capacity otherwise defined in subparagraph (c)1. and as provided for 23 24 under the terms of the reimbursement contract. Coverage provided in the reimbursement contract will not be affected by 25 the additional premiums paid by participating insurers 26 exercising the additional coverage option allowed in this 27 28 subparagraph. This subparagraph expires on May 31, 2008. 29 (5) REIMBURSEMENT PREMIUMS. --

30 (e) If Citizens Property Insurance Corporation assumes
31 or otherwise provides coverage for policies of an insurer

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placed in liquidation under chapter 631 pursuant to s. 627.351(6), the corporation may, pursuant to conditions 2 mutually agreed to between the corporation and the State Board 3 of Administration, obtain coverage for such policies under its contract with the fund or accept an assignment of the 5 liquidated insurer's contract with the fund. If Citizens 7 Property Insurance Corporation elects to cover these policies under the corporation's contract with the fund, it shall 8 notify the board of its insured values with respect to such policies within a specified time mutually agreed to between 10 11 the corporation and the board, after such assumption or other coverage transaction, and the fund shall treat such policies 12 13 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 14 15 such policies and treat Citizens Property Insurance 16 Corporation as if the corporation were the liquidated insurer for the remaining term of the contract, and the corporation 17 shall have all rights and duties of the liquidated insurer 18 beginning on the date it provides coverage for such policies, 19 20 but the corporation is not subject to any preexisting rights, 21 liabilities, or duties of the liquidated insurer. The 22 assignment, including any unresolved issues between the liquidated insurer and Citizens Property Insurance Corporation 23 24 under the contract, shall be provided for in the liquidation order or otherwise determined by the court. However, if a 25 covered event occurs before the effective date of the 26 assignment, the corporation may not obtain coverage for such 27 policies under its contract with the fund and shall accept an 28 29 assignment of the liquidated insurer's contract as provided in this paragraph. This paragraph expires on June 1, 2007. 30

(6) REVENUE BONDS.--

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(b)	Emergency	assessments
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- 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 effective date of the assessment.
- 2. A premium is not subject to an annual assessment under this paragraph in excess of 6 percent of premium with respect to obligations arising out of losses attributable to any one contract year, and a premium is not subject to an 31 aggregate annual assessment under this paragraph in excess of

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10 percent of premium. An annual assessment under this paragraph shall continue as long as the revenue bonds issued 2 with respect to which the assessment was imposed are 3 outstanding, including any bonds the proceeds of which were used to refund the revenue bonds, unless adequate provision 5 has been made for the payment of the bonds under the documents 7 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 agent remits the surplus lines tax to the Florida Surplus Lines Service Office. The emergency assessment on each insured procuring coverage and filing under s. 626.938 shall be remitted by the insured to the Florida Surplus Lines Service Office at the time the insured pays the surplus lines tax to 31 | the Florida Surplus Lines Service Office. The Florida Surplus

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

- 5. Any assessment authority not used for a particular contract year may be used for a subsequent contract year. If, for a subsequent contract year, the board determines that the amount of revenue produced under subsection (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy an emergency assessment up to an amount not exceeding the amount of unused assessment authority from a previous contract year or years, plus an additional 4 percent provided that the assessments in the aggregate do not exceed the limits specified in subparagraph 2.
- 6. The assessments otherwise payable to the corporation under this paragraph shall be paid to the fund unless and until the Office of Insurance Regulation and the Florida Surplus Lines Service Office have received from the 31 | corporation and the fund a notice, which shall be conclusive

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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 assessment collected to the fund or corporation.
- The exemption of medical malpractice insurance premiums from emergency assessments under this paragraph is repealed May 31, 2010 2007, and medical malpractice insurance premiums shall be subject to emergency assessments 31 attributable to loss events occurring in the contract years

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commencing on June 1, $2010 ext{ } 2007$.

- (16) TEMPORARY EMERGENCY OPTIONS FOR ADDITIONAL COVERAGE.--
 - (a) Findings and intent.--
 - 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.
- 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.
- 30 (c) Optional coverage.--For the contract year
 31 commencing June 1, 2007, and ending May 31, 2008, the contract

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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.
- 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

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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 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.
- 28 <u>6. "FHCF" means the Florida Hurricane Catastrophe</u>
 29 <u>Fund.</u>
- 30 (e) TEACO addendum.--
- 31 | 1. The TEACO addendum shall provide for reimbursement

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of TEACO insurers for covered events occurring during the contract year, in exchange for the TEACO reimbursement premium 2 paid into the fund under paragraph (f). Any insurer writing 3 covered policies has the option of choosing to accept the TEACO addendum for any of the 3 contract years that the 5 coverage is offered. 6

- 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 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 (g) 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 31 | premium paid for its optional TEACO coverage as each such

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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 for a 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 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) 31 also accepted the TEACO option:

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Barcode 935572 1 a. The <u>insurer's</u> industry TEACO reimbursement premium associated with the \$3 billion retention option shall would 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 <u>a TEACO insurer's maximum reimbursement for a single event</u> as calculated under subparagraph (e)6. the difference between

the industry retention level calculated under paragraph (2)(e) and the \$4 billion industry TEACO retention level.

c. The TEACO premium associated with the \$5 billion retention option shall would be equal to 75 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) and the \$5 billion industry TEACO retention level.

3. Each insurer's TEACO premium shall be calculated based on its share of the total TEACO reimbursement premiums based on its coverage selection under the TEACO addendum.

(g) Effect on claims-paying capacity of the fund. -- For the contract term commencing June 1, 2007, the contract year commencing June 1, 2008, and the contract term beginning June 1, 2009, the program created by this subsection shall increase the claims-paying capacity of the fund as provided in subparagraph (4)(c)1. by an amount equal to two times the difference between the industry retention level calculated under paragraph (2)(e) and the \$3 billion industry TEACO 31 | retention level specified in sub-subparagraph (d)4.a. The

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additional capacity shall apply only to the additional coverage provided by the TEACO option and shall not otherwise affect any insurer's reimbursement from the fund.

Section 3. Paragraphs (b), (c), and (g) of subsection (2) of section 215.5595, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, are amended, and paragraph (j) of that subsection is added, 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:
- (b) The insurer must contribute an amount of new 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 31 | insurer's surplus, new capital, and the surplus note must

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total at least \$14 million for insurers writing only residential property insurance covering manufactured housing 2 policies as provided in paragraph (a). The surplus, new 4 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, 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. Between insurers writing residential property insurance covering manufactured housing, priority shall be given to the insurer writing the highest percentage of its policies covering manufactured housing.
- (j) As used in this section, "an insurer writing only manufactured housing policies" also includes:
- 1. A Florida domiciled insurer that begins writing personal lines residential manufactured housing policies in Florida after March 1, 2007, and which removes a minimum of 50,000 policies from Citizens Property Insurance Corporation without accepting a bonus, and if at least 25 percent of its policies cover manufactured housing. Such an insurer may count any funds above the minimum capital and surplus requirement that were contributed into the insurer after March 1, 2007, as 31 new capital under this section.

1	2. A Florida domiciled insurer that writes at least 40
2	percent of its policies covering manufactured housing in
3	Florida.
4	Section 4. Subsection (1) of section 624.407, Florida
5	Statutes, as amended by chapter 2007-1, Laws of Florida, is
6	amended to read:
7	624.407 Capital funds required; new insurers
8	(1) To receive authority to transact any one kind or
9	combinations of kinds of insurance, as defined in part V of
10	this chapter, an insurer applying for its original certificate
11	of authority in this state after the effective date of this
12	section shall possess surplus as to policyholders not less
13	than the greater of:
14	(a) Five million dollars for a property and casualty
15	insurer, or \$2.5 million for any other insurer;
16	(b) For life insurers, 4 percent of the insurer's
17	total liabilities;
18	(c) For life and health insurers, 4 percent of the
19	insurer's total liabilities, plus 6 percent of the insurer's
20	liabilities relative to health insurance; or
21	(d) For all insurers other than life insurers and life
22	and health insurers, 10 percent of the insurer's total
23	liabilities;
24	
25	however, a domestic insurer that transacts residential
26	property insurance and is a wholly owned subsidiary of an
27	insurer <u>domiciled</u> authorized to do business in any other state
28	shall possess surplus as to policyholders of at least \$50
29	million, but no insurer shall be required under this
30	subsection to have surplus as to policyholders greater than
31	\$100 million.

