CHAMBER ACTION

<u>House</u>

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Representative(s) Bogdanoff offered the following:

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Amendment (with title amendment)

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Remove everything after the enacting clause and insert: Section 1. Section 627.7361, Florida Statutes, is created

(1) (a) Every owner or registrant of a motor vehicle, other

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to read:

627.7361 Required security.--

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than a motor vehicle used as a school bus as defined in s.

10 11 1006.25 or limousine, required to be registered and licensed in this state shall maintain security as required by subsection (3)

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in effect continuously throughout the registration or licensing

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period.(b) Every owner or registrant of a motor vehicle used as a

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taxicab shall not be governed by paragraph (a) but shall

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maintain security as required under s. 324.032.

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- (2) Every nonresident owner or registrant of a motor vehicle that, whether operated or not, has been physically present within this state for more than 90 days during the preceding 365 days shall thereafter maintain security as required by subsection (3) in effect continuously throughout the period such motor vehicle remains within this state.
 - (3) Such security shall be provided:
- (a) By an insurance policy delivered or issued for delivery in this state by an authorized or eligible motor vehicle liability insurer that provides the emergency care coverage benefits and exemptions contained in s. 627.7363. Any policy of insurance represented or sold by an authorized or eligible motor vehicle liability insurer as providing the security required by this paragraph shall be deemed to provide insurance for the payment of the required benefits; or
- (b) By any other method authorized by s. 324.031(2), (3), or (4) and approved by the Department of Highway Safety and Motor Vehicles as affording security equivalent to that afforded by a policy of insurance or by self-insuring as authorized by s. 768.28(16). The person filing such security shall have all of the obligations and rights of an insurer under ss. 627.7361-627.7363.
- (4) In addition to other persons who are not required to provide required security as required under this section and s. 324.022, the owner, registrant, or operator of a motor vehicle is exempt from providing such proof of financial responsibility if he or she is a member of the United States Armed Forces and is called to or on active duty outside this state or the United 170133

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States, or if the owner of the vehicle is the dependent spouse of such active duty member and is also residing with the active duty member at the place of posting of such member, and the vehicle is primarily maintained at such place of posting. The exemption provided by this subsection applies only as long as the member of the armed forces is on such active duty outside this state or the United States and the owner complies with the security requirements of the state of posting or any possession or territory of the United States. Upon receipt of a written request by the insured to whom the exemption provided in this subsection applies, the insurer shall cancel the coverages and return any unearned premium or suspend the security required by this section and s. 324.022. Notwithstanding subsection (5), the Department of Highway Safety and Motor Vehicles may not suspend the registration or operator's driver's license during the time she or he qualified for an exemption under this subsection. Any owner or registrant of a motor vehicle who qualifies for an exemption under this subsection shall immediately notify the department prior to and at the end of the expiration of the exemption.

- (5) The Department of Highway Safety and Motor Vehicles shall suspend, after due notice and an opportunity to be heard, the registration and driver's license of any owner or registrant of a motor vehicle with respect to which security is required under this section and s. 324.022:
- (a) Upon records of the department showing that the owner or registrant of such motor vehicle did not have in full force

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- and effect when required security complying with the terms of this section; or
- (b) Upon notification by the insurer to the department, in a form approved by the department, of cancellation or termination of the required security.
- (6) Any operator or owner whose driver's license or registration has been suspended pursuant to this section or s. 316.646 may effect reinstatement of the license or registration upon compliance with the requirements of this section and upon payment to the department of a nonrefundable reinstatement fee of \$150 for the first reinstatement. Such reinstatement fee shall be \$250 for the second reinstatement and \$500 for each subsequent reinstatement during the 3 years following the first reinstatement. If the person does not have a second reinstatement within 3 years after her or his initial reinstatement, the reinstatement fee shall be \$150 for the first reinstatement after that 3-year period. If a person's license and registration are suspended pursuant to this section or s. 316.646, only one reinstatement fee shall be paid to reinstate the license and the registration. All fees shall be collected by the department at the time of reinstatement. The department shall issue proper receipts for such fees and shall promptly deposit those fees into the Highway Safety Operating Trust Fund. One-third of the fee collected under this subsection shall be distributed from the Highway Safety Operating Trust Fund to the local government entity or state agency that employed the law enforcement officer who seized a license plate pursuant to s.

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- 99 324.201. Such funds may be used by the local government entity 100 or state agency for any authorized purpose.
- Section 2. Section 627.7362, Florida Statutes, is created to read:
- 103 <u>627.7362 Proof of security; security requirements;</u> 104 penalties.--
 - (1) The provisions of chapter 324 that pertain to the method of giving and maintaining proof of financial responsibility and that govern and define a motor vehicle liability policy shall apply to filing and maintaining proof of security required by ss. 627.7361-627.7363.
 - (2) Any person who:
 - (a) Gives information required in a report or otherwise as provided for in ss. 627.7361-627.7363, knowing or having reason to believe that such information is false;
 - (b) Forges or, without authority, signs any evidence of proof of security; or
 - (c) Files, or offers for filing, any such evidence of proof, knowing or having reason to believe that such evidence of proof of security is forged or signed without authority, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- Section 3. Section 627.7363, Florida Statutes, is created to read:
 - 627.7363 Required emergency care coverage.--
 - (1) REQUIRED BENEFITS.--
- (a) Each insurance policy complying with the security
- requirements of s. 627.7361 shall provide emergency care

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127	coverage to the named insured, relatives residing in the same
128	household, persons operating the insured motor vehicle,
129	passengers in such motor vehicle, and other persons struck by
130	such motor vehicle and suffering bodily injury while not an
131	occupant of a self-propelled vehicle, subject to the terms and
132	limitations of this chapter and the insurance policy, to a limit
133	of \$10,000 for loss sustained by any such person as a result of
134	bodily injury, sickness, disease, or death arising out of the
135	ownership, maintenance, or use of a motor vehicle for one
136	hundred percent of all allowable charges for medically necessary
137	emergency care consisting of but not limited to medical,
138	surgical, X-ray, dental, rehabilitative services, prosthetic
139	devices, ambulance, hospital, and nursing services for the
140	following services:

- 1. Emergency transport and treatment rendered by an ambulance provider licensed under part III of chapter 401 within 12 hours after the motor vehicle accident.
- 2. Emergency services and care, as defined in s.

 395.002(10), rendered within 72 hours after the motor vehicle

 accident, by physicians, dentists, and hospitals in a hospital

 emergency department, trauma center, or inpatient department

 licensed pursuant to chapter 395.
- 3. Subsequent medically necessary hospital, dental, and physician inpatient care resulting from a motor vehicle accident, provided the patient is admitted within 72 hours after the motor vehicle accident.

- 4. Subsequent medically necessary care and services
 directly related to a medical diagnosis rendered within 72 hours
 after the motor vehicle accident, subject to the following:
- a. The diagnosis shall be rendered in a hospital emergency department, trauma center, or inpatient department licensed under chapter 395 and rendered by a physician licensed under chapter 458; an osteopathic physician licensed under chapter 459; or dentist licensed under chapter 466; and
- b. Medically necessary care and services shall be provided at a hospital or in the office of a dentist or a physician and rendered by a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or 459, an advanced registered nurse practitioner licensed under chapter 464, or a registered nurse who meets the definition of s. 464.003(4).
- 5. Other medically necessary services and care which are not covered by subparagraphs 1.-4., to a limit of \$3,000, rendered:
- a. At a facility owned by either a hospital licensed under chapter 395, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a dentist licensed under chapter 466, or a chiropractor licensed under chapter 460; or
- b. At a facility licensed under part X of chapter 400 that
 has been continuously licensed for more than 3 years and is
 either publicly traded or part of a controlled group of
 companies as defined by the Internal Revenue Service Code. Such
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- facility shall maintain a medical director who is licensed under

 chapter 458 or chapter 459. Each facility must provide at least

 four of the following medical specialties:
 - (I) General medicine.
- 185 (II) Radiography.
 - (III) Orthopedic medicine.
- 187 (IV) Physical medicine.
- (V) Physical therapy.
 - (VI) Physical rehabilitation.
 - (VII) Magnetic resonance imaging.
 - (VIII) Prescribing or dispensing outpatient prescription medication.
 - (IX) Laboratory services.
 - (b) The total allowable benefits under paragraph (a) shall not exceed the policy limit of \$10,000.
 - (2) DEFINITIONS.--As used in ss. 627.7361-627.7363, the term:
 - (a) "Hospital" means a facility that was licensed under chapter 395 at the time services or treatment were rendered.
 - (b) "Inpatient care" means medically necessary services
 provided for the medical care and treatment of an insured who is
 admitted as an inpatient to a hospital as defined in s.

 395.002(13).
 - (c) "Medically necessary" means a medical service,
 diagnostic test, or supply that a prudent physician would
 provide for the purpose of preventing, diagnosing, or treating
 an illness, injury, disease, or symptom in a manner that is:

- 1. In accordance with generally accepted standards of medical practice.
- 2. Clinically appropriate in terms of type, frequency, extent, site, and duration.
- 3. Not primarily for the convenience of the patient, physician, or other health care provider.
- (d) "Motor vehicle" means any vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of this state and any trailer or semitrailer designed for use with such vehicle.
- (e) "Named insured" means a person, usually the owner of a vehicle, identified in a policy by name as the insured under the policy.
- (f) "Owner" means a person who holds the legal title to a motor vehicle or a debtor or lessee who has the right to possession if a motor vehicle is the subject of a security agreement or lease with an option to purchase.
- (g) "Relative residing in the same household" means a relative of any degree by blood or by marriage who at the time of injury makes his or her home in the same family unit, whether or not temporarily living elsewhere.
- (h) "Rendered" means actual performance or a treatment or a service incident to the provider's professional services.
- (i) "Self-propelled vehicle" means any vehicle which is not propelled solely by human power. The term includes, but is not limited to, motorcycles, ATVs, scooters, minibikes, golf carts, and similar vehicles.

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- (j) "Service" or "services" includes treatment, procedures, supplies, prescriptions, and equipment.
- (3) LIMITATIONS.--Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and such insurers may not require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such required benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be purchased in conjunction with emergency care coverage. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. Any insurer writing motor vehicle liability insurance in this state that fails to comply with such availability requirement as a general business practice violates part IX of chapter 626, and such violation constitutes an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. Any such insurer committing such violation is subject to the penalties imposed in such part, as well as applicable penalties that may be imposed elsewhere in the insurance code.
- (4) BENEFITS.--Benefits due from an insurer under this section shall be primary, except benefits received under any workers' compensation law shall be credited against the benefits provided by subsection (1), and shall be due and payable as loss accrues, upon compliance with the terms and conditions of the insurance policy and this section.

(5) CHARGES FOR TREATMENT OF INJURED PERSONSProviders
lawfully rendering treatment to an injured person pursuant to
this section shall submit claims to insurers and insurers shall
receive, process, and, after October 1, 2008, pay claims
pursuant to the requirements of s. 627.6131. The insurer may
reimburse health care facilities and providers. With respect to
a determination of whether a charge for a particular service,
treatment, or otherwise is reasonable, consideration may be
given to evidence of usual and customary charges and payments
accepted by the provider involved in the dispute, reimbursement
levels in the community and various federal and state medical
fee schedules applicable to automobile and other insurance
coverages, and other information relevant to the reasonableness
of the reimbursement for the service, treatment, or supply.