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1	Section 5. Paragraph (f) of subsection (3) of section
2	626.2815, Florida Statutes, as amended by chapter 2007-1, Laws
3	of Florida, is amended to read:
4	626.2815 Continuing education required; application;
5	exceptions; requirements; penalties
6	(3)
7	(f) Compliance with continuing education requirements
8	is a condition precedent to the issuance, continuation,
9	reinstatement, or renewal of any appointment subject to this
10	section. An insurance licensee taking a continuing education
11	course, regardless of whether it is a classroom, online, or
12	home study course, may take the required final examination in
13	a proctored location, via the online provider, or by open book
14	if the course offered meets all requirements for continuing
15	education.
16	Section 6. Subsection (4) of section 626.914, Florida
17	Statutes, is amended to read:
18	626.914 DefinitionsAs used in this Surplus Lines
19	Law, the term:
20	(4) "Diligent effort" means seeking coverage from and
21	having been rejected by at least three authorized insurers
22	currently writing this type of coverage and documenting these
23	rejections. However, in the event that the residential
24	structure has a dwelling replacement cost of \$1 million or
25	more, "diligent effort" means seeking coverage from and having
26	been rejected by at least one authorized insurer currently
27	writing this type of coverage and documenting this rejection.
28	Section 7. Paragraph (e) is added to subsection (1) of
29	section 626.916, Florida Statutes, to read:
30	626.916 Eligibility for export
31	(1) No insurance coverage shall be eligible for export

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unless it meets all of the following conditions: (e) For personal residential property risks, the 2 3 retail or producing agent must advise the insured in writing 4 that coverage may be available and may be less expensive from Citizens Property Insurance Corporation. The notice must 5 include other information that states that Citizens' 7 assessments are higher and the coverage provided by Citizens may be less than the property's existing coverage. If the 8 notice is signed by the insured, it is presumed that the 9 10 insured has been informed and knows that policies from 11 Citizens Property Insurance Corporation may be less expensive, may provide less coverage, and will be accompanied by higher 12 13 assessments. Section 8. Subsection (2) of section 626.9201, Florida 14 15 Statutes, is amended to read: 626.9201 Notice of cancellation or nonrenewal.--16 (2) An insurer issuing a policy providing coverage for 17 property, casualty, surety, or marine insurance shall give the 18 named insured written notice of cancellation or termination 19 other than nonrenewal at least 45 days prior to the effective 20 date of the cancellation or termination, including in the 21 22 written notice the reason or reasons for the cancellation or 23 termination, except that: 2.4 (a) When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by 25 the reason therefor shall be given. As used in this paragraph, 26 the term "nonpayment of premium" means failure of the named 27 insured to discharge when due any of his or her obligations in 28 29 connection with the payment of premiums on a policy or any installment of such premium, whether the premium is payable 30

1	premium finance plan or extension of credit, or failure to
2	maintain membership in an organization if such membership is a
3	condition precedent to insurance coverage. The term
4	"nonpayment of premium" also means the failure of a financial
5	institution to honor an insurance applicant's check after
6	delivery to a licensed agent for payment of a premium, even if
7	the agent has previously delivered or transferred the premium
8	to the insurer. If a correctly dishonored check represents the
9	initial premium payment, the contract and all contractual
10	obligations shall be void ab initio unless the nonpayment is
11	cured within the earlier of 5 days after actual notice by
12	certified mail is received by the applicant or 15 days after
13	notice is sent to the applicant by certified mail or
14	registered mail, and, if the contract is void, any premium
15	received by the insurer from a third party shall be refunded
16	to that party in full; and
17	(b) When such cancellation or termination occurs
18	during the first 90 days during which the insurance is in
19	force and the insurance is canceled or terminated for reasons
20	other than nonpayment, at least 20 days' written notice of
21	cancellation or termination accompanied by the reason therefor
22	shall be given except where there has been a material
23	misstatement or misrepresentation or failure to comply with
24	the underwriting requirements established by the insurer.
25	Section 9. Paragraph (i) of subsection (1) of section
26	626.9541, Florida Statutes, is amended to read:
27	626.9541 Unfair methods of competition and unfair or
28	deceptive acts or practices defined
29	(1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR
30	DECEPTIVE ACTSThe following are defined as unfair methods
31	of competition and unfair or deceptive acts or practices:

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1	(i) Unfair claim settlement practices
2	1. Attempting to settle claims on the basis of an
3	application, when serving as a binder or intended to become a
4	part of the policy, or any other material document which was
5	altered without notice to, or knowledge or consent of, the
6	insured;
7	2. A material misrepresentation made to an insured or
8	any other person having an interest in the proceeds payable
9	under such contract or policy, for the purpose and with the
10	intent of effecting settlement of such claims, loss, or damage
11	under such contract or policy on less favorable terms than
12	those provided in, and contemplated by, such contract or
13	policy; or
14	3. A violation of s. 627.70131(5), if the insurer's
15	handling of the claim is found to be dishonest or in reckless
16	disregard for the rights of any insured;
17	4. Failing to pay undisputed amounts of partial or
18	full benefits under first-party property insurance policies
19	within 30 days after determining the amounts of partial or
20	<u>full benefits and agreeing to coverage; or</u>
21	5.3. Committing or performing with such frequency as
22	to indicate a general business practice any of the following:
23	a. Failing to adopt and implement standards for the
24	proper investigation of claims;
25	b. Misrepresenting pertinent facts or insurance policy
26	provisions relating to coverages at issue;
27	c. Failing to acknowledge and act promptly upon
28	communications with respect to claims;
29	d. Denying claims without conducting reasonable
30	investigations based upon available information;
31	e. Failing to affirm or deny full or partial coverage
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of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement 2 that the claim is being investigated, upon the written request 3 of the insured within 30 days after proof-of-loss statements have been completed; 5

- 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;
- 11 g. Failing to promptly notify the insured of any additional information necessary for the processing of a 12 13 claim; or
 - h. Failing to clearly explain the nature of the requested information and the reasons why such information is necessary.
 - Section 10. Subsection (4) of section 627.0613, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended to read:
- 20 627.0613 Consumer advocate. -- The Chief Financial 21 Officer must appoint a consumer advocate who must represent 22 the general public of the state before the department and the office. The consumer advocate must report directly to the 23 24 Chief Financial Officer, but is not otherwise under the authority of the department or of any employee of the 25 department. The consumer advocate has such powers as are 26 necessary to carry out the duties of the office of consumer 27 advocate, including, but not limited to, the powers to: 28
- (4) Prepare an annual report card for each authorized personal residential property insurer, on a form and using a 31 | letter-grade scale developed by the commission by rule, which

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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 assisting policyholders in making informed choices about homeowner's insurance.

Section 11. Paragraph (a) of subsection (2) of section 627.062, Florida Statutes, as amended by chapter 2007-1, Laws of Florida, is amended, and subsection (10) is added to that section, to read:

627.062 Rate standards.--

- (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 31 | notice of intent to disapprove within 90 days after receipt of

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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 3 information, requests for mathematical or mechanical corrections, or notification to the insurer by the office of 5 its preliminary findings shall not toll the 90-day period 7 during any such proceedings and subsequent judicial review. The rate shall be deemed approved if the office does not issue 8 a notice of intent to approve or a notice of intent to 9 10 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.

(10) Any interest paid pursuant to s. 627.70131(5) may

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not be included in the insurer's rate base and may not be used to justify a rate or rate change. 2 Section 12. Section 627.0655, Florida Statutes, as 3 4 created by chapter 2007-1, Laws of Florida, is amended, to 5 read: 6 627.0655 Policyholder loss or expense-related premium 7 discounts. -- An insurer or person authorized to engage in the business of insurance in this state may include, in the 8 premium charged an insured for any policy, contract, or 9 10 certificate of insurance, a discount based on the fact that 11 another policy, contract, or certificate of any type has been purchased by the insured from the same insurer or insurer 12 13 group. Section 13. Paragraphs (a), (b), (c), (d), (j), (m), 14 15 (n), (r), and (v) of subsection (6) of section 627.351, 16 Florida Statutes, as amended by chapter 2007-1, Laws of Florida, are amended, and paragraph (ff) is added to that 17 subsection, to read: 18 19 627.351 Insurance risk apportionment plans.--20 (6) CITIZENS PROPERTY INSURANCE CORPORATION. --21 (a)1. It is the public purpose of this subsection to 22 ensure the existence of an orderly market for property insurance for Florida's residents and businesses. The 23 24 Legislature finds that actual and threatened catastrophic losses to property in this state from hurricanes have caused 25 insurers are to be unwilling or unable to provide affordable 26 property insurance coverage in this state to the extent sought 27 and needed. The absence of affordable property insurance 28 29 threatens the public health, safety, and welfare and likewise threatens the economic health of this state. The state 30 31 therefore has a compelling It is in the public interest and a 28

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public purpose to assist in assuring that property in the state is insured so as to facilitate the remediation, reconstruction, and replacement of damaged or destroyed 3 property in order to reduce or avoid the negative effects otherwise resulting to the public health, safety, and welfare; 5 to the economy of the state; and to the revenues of the state 7 and local governments needed to provide for the public welfare. It is necessary, therefore, to provide affordable 8 property insurance to applicants who are in good faith 9 10 entitled to procure insurance through the voluntary market but 11 are unable to do so. The Legislature intends by this subsection that property insurance be provided and that it 12 13 continues to be provided, as long as necessary, through 14 Citizens Property Insurance Corporation, a government entity 15 that is an integral part of the state and that is not a private insurance company. To that end, the corporation shall 16 strive to increase the availability and affordability of 17 property insurance in this state while achieving an entity 18 19 organized to achieve efficiencies and economies, and while 20 providing service to policyholders, applicants, and agents which that is no less than the quality generally provided in 21 22 the voluntary market, for all toward the achievement of the foregoing public purposes. Because it is essential for this 23 2.4 government entity the corporation to have the maximum financial resources to pay claims following a catastrophic 25 hurricane, it is the intent of the Legislature that <u>Citizens</u> 26 Property Insurance Corporation continues to be an integral 27 part of the state and that the income of the corporation be 28 29 exempt from federal income taxation and that interest on the debt obligations issued by the corporation be exempt from 30 31 federal income taxation.