- (6) REQUIRED PAYMENT OF BENEFITS.--The insurer of the owner of a motor vehicle shall pay emergency care benefits for:
- (a) Accidental bodily injury sustained in this state by the owner while occupying a motor vehicle, or while not an occupant of a self-propelled vehicle if the injury is caused by physical contact with a motor vehicle.
- (b) Accidental bodily injury sustained outside this state, but within the United States or its territories or possessions or Canada, by the owner while occupying the owner's motor vehicle.
- (c) Accidental bodily injury sustained by a relative of the owner residing in the same household, under the circumstances described in paragraph (a) or paragraph (b), provided the relative at the time of the accident is domiciled 170133

- in the owner's household and is not the owner of a motor vehicle with respect to which security is required or has not waived such coverage under this section.
- (d) Accidental bodily injury sustained in this state by any other person while occupying the owner's motor vehicle or, if the injured person is a resident of this state who is injured while not an occupant of a self-propelled vehicle, if the injury is caused by physical contact with such motor vehicle, provided the injured person is not:
- 1. The owner of a motor vehicle with respect to which security is required or has not waived such coverage under this section.
- 2. Entitled to emergency care benefits from the insurer of the owner or owners of such motor vehicle.
- (e) If two or more insurers are liable for emergency care benefits for the same injury to any single person, the maximum amount payable shall be as specified in subsection (1), and any insurer paying the benefits shall be entitled to recover from each of the other insurers an equitable pro rata share of the benefits paid an expenses incurred in processing the claim.
- (7) AUTHORIZED EXCLUSIONS.--Any insurance company may exclude emergency care benefits for any injury sustained by:
- (a) The named insured and the named insured's spouse, parents by blood or marriage, and children natural or adopted residing in the same household while occupying another motor vehicle owned by the named insured and not insured under the policy.

	(b) A	∖ny	person	operating	the	ins	ured	motor	vehicle	without
the	express	s or	implie	ed consent	of	the	insu	red.		

- (c) Any injured person, if such person's conduct contributed to her or his injury under any of the following circumstances:
- 1. Intentionally causing injury or a claim for injury to herself or himself;
 - 2. Being injured while committing a felony; or
- 3. Being injured while attempting to flee or elude arrest or detention by a law enforcement officer.
 - (d) Any person while operating a self-propelled vehicle.
 - (8) ASSIGNMENT OF BENEFITS. --
- (a) Emergency care benefits are assigned to a health care provider by the submission of a claim by a health care provider, with the consent of the insured. The insured shall have no right to receive any emergency care benefits directly or indirectly from the insurer.
- (b) An insured may execute an assignment of benefits to different health care providers or authorize various health care providers to submit emergency care claims. The insurer is not required to reserve emergency care benefits for any provider during the investigation of the provider's bills and shall timely pay all bills in the insurer's possession that are properly payable. In the event of multiple competing assignments of benefits in which any single claim will exhaust benefits, the insurer may determine which bill to pay first.
- (c) An assignment of emergency care benefits to the provider shall be authorized under this section. The insured is 170133

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released of all obligations for the medical bills once an assignment of benefits is executed. While benefits remain under the policy, any agreement requiring the injured person or insured to pay for charges is unenforceable. Notwithstanding such assignment of benefits, the insured shall be responsible for the allowable amount of the provider's bills once benefits have been exhausted or once the insurer has paid the required amounts under this section.

- (9) INSURED'S RIGHTS TO RECOVERY OF SPECIAL DAMAGES IN

 TORT CLAIMS.--An injured person who is entitled to bring suit

 for special damages shall have no right to recover any damages

 for which emergency care coverage benefits are paid. A plaintiff

 may prove all of her or his special damages notwithstanding this

 limitation, but if special damages are introduced into evidence,

 the trier of fact, whether a judge or jury, may not award

 damages for emergency care coverage benefits paid. In all cases

 in which a jury is required to fix damages, the court shall

 instruct the jury that the plaintiff shall not recover such

 special damages for emergency care benefits paid.
- (10) INSURED'S RIGHTS TO RECOVERY OF DAMAGES IN TORT

 CLAIMS.--In any civil action seeking damages based on an injury

 for which emergency care coverage benefits have been paid, s.

 768.76 shall apply.
 - (11) MANDATORY PRESUIT DEMAND LETTER. --
- (a) As a condition precedent to filing any action for benefits under this section, the insurer must be provided with written notice of an intent to initiate litigation. Such notice

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may be sent no earlier than 90 days after a claim is submitted for payment.

- (b) The notice required shall state that it is a "statutory demand letter" and shall state with specificity:
- 1. The name of the insured for whom such benefits are being sought, including a copy of the assignment giving rights to the claimant if the claimant is not the insured.
- 2. The claim number or policy number upon which such claim was originally submitted to the insurer.
- 3. The exact amount of payment which is being sought in order to avoid litigation with supporting documentation to allow the insurer to determine with certainty the amount of the claim and the medical necessity, procedural appropriateness, reasonableness, and relation to the motor vehicle accident of the treatment, services, accommodations, or supplies for which payment is being sought.
- 4. To the extent applicable, the name of any medical provider who rendered to an insured the treatment, services, accommodations, or supplies that form the basis of such claim, and an itemized statement specifying each exact amount, the date of treatment, service, or accommodation, and the type of benefit claimed to be due.
- (c) Each notice required by this subsection must be delivered to the insurer by United States certified or registered mail, return receipt requested. Such postal costs shall be reimbursed by the insurer if so requested by the claimant in the notice, when the insurer pays the claim. Such notice must be sent to the person and address specified by the 170133

insurer for the purposes of receiving notices under this subsection. Each licensed insurer, whether domestic, foreign, or alien, shall file with the Office of Insurance Regulation designation of the name and address of the person to whom notices pursuant to this subsection shall be sent, which the office shall make available on its Internet website. The name and address on file with the office pursuant to s. 624.422 shall be deemed the authorized representative to accept notice pursuant to this subsection in the event no other designation has been made.