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1	2. The Residential Property and Casualty Joint
2	Underwriting Association originally created by this statute
3	shall be known, as of July 1, 2002, as the Citizens Property
4	Insurance Corporation. The corporation shall provide insurance
5	for residential and commercial property, for applicants who
6	are in good faith entitled, but are unable, to procure
7	insurance through the voluntary market. The corporation shall
8	operate pursuant to a plan of operation approved by order of
9	the Financial Services Commission. The plan is subject to
10	continuous review by the commission. The commission may, by
11	order, withdraw approval of all or part of a plan if the
12	commission determines that conditions have changed since
13	approval was granted and that the purposes of the plan require
14	changes in the plan. The corporation shall continue to operate
15	pursuant to the plan of operation approved by the Office of
16	Insurance Regulation until October 1, 2006. For the purposes
17	of this subsection, residential coverage includes both
18	personal lines residential coverage, which consists of the
19	type of coverage provided by homeowner's, mobile home owner's,
20	dwelling, tenant's, condominium unit owner's, and similar
21	policies, and commercial lines residential coverage, which
22	consists of the type of coverage provided by condominium
23	association, apartment building, and similar policies.
24	3. For the purposes of this subsection, the term

- 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 31 or less;

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- 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 or more is not eligible for coverage by the corporation. Such dwellings insured by the corporation on 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 31 | corporation with a sworn affidavit from one or more insurance

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agents, on a form provided by the corporation, stating that the agents have made their best efforts to obtain coverage and 2 that the property has been rejected for coverage by at least 3 one authorized insurer and at least three surplus lines insurers. If such conditions are met, the dwelling may be 5 insured by the corporation for up to 3 years, after which time 7 the dwelling is ineligible for coverage. The office shall approve the method used by the corporation for valuing the 8 dwelling replacement cost for the purposes of this 9 10 subparagraph. If a policyholder is insured by the corporation 11 prior to being determined to be ineligible pursuant to this subparagraph and such policyholder files a lawsuit challenging 12 13 the determination, the policyholder may remain insured by the corporation until the conclusion of the litigation. 14

- 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.
- 31 (b)1. All insurers authorized to write one or more

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subject lines of business in this state are subject to assessment by the corporation and, for the purposes of this 2 subsection, are referred to collectively as "assessable 3 insurers." Insurers writing one or more subject lines of business in this state pursuant to part VIII of chapter 626 5 are not assessable insurers, but insureds who procure one or 7 more subject lines of business in this state pursuant to part VIII of chapter 626 are subject to assessment by the 8 corporation and are referred to collectively as "assessable 9 10 insureds." An authorized insurer's assessment liability shall 11 begin on the first day of the calendar year following the year in which the insurer was issued a certificate of authority to 12 13 transact insurance for subject lines of business in this state and shall terminate 1 year after the end of the first calendar 14 15 year during which the insurer no longer holds a certificate of 16 authority to transact insurance for subject lines of business in this state. 17 18

- 2.a. All revenues, assets, liabilities, losses, and
 expenses of the corporation shall be divided into three
 separate accounts as follows:
- (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

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residential and commercial nonresidential policies issued by the corporation or issued by the Residential Property and 2 Casualty Joint Underwriting Association and renewed by the 3 corporation that provide coverage for basic property perils on risks that are not located in areas eligible for coverage in 5 the Florida Windstorm Underwriting Association as those areas 7 were defined on January 1, 2002, and for such policies that do not provide coverage for the peril of wind on risks that are 8 located in such areas; and 9 10 (III) A high-risk account for personal residential 11 policies and commercial residential and commercial nonresidential property policies issued by the corporation or 12 13 transferred to the corporation that provide coverage for the peril of wind on risks that are located in areas eliqible for 14 15 coverage in the Florida Windstorm Underwriting Association as those areas were defined on January 1, 2002. Subject to the 16 approval of a business plan by the Financial Services 17 Commission and Legislative Budget Commission as provided in 18 19 this sub-sub-subparagraph, but no earlier than March 31, 2007, 20 the corporation may offer policies that provide multiperil coverage and the corporation shall continue to offer policies 21 22 that provide coverage only for the peril of wind for risks located in areas eligible for coverage in the high-risk 23 2.4 account. In issuing multiperil coverage, the corporation may use its approved policy forms and rates for the personal lines 25 account. An applicant or insured who is eligible to purchase a 26 multiperil policy from the corporation may purchase a 27 multiperil policy from an authorized insurer without prejudice 28 to the applicant's or insured's eligibility to prospectively 29 purchase a policy that provides coverage only for the peril of 30 31 | wind from the corporation. An applicant or insured who is

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eligible for a corporation policy that provides coverage only for the peril of wind may elect to purchase or retain such 2 policy and also purchase or retain coverage excluding wind 3 from an authorized insurer without prejudice to the applicant's or insured's eligibility to prospectively purchase 5 a policy that provides multiperil coverage from the 6 7 corporation. It is the goal of the Legislature that there would be an overall average savings of 10 percent or more for 8 a policyholder who currently has a wind-only policy with the 9 10 corporation, and an ex-wind policy with a voluntary insurer or 11 the corporation, and who then obtains a multiperil policy from the corporation. It is the intent of the Legislature that the 12 13 offer of multiperil coverage in the high-risk account be made and implemented in a manner that does not adversely affect the 14 15 tax-exempt status of the corporation or creditworthiness of or security for currently outstanding financing obligations or 16 credit facilities of the high-risk account, the personal lines 17 account, or the commercial lines account. By March 1, 2007, 18 19 the corporation shall prepare and submit for approval by the 20 Financial Services Commission and Legislative Budget 21 Commission a report detailing the corporation's business plan 22 for issuing multiperil coverage in the high-risk account. The 23 business plan shall be approved or disapproved within 30 days 24 after receipt, as submitted or modified and resubmitted by the corporation. The business plan must include: the impact of 25 such multiperil coverage on the corporation's financial 26 resources, the impact of such multiperil coverage on the 27 corporation's tax-exempt status, the manner in which the 28 29 corporation plans to implement the processing of applications and policy forms for new and existing policyholders, the 30 31 | impact of such multiperil coverage on the corporation's

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ability to deliver customer service at the high level required by this subsection, the ability of the corporation to process 2 claims, the ability of the corporation to quote and issue 3 policies, the impact of such multiperil coverage on the corporation's agents, the impact of such multiperil coverage 5 on the corporation's existing policyholders, and the impact of 6 7 such multiperil coverage on rates and premium. The high-risk account must also include quota share primary insurance under 8 subparagraph (c)2. The area eligible for coverage under the 9 10 high-risk account also includes the area within Port 11 Canaveral, which is bordered on the south by the City of Cape Canaveral, bordered on the west by the Banana River, and 12 13 bordered on the north by Federal Government property. b. The three separate accounts must be maintained as 14 15 long as financing obligations entered into by the Florida 16 Windstorm Underwriting Association or Residential Property and Casualty Joint Underwriting Association are outstanding, in 17 accordance with the terms of the corresponding financing 18 19 documents. When the financing obligations are no longer 20 outstanding, in accordance with the terms of the corresponding 21 financing documents, the corporation may use a single account 22 for all revenues, assets, liabilities, losses, and expenses of the corporation. Consistent with the requirement of this 23 24 subparagraph and prudent investment policies that minimize the cost of carrying debt, the board shall exercise its best 25 efforts to retire existing debt or to obtain approval of 26 necessary parties to amend the terms of existing debt, so as 27 28 to structure the most efficient plan to consolidate the three 29 separate accounts into a single account. By February 1, 2007, 30 the board shall submit a report to the Financial Services 31 | Commission, the President of the Senate, and the Speaker of

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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.

- c. Creditors of the Residential Property and Casualty Joint Underwriting Association and of the accounts referenced in sub-sub-subparagraph a.(I) and (II) may 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, 14 15 or recourse to, the accounts referred to in sub-sub-subparagraphs a.(I) and (II).
- d. Revenues, assets, liabilities, losses, and expenses 17 18 not attributable to particular accounts shall be prorated 19 among the accounts.
 - e. The Legislature finds that the revenues of the corporation are revenues that are necessary to meet the requirements set forth in documents authorizing the issuance of bonds under this subsection.
 - f. No part of the income of the corporation may inure to the benefit of any private person.
 - 3. With respect to a deficit in 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 31 I through regular assessments of assessable insurers under

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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 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 31 | surcharge under subparagraph (c)11. and the amount collected

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or estimated to be collected from the assessment on Citizens policyholders pursuant to sub-subparagraph i. Assessments 2 levied by the corporation on assessable insureds under 3 sub-subparagraphs a. and b. shall be collected by the surplus lines agent at the time the surplus lines agent collects the 5 surplus lines tax required by s. 626.932 and shall be paid to 7 the Florida Surplus Lines Service Office at the time the surplus lines agent pays the surplus lines tax to the Florida 8 Surplus Lines Service Office. Upon receipt of regular 9 10 assessments from surplus lines agents, the Florida Surplus 11 Lines Service Office shall transfer the assessments directly to the corporation as determined by the corporation. 12 13 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 accounts of the corporation, excluding National Flood Insurance Program policy premiums, as annually determined by the board and verified by the office. The office shall verify the arithmetic calculations involved in the board's determination within 30 days after receipt of the information on which the determination was based. Notwithstanding any 31 other provision of law, the corporation and each assessable

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insurer that writes subject lines of business shall collect emergency assessments from its policyholders without such 2 obligation being affected by any credit, limitation, 3 exemption, or deferment. Emergency assessments levied by the corporation on assessable insureds shall be collected by the 5 surplus lines agent at the time the surplus lines agent 7 collects the surplus lines tax required by s. 626.932 and shall be paid to the Florida Surplus Lines Service Office at 8 the time the surplus lines agent pays the surplus lines tax to 10 the Florida Surplus Lines Service Office. The emergency 11 assessments so collected shall be transferred directly to the corporation on a periodic basis as determined by the 12 13 corporation and shall be held by the corporation solely in the applicable account. The aggregate amount of emergency 14 15 assessments levied for an account under this sub-subparagraph in any calendar year may not exceed the greater of 10 percent 16 of the amount needed to cover the original deficit, plus 17 interest, fees, commissions, required reserves, and other 18 19 costs associated with financing of the original deficit, or 10 20 percent of the aggregate statewide direct written premium for 21 subject lines of business and for all accounts of the 22 corporation for the prior year, plus interest, fees, commissions, required reserves, and other costs associated 23 24 with financing the original deficit. 25 e. The corporation may pledge the proceeds of assessments, projected recoveries from the Florida Hurricane 26 Catastrophe Fund, other insurance and reinsurance 27 28 recoverables, policyholder surcharges and other surcharges, 29 and other funds available to the corporation as the source of revenue for and to secure bonds issued under paragraph (p), 30 31 | bonds or other indebtedness issued under subparagraph (c)3.,

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or lines of credit or other financing mechanisms issued or created under this subsection, or to retire any other debt 2 incurred as a result of deficits or events giving rise to 3 deficits, or in any other way that the board determines will efficiently recover such deficits. The purpose of the lines of 5 credit or other financing mechanisms is to provide additional 7 resources to assist the corporation in covering claims and expenses attributable to a catastrophe. As used in this 8 subsection, the term "assessments" includes regular 9 10 assessments under sub-subparagraph a., sub-subparagraph b., or 11 subparagraph (p)1. and emergency assessments under sub-subparagraph d. Emergency assessments collected under 12 sub-subparagraph d. are not part of an insurer's rates, are 13 not premium, and are not subject to premium tax, fees, or 14 15 commissions; however, failure to pay the emergency assessment shall be treated as failure to pay premium. The emergency 16 assessments under sub-subparagraph d. shall continue as long 17 as any bonds issued or other indebtedness incurred with 18 19 respect to a deficit for which the assessment was imposed 20 remain outstanding, unless adequate provision has been made for the payment of such bonds or other indebtedness pursuant 21 to the documents governing such bonds or other indebtedness. 22 f. As used in this subsection for purposes of any 23 2.4 deficit incurred on or after January 25, 2007, the term "subject lines of business" means insurance written by 25 assessable insurers or procured by assessable insureds for all 26 property and casualty lines of business in this state, but not 27

used in the sub-subparagraph, the term "property and casualty lines of business" includes all lines of business identified

including workers' compensation or medical malpractice. As

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statement required of authorized insurers by s. 624.424 and any rule adopted under this section, except for those lines 2 identified as accident and health insurance and except for 3 policies written under the National Flood Insurance Program or the Federal Crop Insurance Program. For purposes of this 5 sub-subparagraph, the term "workers' compensation" includes 6 7 both workers' compensation insurance and excess workers' compensation insurance. 8

- 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 31 against all policyholders of the corporation, which shall be

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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 31 | voluntary market.

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- Personal lines and commercial lines residential property insurance forms that cover the peril of wind only. The forms are applicable only to residential properties located in areas eligible for coverage under the high-risk account referred to in sub-subparagraph (b)2.a.
- e. Commercial lines nonresidential property insurance forms that cover the peril of wind only. The forms are applicable only to nonresidential properties located in areas eligible for coverage under the high-risk account referred to in sub-subparagraph (b)2.a.
- f. The corporation may adopt variations of the policy forms listed in sub-subparagraphs a.-e. that contain more restrictive coverage.
- 2.a. Must provide that the corporation adopt a program in which the corporation and authorized insurers enter into quota share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt property insurance forms for eligible risks which cover the peril of wind only. As used in this subsection, the term:
- "Quota share primary insurance" means an arrangement in which the primary hurricane coverage of an eligible risk is provided in specified percentages by the corporation and an authorized insurer. The corporation and authorized insurer are each solely responsible for a specified percentage of hurricane 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 31 | an eligible risk, as set forth in the quota share primary

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insurance agreement, may not be altered by the inability of the other party to the agreement to pay its specified 2 percentage of hurricane losses. Eligible risks that are 3 provided hurricane coverage through a quota share primary insurance arrangement must be provided policy forms that set 5 forth the obligations of the corporation and authorized 7 insurer under the arrangement, clearly specify the percentages of quota share primary insurance provided by the corporation 8 and authorized insurer, and conspicuously and clearly state 9 10 that neither the authorized insurer nor the corporation may be 11 held responsible beyond its specified percentage of coverage of hurricane losses. 12

- (II) "Eliqible 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 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 31 | corporation board, for all eligible risks of the authorized

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insurer covered under the quota share primary insurance agreement.

- e. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation is subject to review and approval by the office. However, such agreement shall be authorized only as to insurance contracts entered into between an authorized insurer and an insured who is already insured by the corporation for wind coverage.
- f. For all eligible risks covered under quota share primary insurance agreements, the exposure and coverage levels for both the corporation and authorized insurers shall be reported by the corporation to the Florida Hurricane Catastrophe Fund. For all policies of eligible risks covered under quota share primary insurance agreements, the corporation and the authorized insurer shall maintain complete and accurate records for the purpose of exposure and loss reimbursement audits as required by Florida Hurricane Catastrophe Fund rules. The corporation and the authorized insurer shall each maintain duplicate copies of policy declaration pages and supporting claims documents.
- g. The corporation board shall establish in its plan of operation standards for quota share agreements which ensure that there is no discriminatory application among insurers as to the terms of quota share agreements, pricing of quota share agreements, incentive provisions if any, and consideration paid for servicing policies or adjusting claims.
- h. The quota share primary insurance agreement between the corporation and an authorized insurer must set forth the specific terms under which coverage is provided, including, but not limited to, the sale and servicing of policies issued 31 under the agreement by the insurance agent of the authorized

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insurer producing the business, the reporting of information concerning eligible risks, the payment of premium to the 2 corporation, and arrangements for the adjustment and payment 3 of hurricane claims incurred on eligible risks by the claims adjuster and personnel of the authorized insurer. Entering 5 6 into a quota sharing insurance agreement between the 7 corporation and an authorized insurer shall be voluntary and at the discretion of the authorized insurer. 8

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 required to, seek judicial validation of its bonds or other indebtedness under chapter 75. The corporation may issue bonds or incur other indebtedness, or have bonds issued on its behalf by a unit of local government pursuant to subparagraph (g)2., in the absence of a hurricane or other weather-related event, upon a determination by the corporation, subject to approval by the office, that such action would enable it to efficiently meet the financial obligations of the corporation and that such financings are reasonably necessary to effectuate the requirements of this subsection. The corporation is authorized to take all actions needed to facilitate tax-free status for any such bonds or indebtedness, 31 | including formation of trusts or other affiliated entities.

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The corporation shall have the authority to pledge assessments, projected recoveries from the Florida Hurricane 2 Catastrophe Fund, other reinsurance recoverables, market 3 equalization and other surcharges, and other funds available to the corporation as security for bonds or other 5 indebtedness. In recognition of s. 10, Art. I of the State 7 Constitution, prohibiting the impairment of obligations of contracts, it is the intent of the Legislature that no action 8 be taken whose purpose is to impair any bond indenture or 9 10 financing agreement or any revenue source committed by 11 contract to such bond or other indebtedness. 4.a. Must require that the corporation operate subject 12 to the supervision and approval of a board of governors 13 consisting of eight individuals who are residents of this 14 15 state, from different geographical areas of this state. The Governor, the Chief Financial Officer, the President of the 16 Senate, and the Speaker of the House of Representatives shall 17 each appoint two members of the board. At least one of the two 18 19 members appointed by each appointing officer must have 20 demonstrated expertise in insurance. The Chief Financial Officer shall designate one of the appointees as chair. All 21 22 board members serve at the pleasure of the appointing officer. All members of the board of governors are subject to removal 23 2.4 at will by the officers who appointed them. All board members, including the chair, must be appointed to serve for 3-year 25 terms beginning annually on a date designated by the plan. Any 26 board vacancy shall be filled for the unexpired term by the 27 appointing officer. The Chief Financial Officer shall appoint 28 29 a technical advisory group to provide information and advice to the board of governors in connection with the board's 30