- insurer, the overdue claim specified in the notice is paid by the insurer together with a penalty of 10 percent of the overdue amount paid by the insurer, subject to a maximum penalty of \$250, no action may be brought against the insurer. For purposes of this subsection, payment or the insurer's agreement shall be treated as being made on the date a draft or other valid instrument that is equivalent to payment, or the insurer's written statement of agreement, is placed in the United States mail in a properly addressed, postpaid envelope or, if not so posted, on the date of delivery.
- (e) The applicable statute of limitation for an action under this section shall be tolled for a period of 15 business days by the mailing of the notice required by this subsection.
- (f) Failure to comply with this subsection prior to initiating litigation shall be grounds for an award of the insurer's attorney fees and costs resulting from noncompliance.
 - (12) DATA REPORTING. --

428	(a) Each insurer that has issued a policy providing							
429	emergency care coverage benefits shall report the renewal,							
430	cancellation, or nonrenewal of such policy to the Department of							
431	Highway Safety and Motor Vehicles within 45 days after the							
432	effective date of the renewal, cancellation, or nonrenewal. Upon							
433	the issuance of a policy providing emergency care coverage							
434	benefits to a named insured not previously insured by the							
435	insurer during that calendar year, the insurer shall report the							
436	issuance of the new policy to the Department of Highway Safety							
437	and Motor Vehicles within 30 days. The report must be in such							
438	form and format and contain such information as is required by							
439	the department and must include a format compatible with the							
440	data processing capabilities of the department. Failure by an							
441	insurer to file proper reports with the department constitutes a							
442	violation of the Florida Insurance Code. Reports of							
443	cancellations and policy renewals and reports of the issuance of							
444	new policies received by the department may be used for							
445	enforcement and regulatory purposes only, including the							
446	generation by the department of data regarding compliance by							
447	owners of motor vehicles with financial responsibility coverage							
448	requirements. In addition, the department shall release, upon a							
449	written request by a person involved in a motor vehicle							
450	accident, the name of the person's attorney or of a							
451	representative of the person's motor vehicle insurer, the name							
452	of the insurance company, and the policy number for the policy							
453	covering the vehicle named by the requesting party. The written							
454	request must include a copy of the appropriate accident form as							
455	provided in s. 316.065, s. 316.066, or s. 316.068.							

- (b) For each insurance policy providing emergency care coverage benefits, the insurer shall notify the named insured or, in the case of a commercial fleet policy, the first named insured in writing that any cancellation or nonrenewal of the policy will be reported by the insurer to the department. The notice must also inform the named insured that failure to maintain emergency care coverage and property damage liability insurance on a motor vehicle when required by law may result in the loss of registration and driving privileges in this state, and the notice must inform the named insured of the amount of the reinstatement fees required by s. 627.7361(6). This notice is for informational purposes only, and an insurer is not civilly liable for failing to provide this notice.
 - (13) SECURE ELECTRONIC DATA TRANSFER.--Any written notice, documentation, transmission, or communication of any kind required or permitted under this act may be accomplished by secure electronic data transfer that is consistent with all rights of confidentiality.
 - Section 4. Section 627.7261, Florida Statutes, is amended to read:
 - 627.7261 Prior denial of coverage; volunteer driver; effect on coverage or rate Refusal to issue policy.--
 - (1) No insurer may deny an application for automobile liability insurance solely on the ground that:
 - (a) Renewal of similar coverage has been denied by another insurer or on the ground of an applicant's failure to disclose that such denial has occurred; or
- (b) The applicant is a volunteer driver.

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(2) No insurer may impose a surcharge or otherwise
increase the rate for an automobile liability policy solely on
the basis that the named insured, a member of the insured's
household, or a person who customarily operates the insured's
vehicle is a volunteer driver. This subsection does not prohibit
an insurer from refusing to renew, imposing a surcharge, or
otherwise raising the rate for an automobile liability insurance
policy based upon factors other than the volunteer status of the
insured driver.

- (3) For purposes of this section, the term "volunteer driver" means a person who provides services, including transporting individuals or goods, without compensation above expenses to a private nonprofit agency as defined in s. 273.01 or charitable organization as defined in s. 736.1201.
- Section 5. Subsection (8) is added to section 626.2815, Florida Statutes, to read:
- 626.2815 Continuing education required; application; exceptions; requirements; penalties.--
- (8) Each person or entity sponsoring a course for continuing education credit must provide that any required final examination either be either open book or provided online.
- Section 6. Paragraph (c) of subsection (1) of section 627.728, Florida Statutes, is amended to read:
 - 627.728 Cancellations; nonrenewals.--
 - (1) As used in this section, the term:
- (c) "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 170133

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installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance coverage. "Nonpayment of premium" also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium, even if the agent has previously delivered or transferred the premium to the insurer. 7 further, If the 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. If a dishonored check is made payable to the insurer, the insurer may cancel the policy in accordance with paragraph (3)(a).