31 duties under this subsection. The executive director and

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senior managers of the corporation shall be engaged by the board and serve at the pleasure of the board. Any executive 2 director appointed on or after July 1, 2006, is subject to 3 confirmation by the Senate. The executive director is responsible for employing other staff as the corporation may 5 require, subject to review and concurrence by the board. 6 7 b. The board shall create a Market Accountability Advisory Committee to assist the corporation in developing 8 awareness of its rates and its customer and agent service 9 10 levels in relationship to the voluntary market insurers 11 writing similar coverage. The members of the advisory committee shall consist of the following 11 persons, one of 12 13 whom must be elected chair by the members of the committee: four representatives, one appointed by the Florida Association 14 15 of Insurance Agents, one by the Florida Association of Insurance and Financial Advisors, one by the Professional 16 Insurance Agents of Florida, and one by the Latin American 17 18 Association of Insurance Agencies; three representatives 19 appointed by the insurers with the three highest voluntary 20 market share of residential property insurance business in the 21 state; one representative from the Office of Insurance 22 Regulation; one consumer appointed by the board who is insured by the corporation at the time of appointment to the 23 24 committee; one representative appointed by the Florida Association of Realtors; and one representative appointed by 25 the Florida Bankers Association. All members must serve for 26 3-year terms and may serve for consecutive terms. The 27 28 committee shall report to the corporation at each board meeting on insurance market issues which may include rates and 29 rate competition with the voluntary market; service, including 30 31 | policy issuance, claims processing, and general responsiveness

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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:
- 5 a. Subject to the provisions of s. 627.3517, with respect to personal lines residential risks, if the risk is 7 offered coverage from an authorized insurer at the insurer's approved rate under either a standard policy including wind 8 coverage or, if consistent with the insurer's underwriting 10 rules as filed with the office, a basic policy including wind 11 coverage, for a new application to the corporation for coverage, the risk is not eligible for any policy issued by 12 the corporation unless the premium for coverage from the 13 authorized insurer is more than 25 percent greater than the 14 15 premium for comparable coverage from the corporation. If the 16 risk is not able to obtain any such offer, the risk is eligible for either a standard policy including wind coverage 17 or a basic policy including wind coverage issued by the 18 corporation; however, if the risk could not be insured under a 19 standard policy including wind coverage regardless of market 20 21 conditions, the risk shall be eligible for a basic policy 22 including wind coverage unless rejected under subparagraph 8. However, with regard to a policyholder of the corporation or a 23 24 policyholder removed from the corporation through an assumption agreement until the end of the assumption period, 25 the policyholder remains eligible for coverage from the 26 corporation regardless of any offer of coverage from an 27 28 authorized insurer or surplus lines insurer. The corporation 29 shall determine the type of policy to be provided on the basis of objective standards specified in the underwriting manual 30 31 | and based on generally accepted underwriting practices.

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- 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.

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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-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 31 | 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.

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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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- 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 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 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.
- (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 31 who submitted the application to the plan or the corporation

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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.

31 | If the producing agent is unwilling or unable to accept

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appointment, the new insurer shall pay the agent in accordance with sub-sub-subparagraph (A).

c. For purposes of determining comparable coverage 3 4 under sub-subparagraphs a. and b., the comparison shall be based on those forms and coverages that are reasonably 5 6 comparable. The corporation may rely on a determination of 7 comparable coverage and premium made by the producing agent who submits the application to the corporation made in its 8 capacity as the corporation's agent. It is acceptable to make 9 a comparison solely of the premium with respect to the main 10 11 building or structure only, on the following basis: the same coverage A or other building limits; the same percentage 12 13 hurricane deductible that applies on an annual basis or that applies to each hurricane for commercial residential property; 14 15 the same percentage of ordinance and law coverage, if the same limit is offered by both the corporation and the authorized 16 insurer; the same mitigation credits, to the extent the same 17 18 types of credits are offered both by the corporation and the 19 authorized insurer; the same method for loss payment, such as replacement cost or actual cash value, if the same method is 20 21 offered both by the corporation and the authorized insurer in 22 accordance with underwriting rules; and any other form or 23 coverage that is reasonably comparable as determined by the 2.4 board. If an application is submitted to the corporation for wind-only coverage in the high-risk account, the premium for 25 the corporation's wind-only policy plus the premium for the 2.6 ex-wind policy that is offered by an authorized insurer to the 27 applicant shall be compared to the premium for multi-peril 28 29 coverage offered by an authorized insurer, subject to the standards for comparison specified in this subparagraph. If 30 31 the corporation or the applicant requests from the authorized

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insurer a breakdown of the premium of the offer by types of coverage so that a comparison may be made by the corporation or its agent and the authorized insurer refuses or is unable to provide such information, the corporation may treat the offer as not being an offer of coverage from an authorized insurer at the insurer's approved rate.

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.

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 31 | procedures, the following shall be considered:

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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.

9.10. 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.

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 31 | surcharge. Citizens policyholder surcharges under this

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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 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 31 | procedures shall not provide for an effective date of coverage

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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 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 31 | is authorized to write and is actually writing personal lines

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residential property coverage, commercial residential property coverage, or commercial nonresidential 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 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 31 | manufactured homes built prior to 1994 to actual cash value of

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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.
- 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 19 20 governors are subject to the provisions of ss. 112.313, 21 112.3135, 112,3143, 112.3145, 112.316, and 112.317 which apply 22 to political subdivisions of the state part III of chapter 112, including, but not limited to, the code of ethics and 23 2.4 public disclosure and reporting of financial interests, pursuant to s. 112.3145. For purposes of the filing 25 requirements in s. 112.3145, senior managers and board members 26 are also required to file such disclosures with the Commission 27 on Ethics and the Office of Insurance Regulation. The 28 29 executive director of the corporation or his or her designee shall notify each newly appointed and existing appointed 30 31 | member of the board of governors and senior managers of their

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duty to comply with the reporting requirements of s. 112.3145 part III of chapter 112. At least quarterly, the executive 2. director or his or her designee shall submit to the Commission 3 on Ethics a list of names of the senior managers and members of the board of governors who are subject to the public 5 disclosure requirements under s. 112.3145. Notwithstanding s. 7 112.313, if a member of the board of governors has been appointed by his or her appointing officer because of 8 demonstrated expertise in insurance, such member may be an 10 employee, officer, owner, or director of an insurance agency 11 or insurance company or other insurance entity that has a contractual relationship with the corporation. Such board 12 member may participate in and vote on a matter if the 13 applicable provisions of s. 112.3143 are met and if the 14 15 insurance entity would not obtain a special or unique benefit that would not apply to other similar insurance entities that 16 have a contractual relationship with the corporation. For 17 purposes of the applicable sections of chapter 112 cited in 18 19 this subparagraph, senior managers of the corporation are subject to those provisions applicable to employees of 20 political subdivisions of the state and board members are 21 22 subject to those provisions applicable to appointed public officers or public officials of political subdivisions of the 23 2.4 state and, for purposes of s. 112.3143(2), board members are 25 considered state public officers. 4. Notwithstanding s. 112.3148 or s. 112.3149, or any 26 other provision of law, an employee or board member may not 27 28 knowingly accept, directly or indirectly, any gift or 29 expenditure from a person or entity, or an employee or representative of such person or entity, that has a 30 31 | contractual relationship with the corporation or who is under

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consideration for a contract. An employee or board member who fails to comply with subparagraph 3. or this subparagraph is subject to penalties provided under s. ss. 112.317 and $\frac{112.3173}{112.3173}$.

- 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 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 <u>Corporation's Office of the Internal Auditor</u> and the Division of Insurance Fraud within 48 hours after having information that would lead a reasonable person to suspect that fraud may have been committed by any employee of the corporation.
- 2. The corporation shall establish a unit or division 31 | responsible for receiving and responding to consumer

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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 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 31 | provide refunds to policyholders who have paid higher rates as

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a result of that rate filing. The rates in effect on December 31, 2006, shall remain in effect through at least December 31, 2 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.