Section 7. Subsection (1) of section 627.901, Florida Statutes, is amended to read:

627.901 Premium financing by an insurance agent or agency.--

(1) A general lines agent may make reasonable service charges for financing insurance premiums on policies issued or business produced by such an agent or agency, s. 626.9541 notwithstanding. The service charge shall not exceed \$3 per installment. The maximum service charge shall not exceed \$36 per 170133

year. The service charge would also be permissible from the insured when the agent processes, as a convenience and accommodation to the insured, an installment payment from the insured to the insurance company or premium finance company when such payments can be made directly to the insurance company or premium finance company by the insured. In no case may an agent collect more than one service charge on any one payment. In lieu of such service charges, an insurance agent or agency, at the sole discretion of such agent or agency, may charge a rate of interest not to exceed 18 percent simple interest per year on:

- (a) The unpaid balance; or
- (b) The average unpaid balance as billed over the term of the policy and subject to endorsement changes. The interest authorized by this paragraph may be billed in equal installments.

Section 8. Any automobile insurance policy written prior to September 30, 2007, complying with the security requirement of s. 627.733, Florida Statutes, shall be deemed to comply with the security requirements of s. 627.7361, Florida Statutes, as created by this act, until that policy expires or is terminated.

Section 9. Effective October 1, 2012, ss. 627.7361, 627.7362, and 627.7363, Florida Statutes, as created by this act, are repealed.

Section 10. Subsections (1) and (3) of section 316.646, Florida Statutes, are amended to read:

316.646 Security required; proof of security and display thereof; dismissal of cases.--

- (1) Any person required by s. 627.7361 627.733 to maintain personal injury protection security on a motor vehicle shall have in his or her immediate possession at all times while operating such motor vehicle proper proof of maintenance of the security required by s. 627.7361 627.733 . Such proof shall be either a uniform proof-of-insurance card in a form prescribed by the department, a valid insurance policy, an insurance policy binder, a certificate of insurance, or such other proof as may be prescribed by the department.
- (3) Any person who violates this section is guilty of a nonmoving traffic infraction subject to the penalty provided in chapter 318 and shall be required to furnish proof of security as provided in this section. If any person charged with a violation of this section fails to furnish proof, at or before the scheduled court appearance date, that security was in effect at the time of the violation, the court may immediately suspend the registration and driver's license of such person. Such license and registration may only be reinstated as provided in s. 627.7361 627.733.

Section 11. Paragraph (b) of subsection (2) of section 318.18, Florida Statutes, is amended to read:

- 318.18 Amount of civil penalties.--The penalties required for a noncriminal disposition pursuant to s. 318.14 are as follows:
- (2) Thirty dollars for all nonmoving traffic violations and:
- 593 (b) For all violations of ss. 320.0605, 320.07(1),
 594 322.065, and 322.15(1). Any person who is cited for a violation
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of s. 320.07(1) shall be charged a delinquent fee pursuant to s. 320.07(4).

- 1. If a person who is cited for a violation of s. 320.0605 or s. 320.07 can show proof of having a valid registration at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$7.50. A person who finds it impossible or impractical to obtain a valid registration certificate must submit an affidavit detailing the reasons for the impossibility or impracticality. The reasons may include, but are not limited to, the fact that the vehicle was sold, stolen, or destroyed; that the state in which the vehicle is registered does not issue a certificate of registration; or that the vehicle is owned by another person.
- 2. If a person who is cited for a violation of s. 322.03, s. 322.065, or s. 322.15 can show a driver's license issued to him or her and valid at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$7.50.
- 3. If a person who is cited for a violation of s. 316.646 can show proof of security as required by s. 627.7361 627.733, issued to the person and valid at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$7.50. A person who finds it impossible or impractical to obtain proof of security must submit an affidavit detailing the reasons for the impracticality. The reasons may include, but are not limited to, the fact that the vehicle has since been sold, stolen, or destroyed; that the owner or registrant of the vehicle is not required by s. 627.7361 627.733 to maintain 170133

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security personal injury protection insurance; or that the vehicle is owned by another person.

Section 12. Paragraphs (a) and (d) of subsection (5) of section 320.02, Florida Statutes, are amended to read:

320.02 Registration required; application for registration; forms.--

(5)(a) Proof that emergency care benefits personal injury protection benefits have been purchased when required under s. 627.7361 627.733, that property damage liability coverage has been purchased as required under s. 324.022, and that combined bodily liability insurance and property damage liability insurance have been purchased when required under s. 627.7415 shall be provided in the manner prescribed by law by the applicant at the time of application for registration of any motor vehicle owned as defined in s. 627.7363 627.732. The issuing agent shall refuse to issue registration if such proof of purchase is not provided. Insurers shall furnish uniform proof-of-purchase cards in a form prescribed by the department and shall include the name of the insured's insurance company, the coverage identification number, the make, year, and vehicle identification number of the vehicle insured. The card shall contain a statement notifying the applicant of the penalty specified in s. 316.646(4). The card or insurance policy, insurance policy binder, or certificate of insurance or a photocopy of any of these; an affidavit containing the name of the insured's insurance company, the insured's policy number, and the make and year of the vehicle insured; or such other proof as may be prescribed by the department shall constitute 170133

sufficient proof of purchase. If an affidavit is provided as proof, it shall be in substantially the following form:

Under penalty of perjury, I (Name of insured) do hereby certify that I have (Emergency Care Coverage Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability) Insurance currently in effect with (Name of insurance company) under (policy number) covering (make, year, and vehicle identification number of vehicle) . (Signature of Insured)

Such affidavit shall include the following warning:

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.