- (n) If coverage in an account is deactivated pursuant to paragraph (f), coverage through the corporation shall be reactivated by order of the office only under one of the following circumstances:
- 1. If the market assistance plan receives a minimum of 100 applications for coverage within a 3-month period, or 200 applications for coverage within a 1-year period or less for residential coverage, unless the market assistance plan provides a quotation from admitted carriers at their filed rates for at least 90 percent of such applicants. Any market assistance plan application that is rejected because an individual risk is so hazardous as to be uninsurable using the criteria specified in subparagraph (c)8. shall not be included in the minimum 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 31 | office that the emergency significantly affects the

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1	availability of residential property insurance.
2	(r) There shall be no liability on the part of, and
3	no cause of action of any nature shall arise against, any
4	assessable insurer or its agents or employees, the corporation
5	or its agents or employees, members of the board of governors
6	or their respective designees at a board meeting, corporation
7	committee members, or the office or its representatives, for
8	any action taken by them in the performance of their duties or
9	responsibilities under this subsection. Such immunity does not
10	apply to:
11	a.1. Any of the foregoing persons or entities for any
12	willful tort;
13	$\underline{b.2.}$ The corporation or its producing agents for
14	breach of any contract or agreement pertaining to insurance
15	coverage;
16	c.3. The corporation with respect to issuance or
17	payment of debt; or
18	$ frac{ ext{d.4.}}{ ext{Any}}$ Any assessable insurer with respect to any action
19	to enforce an assessable insurer's obligations to the
20	corporation under this subsection; or-
21	e. The corporation in any pending or future action for
22	breach of contract or for benefits under a policy issued by
23	the corporation; in any such action, the corporation shall be
24	liable to the policyholders and beneficiaries for attorney's
25	fees under s. 627.428.
26	2. The corporation shall manage its claim employees,
27	independent adjusters, and others who handle claims to ensure
28	they carry out the corporation's duty to its policyholders to
29	handle claims carefully, timely, diligently, and in good
30	faith, balanced against the corporation's duty to the state to
31	manage its assets responsibly to minimize its assessment

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- (v) Notwithstanding any other provision of law:
- 1. The pledge or sale of, the lien upon, and the 3 security interest in any rights, revenues, or other assets of the corporation created or purported to be created pursuant to 5 any financing documents to secure any bonds or other 7 indebtedness of the corporation shall be and remain valid and enforceable, notwithstanding the commencement of and during 8 the continuation of, and after, any rehabilitation, 9 10 insolvency, liquidation, bankruptcy, receivership, 11 conservatorship, reorganization, or similar proceeding against the corporation under the laws of this state. 12
 - 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 31 of the corporation or pursuant to which any such bonds or

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other indebtedness has been or may be issued and pursuant to which any rights, revenues, or other assets of the corporation 2 are pledged or sold to secure the repayment of such bonds or 3 indebtedness, together with the payment of interest on such bonds or such indebtedness, or the payment of any other 5 obligation or financial product, as defined in the plan of 6 7 operation of the corporation related to such bonds or indebtedness. 8

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

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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.
- (ff) The office may establish a pilot program to offer optional sinkhole coverage in one or more counties or other territories of the corporation for the purpose of implementing s. 627.706, as amended by s. 30 of chapter 2007-1, Laws of Florida. Under the pilot program, the corporation is not required to issue a notice of nonrenewal to exclude sinkhole coverage upon the renewal of existing policies, but may exclude such coverage using a notice of coverage change.
- Section 14. 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 31 I the type of policy written or a fee equal to the usual and

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customary commission of the corporation; or

(b) Offer to allow the producing agent of record of 2 the corporation policy to continue servicing the policy for a 3 4 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. 6

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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 11 the producing agent of record is entitled to retain the unearned commission on an association policy does not apply to 12 a policy for which coverage has been provided in the 13 association for 30 days or less or for which a cancellation 14

16 $\frac{627.351(6)(c)11}{c}$ during the first 30 days of coverage. Section 15. Paragraph (a) of subsection (3) of section 17 627.3515, Florida Statutes, as amended by chapter 2007-1, Laws 18

notice has been issued pursuant to <u>s. 627.351(6)(c)12.</u> s.

627.3515 Market assistance plan; property and casualty risks.--

(3)(a) The plan and the corporation shall develop a business plan and present it to the Financial Services Commission for approval by September 1, 2007, to provide for the implementation of an electronic database for the purpose of confirming eligibility pursuant to s. 627.351(6). The business plan may provide that authorized insurers or agents of authorized insurers may submit to the plan or the corporation in electronic form, as determined by the plan or the corporation, information determined necessary by the plan 31 or the corporation to deny coverage to risks ineligible for

of Florida, is amended to read:

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coverage by the corporation. Any authorized insurer submitting such information that results in a risk being denied coverage 2 by the corporation is required to offer coverage to the risk 3 4 at its approved rates, for the coverage and premium quoted, for at least 1 year. 5 Section 16. Section 627.3517, Florida Statutes, is 6 7 amended to read: 627.3517 Consumer choice.--8 9 (1) Except as provided in subsection (2), No provision 10 of s. 627.351, s. 627.3511, or s. 627.3515 shall be construed 11 to impair the right of any insurance risk apportionment plan policyholder, upon receipt of any keepout or take-out offer, 12 13 to retain his or her current agent, so long as that agent is duly licensed and appointed by the insurance risk 14 15 apportionment plan or otherwise authorized to place business with the insurance risk apportionment plan. This right shall 16 not be canceled, suspended, impeded, abridged, or otherwise 17 compromised by any rule, plan of operation, or depopulation 18 19 plan, whether through keepout, take-out, midterm assumption, 20 or any other means, of any insurance risk apportionment plan 21 or depopulation plan, including, but not limited to, those 22 described in s. 627.351, s. 627.3511, or s. 627.3515. The commission shall adopt any rules necessary to cause any 23 24 insurance risk apportionment plan or market assistance plan under such sections to demonstrate that the operations of the 25 plan do not interfere with, promote, or allow interference 26 with the rights created under this section. If the 27 28 policyholder's current agent is unable or unwilling to be 29 appointed with the insurer making the take-out or keepout offer, the policyholder shall not be disqualified from 30 31 | participation in the appropriate insurance risk apportionment

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plan because of an offer of coverage in the voluntary market. An offer of full property insurance coverage by the insurer 2 currently insuring either the ex-wind or wind-only coverage on 3 the policy to which the offer applies shall not be considered a take-out or keepout offer. Any rule, plan of operation, or 5 plan of depopulation, through keepout, take-out, midterm 6 7 assumption, or any other means, of any property insurance risk apportionment plan under s. 627.351(2) or (6) is subject to 8 ss. 627.351(2)(b) and (6)(c) and 627.3511(4). 9 10 (2) This section does not apply during the first 10 11 days after a new application for coverage has been submitted 12 to Citizens Property Insurance Corporation under s. 13 627.351(6), whether or not coverage is bound during this period. 14 15 Section 17. Subsection (1) of section 627.4035, Florida Statutes, as amended by chapter 2007-1, Laws of 16 Florida, is amended to read: 17 627.4035 Cash payment of premiums; claims.--18 19 (1) The premiums for insurance contracts issued in 20 this state or covering risk located in this state shall be 21 paid in cash consisting of coins, currency, checks, or money 22 orders or by using a debit card, credit card, automatic electronic funds transfer, or payroll deduction plan. By July 23 2.4 1, 2007, insurers issuing personal lines residential and commercial property policies shall provide a premium payment 25 plan option to their policyholders which allows for a minimum 26 27 of quarterly and semiannual payment of premiums. Insurers may, 28 but are not required to, offer monthly payment plans. Insurers 29 issuing such policies must submit their premium payment plan option to the office for approval before use. 30 31 Section 18. Paragraph (b) of subsection (2) of section

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627.4133, Florida Statutes, is amended, and subsection (7) is added to that section to read:

627.4133 Notice of cancellation, nonrenewal, or renewal premium. --

- (2) With respect to any personal lines or commercial residential property insurance policy, including, but not limited to, any homeowner's, mobile home owner's, farmowner's, condominium association, condominium unit owner's, apartment building, or other policy covering a residential structure or its contents:
- (b) The insurer shall give the named insured written notice of nonrenewal, cancellation, or termination at least 100 days prior to the effective date of the nonrenewal, cancellation, or termination. However, the insurer shall give 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. 31 | "Nonpayment of premium" also means the failure of a financial

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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. 627.706, 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

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1	that has been assumed by an authorized insurer offering
2	replacement or renewal coverage to the policyholder.
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4	After the policy has been in effect for 90 days, the policy
5	shall not be canceled by the insurer except when there has
6	been a material misstatement, a nonpayment of premium, a
7	failure to comply with underwriting requirements established
8	by the insurer within 90 days of the date of effectuation of
9	coverage, or a substantial change in the risk covered by the
10	policy or when the cancellation is for all insureds under such
11	policies for a given class of insureds. This paragraph does
12	not apply to individually rated risks having a policy term of
13	less than 90 days.
14	(7)(a) Effective August 1, 2007, with respect to any
15	residential property insurance policy, every notice of renewal
16	premium must specify:
17	1. The dollar amounts recouped for assessments by the
18	Florida Hurricane Catastrophe Fund, the Citizens Property
19	Insurance Corporation, and the Florida Insurance Guaranty
20	Association. The actual names of the entities must appear next
21	to the dollar amounts.
22	2. The dollar amount of any premium increase that is
23	due to a rate increase and the total dollar amount that is due
24	to coverage changes.
25	(b) The Financial Services Commission may adopt rules
26	pursuant to ss. 120.536(1) and 120.54 to implement this
27	subsection.
28	Section 19. Paragraphs (a) and (c) of subsection (3)
29	and paragraph (d) of subsection (4) of section 627.701,
30	Florida Statutes, as amended by chapter 2007-1, Laws of
31	Florida, are amended, to read: 74