When an application is made through a licensed motor vehicle dealer as required in s. 319.23, the original or a photostatic copy of such card, insurance policy, insurance policy binder, or certificate of insurance or the original affidavit from the insured shall be forwarded by the dealer to the tax collector of the county or the Department of Highway Safety and Motor Vehicles for processing. By executing the aforesaid affidavit, no licensed motor vehicle dealer will be liable in damages for any inadequacy, insufficiency, or falsification of any statement

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contained therein. A card shall also indicate the existence of any bodily injury liability insurance voluntarily purchased.

The verifying of proof of emergency care insurance personal injury protection insurance, proof of combined bodily liability insurance and property damage liability insurance, or proof of financial responsibility insurance and the issuance or failure to issue the motor vehicle registration under the provisions of this chapter may not be construed in any court as a warranty of the reliability or accuracy of the evidence of such proof. Neither the department nor any tax collector is liable in damages for any inadequacy, insufficiency, falsification, or unauthorized modification of any item of the proof of emergency care insurance personal injury protection insurance, proof of combined bodily liability insurance and property damage liability insurance, or proof of financial responsibility insurance either prior to, during, or subsequent to the verification of the proof. The issuance of a motor vehicle registration does not constitute prima facie evidence or a presumption of insurance coverage.

Section 13. Paragraph (b) of subsection (1) of section 320.0609, Florida Statutes, is amended to read:

320.0609 Transfer and exchange of registration license plates; transfer fee.--

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(b) The transfer of a license plate from a vehicle disposed of to a newly acquired vehicle does not constitute a new registration. The application for transfer shall be accepted

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without requiring proof of emergency care personal injury protection or liability insurance.

Section 14. Subsection (3) of section 320.27, Florida Statutes, is amended to read:

320.27 Motor vehicle dealers.--

APPLICATION AND FEE. -- The application for the license shall be in such form as may be prescribed by the department and shall be subject to such rules with respect thereto as may be so prescribed by it. Such application shall be verified by oath or affirmation and shall contain a full statement of the name and birth date of the person or persons applying therefor; the name of the firm or copartnership, with the names and places of residence of all members thereof, if such applicant is a firm or copartnership; the names and places of residence of the principal officers, if the applicant is a body corporate or other artificial body; the name of the state under whose laws the corporation is organized; the present and former place or places of residence of the applicant; and prior business in which the applicant has been engaged and the location thereof. Such application shall describe the exact location of the place of business and shall state whether the place of business is owned by the applicant and when acquired, or, if leased, a true copy of the lease shall be attached to the application. The applicant shall certify that the location provides an adequately equipped office and is not a residence; that the location affords sufficient unoccupied space upon and within which adequately to store all motor vehicles offered and displayed for sale; and that the location is a suitable place where the 170133

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733 applicant can in good faith carry on such business and keep and maintain books, records, and files necessary to conduct such business, which will be available at all reasonable hours to 736 inspection by the department or any of its inspectors or other 737 employees. The applicant shall certify that the business of a motor vehicle dealer is the principal business which shall be 739 conducted at that location. Such application shall contain a statement that the applicant is either franchised by a 740 manufacturer of motor vehicles, in which case the name of each motor vehicle that the applicant is franchised to sell shall be included, or an independent (nonfranchised) motor vehicle dealer. Such application shall contain such other relevant information as may be required by the department, including evidence that the applicant is insured under a garage liability 747 insurance policy, which shall include, at a minimum, \$25,000 combined single-limit liability coverage including bodily injury 749 and property damage protection and \$10,000 emergency care benefits \$10,000 personal injury protection. Such policy shall be for the license period, and evidence of a new or continued policy shall be delivered to the department at the beginning of each license period. Upon making such initial application, the person applying therefor shall pay to the department a fee of \$300 in addition to any other fees now required by law; upon making a subsequent renewal application, the person applying therefor shall pay to the department a fee of \$75 in addition to 758 any other fees now required by law. Upon making an application for a change of location, the person shall pay a fee of \$50 in 759 760 addition to any other fees now required by law. The department 170133

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shall, in the case of every application for initial licensure, verify whether certain facts set forth in the application are true. Each applicant, general partner in the case of a partnership, or corporate officer and director in the case of a corporate applicant, must file a set of fingerprints with the department for the purpose of determining any prior criminal record or any outstanding warrants. The department shall submit the fingerprints to the Department of Law Enforcement for state processing and forwarding to the Federal Bureau of Investigation for federal processing. The actual cost of such state and federal processing shall be borne by the applicant and is to be in addition to the fee for licensure. The department may issue a license to an applicant pending the results of the fingerprint investigation, which license is fully revocable if the department subsequently determines that any facts set forth in the application are not true or correctly represented.

Section 15. Paragraph (j) of subsection (3) of section 320.771, Florida Statutes, is amended to read:

320.771 License required of recreational vehicle dealers.--

- (3) APPLICATION.--The application for such license shall be in the form prescribed by the department and subject to such rules as may be prescribed by it. The application shall be verified by oath or affirmation and shall contain:
- (j) A statement that the applicant is insured under a garage liability insurance policy, which shall include, at a minimum, \$25,000 combined single-limit liability coverage, including bodily injury and property damage protection, and 170133

510,000 emergency care coverage \$10,000 personal injury

790 protection, if the applicant is to be licensed as a dealer in,

791 or intends to sell, recreational vehicles.

The department shall, if it deems necessary, cause an investigation to be made to ascertain if the facts set forth in the application are true and shall not issue a license to the applicant until it is satisfied that the facts set forth in the application are true.