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1	627.701 Liability of insureds; coinsurance;
2	deductibles
3	(3)(a) Except as otherwise provided in this
4	subsection, prior to issuing a personal lines residential
5	property insurance policy, the insurer must offer alternative
6	deductible amounts applicable to hurricane losses equal to
7	\$500, 2 percent, 5 percent, and 10 percent of the policy
8	dwelling limits, unless the specific percentage deductible is
9	less than \$500. The written notice of the offer shall specify
10	the hurricane or wind deductible to be applied in the event
11	that the applicant or policyholder fails to affirmatively
12	choose a hurricane deductible. The insurer must provide such
13	policyholder with notice of the availability of the deductible
14	amounts specified in this paragraph in a form approved by the
15	office in conjunction with each renewal of the policy. The
16	failure to provide such notice constitutes a violation of this
17	code but does not affect the coverage provided under the
18	policy.
19	(c) With respect to a policy covering a risk with
20	dwelling limits of at least \$100,000, but less than \$250,000,
21	the insurer may, in lieu of offering a policy with a \$500
22	hurricane or wind deductible as required by paragraph (a),
23	offer a policy that the insurer guarantees it will not
24	nonrenew for reasons of reducing hurricane loss for one
25	renewal period and that contains up to a 2 percent hurricane
26	or wind deductible as required by paragraph (a).
27	(4)
28	(d)1. A personal lines residential property insurance
29	policy covering a risk valued at less than \$500,000 may not
30	have a hurricane deductible in excess of 10 percent of the
31	policy dwelling limits, unless the following conditions are 75

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- 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 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.
- 31 Section 20. Subsections (4) and (5) of section

1	627.70131, Florida Statutes, as amended by chapter 2007-1,
2	Laws of Florida, are amended to read:
3	627.70131 Insurer's duty to acknowledge communications
4	regarding claims; investigation
5	(4) For purposes of this section, the term <u>"claim"</u>
6	means any of the following:
7	(a) A claim under an insurance policy providing
8	residential coverage as defined in s. 627.4025(1);
9	(b) A claim for structural or contents coverage under
10	a commercial property insurance policy if the insured
11	structure is 10,000 square feet or less; or
12	(c) A claim for contents coverage under a commercial
13	tenants policy if the insured premises is 10,000 square feet
14	or less. "insurer" means any residential property insurer.
15	(5) Within 90 days after an insurer receives notice of
16	a property insurance claim from a policyholder, the insurer
17	shall pay or deny such claim or a portion of the claim unless
18	the failure to pay such claim or a portion of the claim is
19	caused by factors beyond the control of the insurer which
20	reasonably prevent such payment. Any payment of a claim or
21	portion of a claim paid 90 days after the insurer receives
22	notice of the claim, or paid more than 15 days after there are
23	no longer factors beyond the control of the insurer which
24	reasonably prevented such payment, whichever is later, shall
25	bear interest at the rate set forth in s. 55.03. Interest
26	begins to accrue from the date the insurer receives notice of
27	the claim. The provisions of this subsection may not be
28	waived, voided, or nullified by the terms of the insurance
29	policy. If there is a right to prejudgment interest, the
30	insured shall select whether to receive prejudgment interest
31	or interest under this subsection. Interest is payable when

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the claim or portion of the claim is paid. Failure to comply with this subsection constitutes a violation of this code.

Section 21. 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 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 as provided within the applicable policy. The coverage may be excluded only if:
- (a)1. When the policyholder is a natural person, 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."
- 2. When the policyholder is other than a natural person, the policyholder provides to the insurer on the policyholder's letterhead the following statement that must be signed by the policyholder's authorized representative and dated: "(Name of entity) does not want the insurance on its 31 (type of structure) to pay for damage from windstorms or

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hurricanes. (Name of entity) will be responsible for these costs. (Name of entity's) 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 approves the policyholder electing to exclude windstorm coverage or hurricane coverage from his or her or its residential property insurance policy.
- (3) An insurer issuing a residential property 11 insurance policy, except for a condominium unit owner's policy or a tenant's policy, must make available, at the option of 12 13 the policyholder, an exclusion of coverage for the contents. The coverage may be excluded only if the policyholder 14 15 personally writes and provides to the insurer the following 16 statement in his or her own handwriting and signs his or her signature, which must also be signed by every other named 17 insured on the policy, and dated: "I do not want the insurance 18 19 on my (home/mobile home) to pay for the costs to repair or 20 replace any contents that are damaged. I will pay those costs. 21 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.
- (5) The exclusions authorized by this section apply for the term of the policy and for each renewal thereafter. Changes to the exclusions authorized by this section may be 31 implemented only as of the date of renewal. The exclusions

1	authorized by this section are valid for the term of the
2	contract and for each renewal unless the policyholder elects
3	otherwise.
4	Section 22. Section 627.713, Florida Statutes, as
5	created by chapter 2007-1, Laws of Florida, is amended to
6	read:
7	627.713 Report of hurricane loss data
8	(1) The office may require property insurers to report
9	data regarding hurricane claims and underwriting costs,
10	including, but not limited to:
11	(a)(1) Number of claims.
12	$\frac{(b)}{(2)}$ Amount of claim payments made.
13	$\frac{(c)}{3}$ Number and amount of total-loss claims.
14	$\frac{(d)}{(4)}$ Amount and percentage of losses covered by
15	reinsurance or other loss-transfer agreements.
16	(e)(5) Amount of losses covered under specified
17	deductibles.
18	$\frac{(f)}{(6)}$ Claims and payments for specified insured
19	values.
20	$\frac{(g)}{(7)}$ Claims and payments for specified dollar
21	values.
22	$\frac{(h)}{(8)}$ Claims and payments for specified types of
23	construction or mitigation features.
24	(i)(9) Claims and payments for policies under
25	specified underwriting criteria.
26	$\frac{(j)}{(10)}$ Claims and payments for contents, additional
27	living expense, and other specified coverages.
28	$\frac{(k)}{(11)}$ Claims and payments by county for the
29	information specified in this section.
30	(1) (12) Any other data that the office requires.
31	(2) The office may not require a property insurer to

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1	report the data specified in paragraphs (1)(f), (g), (h), or
2	(i) for a particular year until January of the following year
3	or later.
4	Section 23. Subsections (4) and (5) of section
5	627.7277, Florida Statutes, as amended by chapter 2007-1, Laws
6	of Florida, are amended to read:
7	627.7277 Notice of renewal premium
8	(4) Every notice of renewal premium must specify:
9	(a) The dollar amounts recouped for assessments by the
10	Florida Hurricane Catastrophe Fund, the Citizens Property
11	Insurance Corporation, and the Florida Insurance Guaranty
12	Association. The actual names of the entities must appear next
13	to the dollar amounts.
14	(b) The dollar amount of any premium increase that is
15	due to a rate increase and the dollar amounts that are due to
16	coverage changes.
17	(5) The Financial Services Commission may adopt rules
18	pursuant to ss. 120.536(1) and 120.54 to implement this
19	section.
20	Section 24. Section 631.52, Florida Statutes, is
21	amended to read:
22	631.52 ScopeThis part shall apply to all kinds of
23	direct insurance, except:
24	(1) Life, annuity, health, or disability insurance;
25	(2) Mortgage guaranty, financial guaranty, or other
26	forms of insurance offering protection against investment
27	risks;
28	(3) Fidelity or surety bonds, or any other bonding
29	obligations;
30	(4) Credit insurance, vendors' single interest
31	insurance, or collateral protection insurance or any similar

1	insurance protecting the interests of a creditor arising out
2	of a creditor-debtor transaction;
3	(5) Warranty, including motor vehicle service, home
4	warranty, or service warranty;
5	(6) Ambulance service, health care service, or preneed
6	funeral merchandise or service;
7	(7) Optometric service plan, pharmaceutical service
8	plan, or dental service plan;
9	(8) Legal expense;
10	(9) Health maintenance, prepaid health clinic, or
11	continuing care;
12	(10) Ocean marine or wet marine insurance;
13	(11) Self-insurance and any kind of self-insurance
14	fund, liability pool, or risk management fund;
15	(12) Title insurance;
16	(13) Surplus lines;
17	(14) Workers' compensation;
18	(15) Any transaction or combination of transactions
19	between a person, including affiliates of such person, and an
20	insurer, including affiliates of such insurer, which involves
21	the transfer of investment or credit risk unaccompanied by the
22	transfer of insurance risk; or
23	(16) Any insurance provided by or guaranteed by
24	government.
25	Section 25. Paragraph (e) of subsection (3) of section
26	631.57, Florida Statutes, as amended by chapter 2007-1, Laws
27	of Florida, is amended to read:
28	631.57 Powers and duties of the association
29	(3)
30	(e)1.a. In addition to assessments otherwise
31	authorized in paragraph (a) and to the extent necessary to

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secure the funds for the account specified in s. 631.55(2)(c) for the direct payment of covered claims of insurers rendered 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 11 the board of directors, shall levy emergency assessments upon insurers holding a certificate of authority. The emergency 12 13 assessments payable under this paragraph by any insurer shall not exceed in any single year more than 2 percent of that 14 15 insurer's direct written premiums, net of refunds, in this state during the preceding calendar year for the kinds of 16 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 21 22 the board of directors participates in the issuance of bonds in accordance with s. 631.695, emergency assessments shall be 23 2.4 levied in each year that bonds issued under s. 631.695 and secured by such emergency assessments are outstanding, in such 25 amounts up to such 2-percent limit as required in order to 26 provide for the full and timely payment of the principal of, redemption premium, if any, and interest on, and related costs 28 29 of issuance of, such bonds. The emergency assessments provided for in this paragraph are assigned and pledged to the 30

31 | municipality, county, or legal entity issuing bonds under s.