Section 16. Subsection (1) of section 322.251, Florida Statutes, is amended to read:

322.251 Notice of cancellation, suspension, revocation, or disqualification of license.--

(1) All orders of cancellation, suspension, revocation, or disqualification issued under the provisions of this chapter, chapter 318, chapter 324, or s. 627.7361 ss. 627.732-627.734 shall be given either by personal delivery thereof to the licensee whose license is being canceled, suspended, revoked, or disqualified or by deposit in the United States mail in an envelope, first class, postage prepaid, addressed to the licensee at his or her last known mailing address furnished to the department. Such mailing by the department constitutes notification, and any failure by the person to receive the mailed order will not affect or stay the effective date or term of the cancellation, suspension, revocation, or disqualification of the licensee's driving privilege.

Section 17. Paragraph (a) of subsection (8) of section 322.34, Florida Statutes, is amended to read: 170133

- 322.34 Driving while license suspended, revoked, canceled, or disqualified.--
- (8) (a) Upon the arrest of a person for the offense of driving while the person's driver's license or driving privilege is suspended or revoked, the arresting officer shall determine:
- 1. Whether the person's driver's license is suspended or revoked.
- 2. Whether the person's driver's license has remained suspended or revoked since a conviction for the offense of driving with a suspended or revoked license.
- 3. Whether the suspension or revocation was made under s. $\underline{627.7361}$ $\underline{316.646}$ or s. $\underline{627.733}$, relating to failure to maintain required security, or under s. 322.264, relating to habitual traffic offenders.
- 4. Whether the driver is the registered owner or coowner of the vehicle.
- Section 18. Subsection (1) and paragraph (c) of subsection (9) of section 324.021, Florida Statutes, are amended to read:
- 324.021 Definitions; minimum insurance required.--The following words and phrases when used in this chapter shall, for the purpose of this chapter, have the meanings respectively ascribed to them in this section, except in those instances where the context clearly indicates a different meaning:
- (1) MOTOR VEHICLE.--Every self-propelled vehicle which is designed and required to be licensed for use upon a highway, including trailers and semitrailers designed for use with such vehicles, except traction engines, road rollers, farm tractors, power shovels, and well drillers, and every vehicle which is 170133

propelled by electric power obtained from overhead wires but not operated upon rails, but not including any bicycle or moped. However, the term "motor vehicle" shall not include any motor vehicle as defined in s. 627.7362 627.732(3) when the owner of such vehicle has complied with the requirements of s. 627.7361 ss. 627.730 627.7405, inclusive, unless the provisions of s. 324.051 apply; and, in such case, the applicable proof of insurance provisions of s. 320.02 apply.

- (9) OWNER; OWNER/LESSOR.--
- (c) Application. --
- 1. The limits on liability in subparagraphs (b)2. and 3. do not apply to an owner of motor vehicles that are used for commercial activity in the owner's ordinary course of business, other than a rental company that rents or leases motor vehicles. For purposes of this paragraph, the term "rental company" includes only an entity that is engaged in the business of renting or leasing motor vehicles to the general public and that rents or leases a majority of its motor vehicles to persons with no direct or indirect affiliation with the rental company. The term also includes a motor vehicle dealer that provides temporary replacement vehicles to its customers for up to 10 days. The term "rental company" also includes:
- a. A related rental or leasing company that is a subsidiary of the same parent company as that of the renting or leasing company that rented or leased the vehicle.
- b. The holder of a motor vehicle title or an equity interest in a motor vehicle title if the title or equity interest is held pursuant to or to facilitate an asset-backed 170133

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securitization of a fleet of motor vehicles used solely in the business of renting or leasing motor vehicles to the general public and under the dominion and control of a rental company, as described in this subparagraph, in the operation of such rental company's business.

- Furthermore, with respect to a commercial motor vehicle vehicles as defined in s. 627.732, the limits on liability in subparagraphs (b) 2. and 3. do not apply if, at the time of the incident, the commercial motor vehicle is being used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is required pursuant to such act to carry placards warning others of the hazardous cargo, unless at the time of lease or rental either:
- The lessee indicates in writing that the vehicle will not be used to transport materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq.; or
- The lessee or other operator of the commercial motor vehicle has in effect insurance with limits of at least \$5,000,000 combined property damage and bodily injury liability.

896 For the purposes of this subparagraph, the term "commercial 897 motor vehicle" does not include a motor vehicle that is a sedan, 898 station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional, or business purposes, a motor 899 900

vehicle of the pickup, panel, van, camper, or motor home type.

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Section 19. Section 324.022, Florida Statutes, is amended to read:

324.022 Financial responsibility for property damage. --

- (1) Every owner or operator of a motor vehicle, which motor vehicle is subject to the requirements of <u>s. 627.7361</u> ss. 627.730 627.7405 and required to be registered in this state, shall, by one of the methods established in s. 324.031 or by having a policy that complies with s. 627.7275, establish and maintain the ability to respond in damages for liability on account of accidents arising out of the use of the motor vehicle in the amount of \$10,000 because of damage to, or destruction of, property of others in any one crash. The requirements of this section may also be met by having a policy which provides coverage in the amount of at least \$30,000 for combined property damage liability and bodily injury liability for any one crash arising out of the use of the motor vehicle. No insurer shall have any duty to defend uncovered claims irrespective of their joinder with covered claims.
 - (2) For the purposes of this section, the term:
- (a) "Motor vehicle" means any self-propelled vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of this state and any trailer or semitrailer designed for use with such vehicle and includes a private passenger motor vehicle and a commercial motor vehicle. The term "motor vehicle" does not include a mobile home or any motor vehicle which is used in mass transit, other than public school transportation, and designed to transport more than five passengers exclusive of the operator 170133

- of the motor vehicle and which is owned by a municipality, a transit authority, or a political subdivision of the state.
- (b) "Private passenger motor vehicle" means any motor vehicle which is a sedan, station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional, or business purposes, a motor vehicle of the pickup, panel, van, camper, or motor home type.
- (c) "Commercial motor vehicle" means any motor vehicle which is not a private passenger motor vehicle.