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631.695 for the benefit of the holders of such bonds, in order to enable such municipality, county, or legal entity to 2 provide for the payment of the principal of, redemption 3 premium, if any, and interest on such bonds, the cost of issuance of such bonds, and the funding of any reserves and 5 other payments required under the bond resolution or trust 7 indenture pursuant to which such bonds have been issued, without the necessity of any further action by the 8 association, the office, or any other party. To the extent bonds are issued under s. 631.695 and the association 10 11 determines to secure such bonds by a pledge of revenues received from the emergency assessments, such bonds, upon such 12 13 pledge of revenues, shall be secured by and payable from the proceeds of such emergency assessments, and the proceeds of 14 15 emergency assessments levied under this paragraph shall be 16 remitted directly to and administered by the trustee or custodian appointed for such bonds. 17

- 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) 31 | and (7) to assessments levied under paragraph (a) shall

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include emergency assessments imposed under this paragraph.

- 2. In order to ensure that insurers paying emergency assessments levied under this paragraph continue to charge rates that are neither inadequate nor excessive, within 90 days after being notified of such assessments, each insurer that is to be assessed pursuant to this paragraph shall submit a rate filing for coverage included within the account specified in s. 631.55(2)(c) and for which rates are required to be filed under s. 627.062. If the filing reflects a rate change that, as a percentage, is equal to the difference between the rate of such assessment and the rate of the previous year's assessment under this paragraph, the filing shall consist of a certification so stating and shall be deemed approved when made. Any rate change of a different percentage shall be subject to the standards and procedures of s. 627.062.
- 3. 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 31 uncollectible emergency assessments.

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Section 26. 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 31 | claimants' or policyholders' covered claims, as defined in s.

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631.54, arising through the insolvency of an insurer, which insolvency is determined by the Florida Insurance Guaranty Association to have been a result of a hurricane, regardless 3 of whether the claimants or policyholders are residents of such municipality or county or the property to which the claim 5 relates is located within or outside the territorial 7 jurisdiction of the municipality or county. The power of a municipality or county to issue bonds, as described in this 8 section, is in addition to any powers granted by law and may 9 10 not be abrogated or restricted by any provisions in such 11 municipality's or county's charter. A municipality or county issuing bonds for this purpose shall enter into such contracts 12 with the Florida Insurance Guaranty Association or any entity 13 acting on behalf of the Florida Insurance Guaranty Association 14 15 as are necessary to implement the assistance program. Any bonds issued by a municipality or county or a combination 16 thereof under this subsection shall be payable from and 17 18 secured by moneys received by or on behalf of the municipality 19 or county from assessments levied under s. 631.57(3)(a) and 20 assigned and pledged to or on behalf of the municipality or 21 county for the benefit of the holders of the bonds in 22 connection with the assistance program. The funds, credit, property, and taxing power of the state or any municipality or 23 2.4 county shall not be pledged for the payment of such bonds. 25

(6) Two or more municipalities or counties, the residents of which have been substantially affected by a hurricane, may create a legal entity pursuant to s. 163.01(7)(g) to exercise the powers described in this section as well as those powers granted in s. 163.01(7)(g). References in this section to a municipality or county includes such 31 legal entity.

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1	Section 27. Notwithstanding section 9 of chapter
2	2007-1, Laws of Florida, the internal design option provided
3	in Section 1609.1.4.1, Florida Building Code, Building Volume,
4	and Section R301.2.1.2, Florida Building Code, Residential
5	Volume, shall remain in effect until June 1, 2007, for a
6	building permit application made before that date.
7	Section 28. Section 27 of this act shall take effect
8	upon becoming a law and applies retroactively to January 25,
9	2007, the effective date of chapter 2007-1, Laws of Florida.
10	Section 27 of this act applies to any action taken with
11	respect to a building permit affected by section 9 of chapter
12	2007-1, Laws of Florida, including any actions, legal or
13	ministerial, pertaining to the issuance, revocation, or
14	modifications of any building permit initiated or issued
15	before, on, or after January 25, 2007, or pending as of
16	January 25, 2007. If the retroactivity of any provision of
17	Section 27 of this act or its retroactive application to any
18	person or circumstance is held invalid, the invalidity does
19	not affect the retroactivity or retroactive application of
20	other provisions of Section 27 of this act.
21	Section 29. Except as otherwise expressly provided in
22	this act, this act shall take effect upon becoming a law.
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25	======== T I T L E A M E N D M E N T ==========
26	And the title is amended as follows:
27	Delete everything before the enacting clause
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29	and insert:
30	A bill to be entitled
31	An act relating to hurricane preparedness and

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insurance; amending s. 163.01, F.S.; correcting a cross-reference; amending s. 215.555, F.S., relating to the Florida Hurricane Catastrophe Fund; revising certain requirements for reimbursement contracts; authorizing limited apportionment companies to purchase additional coverage from the fund; continuing procedures for Citizens Property Insurance Corporation to obtain coverage for policies of an insurer placed in liquidation; postponing the repeal of the exemption from emergency assessments for medical malpractice insurance premiums; revising criteria, requirements, and limitations on temporary emergency options for additional coverage under the Florida Hurricane Catastrophe Fund; amending s. 215.5595, F.S.; providing eligibility of certain insurers for a surplus note from the Insurance Capital Build-Up Incentive Program; providing an aggregate requirement; revising a definition; amending s. 624.407, F.S.; revising an insurer criterion for capital funds requirements for new insurers; amending s. 626.2815, F.S.; authorizing a licensee to take the final examination for continuing education courses by various specified methods; amending s. 626.914, F.S.; revising the definition of the term "diligent effort"; amending s. 626.916, F.S.; providing requirements for insurance coverage eligible for export for residential property risks; requiring that the insured be notified

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that coverage may be available from Citizens
Property Insurance Corporation; amending s.
626.9201, F.S.; defining the term "nonpayment
of premium"; providing additional criterion for
cancellation for nonpayment of premium;
amending s. 626.9541, F.S.; providing that
certain violations of state law and the failure
to pay undisputed amounts of partial or full
benefits under first-party property insurance
policies within a specified period constitute
unfair claim settlement practices; amending s.
627.0613, F.S.; limiting application of certain
annual report card preparation powers of the
consumer advocate to personal residential
property insurers; amending s. 627.062, F.S.;
specifying an effective date of application of
certain "file and use" requirements for rate
filing for certain insurers; prohibiting an
insurer from including certain interest paid in
the insurer's rate base; prohibiting an insurer
from using such interest to justify a rate or
rate change; amending s. 627.0655, F.S.;
revising criteria for the inclusion of
discounts in certain premiums; 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

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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 requirements for an employee of the corporation to provide notice of suspected fraud by an employee; revising the time period for the current rates of the corporation coverage to remain in effect; providing that notice requirements for cancellation or nonrenewal of

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1	a policy do not apply under certain situations;
2	revising provisions of a premium payment plan
3	option of the operating plan requirements of
4	Citizens Property Insurance Corporation;
5	establishing a pilot program to offer optional
6	sinkhole coverage; amending s. 627.3511, F.S.;
7	correcting a cross-reference; amending s.
8	627.3515, F.S.; revising criteria for an
9	electronic database for a business plan for
10	determining eligibility for coverage in
11	Citizens Property Insurance Corporation;
12	amending s. 627.3517, F.S.; deleting a
13	provision specifying that the "consumer choice"
14	statute does not apply during the first 10 days
15	after a new application for coverage has been
16	submitted to the corporation; amending s.
17	627.4035, F.S.; revising provisions of a
18	premium payment plan option for certain
19	insurers; amending s. 627.4133, F.S.;
20	specifying requirements for notices of
21	nonrenewal and renewal of property insurance
22	policies; authorizing the Financial Services
23	Commission to adopt rules; amending s. 627.701,
24	F.S.; revising requirements for deductibles for
25	certain personal lines residential property
26	insurance policies; amending s. 627.70131,
27	F.S.; defining the term "claim" for purposes of
28	provisions requiring that an insurer
29	acknowledge communications regarding claims;
30	specifying that certain requirements for the
31	payment or denial of a claim apply to

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residential property insurance claims only; authorizing an insurer to pay or deny a portion of a claim; providing that an overdue payment accrues interest; amending s. 627.712, F.S.; requiring residential property insurers to provide windstorm coverage, with certain exceptions; specifying that property insurers must make available an exclusion of windstorm or hurricane coverage; specifying separate coverage exclusion statements for policyholders that are natural persons and other than natural persons; specifying a period of application of such exclusion; providing for implementation of changes to such exclusion; amending s. 627.713, F.S.; limiting the period when the Office of Insurance Regulation may require insurers to report certain hurricane loss data; amending s. 627.7277, F.S.; deleting certain notice of renewal premium requirements; deleting authority of the commission to adopt rules; amending s. 631.52, F.S., specifying that self-insurance funds are not covered by the association; amending s. 631.57, F.S.; specifying that the emergency assessments for funding obligations of the Florida Insurance Guaranty Association are for claims of insurers rendered insolvent by the effects of a hurricane; amending s. 631.695, F.S.; authorizing any municipality or county to issue bonds to assist the association in paying for covered claims of insurers rendered insolvent

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as a result of a hurricane; 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 an effective date.