Section 20. Subsection (2) of section 324.171, Florida Statutes, is amended to read:

324.171 Self-insurer.--

(2) The self-insurance certificate shall provide limits of liability insurance in the amounts specified under s. 324.021(7) or s. 627.7415 and shall provide emergency care personal injury protection coverage under s. 627.7361(3)(b) 627.733(3)(b).

Section 21. Paragraph (g) of subsection (1) of section 400.9935, Florida Statutes, is amended to read:

400.9935 Clinic responsibilities .--

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:
- (g) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance 170133

imaging, static radiographs, computed tomography, or positron emission tomography, and provides the professional interpretation of such services, in a fixed facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Accreditation Association for Ambulatory Health Care, and the American College of Radiology; and if, in the preceding quarter, the percentage of scans performed by that clinic which was billed to all personal injury protection insurance carriers was less than 15 percent, the chief financial officer of the clinic may, in a written acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful.

Section 22. Subsection (27) of section 409.901, Florida Statutes, is amended to read:

409.901 Definitions; ss. 409.901-409.920.--As used in ss. 409.901-409.920, except as otherwise specifically provided, the term:

may be available at any time through contract, court award, judgment, settlement, agreement, or any arrangement between a third party and any person or entity, including, without limitation, a Medicaid recipient, a provider, another third party, an insurer, or the agency, for any Medicaid-covered injury, illness, goods, or services, including costs of medical services related thereto, for personal injury or for death of the recipient, but specifically excluding policies of life insurance on the recipient, unless available under terms of the 170133

policy to pay medical expenses prior to death. The term includes, without limitation, collateral, as defined in this section, health insurance, any benefit under a health maintenance organization, a preferred provider arrangement, a prepaid health clinic, liability insurance, uninsured motorist insurance or emergency care personal injury protection coverage, medical benefits under workers' compensation, and any obligation under law or equity to provide medical support.

Section 23. Paragraph (f) of subsection (11) of section 409.910, Florida Statutes, is amended to read:

- 409.910 Responsibility for payments on behalf of Medicaideligible persons when other parties are liable.--
- (11) The agency may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.
- (f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a judgment, award, or settlement from a third party, the amount recovered shall be distributed as follows:
- 1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the agency up to the total amount of medical assistance provided by Medicaid.

- 2. The remaining amount of the recovery shall be paid to the recipient.
- 3. For purposes of calculating the agency's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.
- 4. Notwithstanding any provision of this section to the contrary, the agency shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid. For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, emergency care personal injury protection, and casualty.

Section 24. Paragraph (k) of subsection (2) of section 456.057, Florida Statutes, is amended to read:

456.057 Ownership and control of patient records; report or copies of records to be furnished.--

(2) As used in this section, the terms "records owner,"
"health care practitioner," and "health care practitioner's
employer" do not include any of the following persons or
entities; furthermore, the following persons or entities are not
authorized to acquire or own medical records, but are authorized
under the confidentiality and disclosure requirements of this
section to maintain those documents required by the part or
chapter under which they are licensed or regulated:
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1041	(k) Persons	or entities practicing under s. 627.736(7).	
1042	Section 25.	Paragraphs (ee) and (ff) of subsection (1) of	f
1043	section 456.072.	Florida Statutes, are amended to read:	

456.072 Grounds for discipline; penalties; enforcement.--

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (ee) With respect to making an emergency care a personal injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been "upcoded," which means submitting a billing code that would result in payment greater in amount that would be paid using the billing code that actually describes the services performed as defined in s. 627.732.
- (ff) With respect to making <u>an emergency care</u> a <u>personal</u> injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill for payment of services that were not rendered.
- Section 26. Paragraph (o) of subsection (1) of section 626.9541, Florida Statutes, is amended to read:
- 626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.--
- (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.--The following are defined as unfair methods of competition and unfair or deceptive acts or practices:
- (o) Illegal dealings in premiums; excess or reduced charges for insurance.--

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- 1. Knowingly collecting any sum as a premium or charge for insurance, which is not then provided, or is not in due course to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as permitted by this code.
- 2. Knowingly collecting as a premium or charge for 1074 insurance any sum in excess of or less than the premium or 1075 charge applicable to such insurance, in accordance with the applicable classifications and rates as filed with and approved by the office, and as specified in the policy; or, in cases when classifications, premiums, or rates are not required by this 1079 code to be so filed and approved, premiums and charges collected from a Florida resident in excess of or less than those 1080 1081 specified in the policy and as fixed by the insurer. This 1082 provision shall not be deemed to prohibit the charging and collection, by surplus lines agents licensed under part VIII of 1083 1084 this chapter, of the amount of applicable state and federal taxes, or fees as authorized by s. 626.916(4), in addition to 1085 1086 the premium required by the insurer or the charging and collection, by licensed agents, of the exact amount of any 1087 1088 discount or other such fee charged by a credit card facility in connection with the use of a credit card, as authorized by 1089 subparagraph (q)3., in addition to the premium required by the 1090 insurer. This subparagraph shall not be construed to prohibit 1091 collection of a premium for a universal life or a variable or 1092 1093 indeterminate value insurance policy made in accordance with the terms of the contract. 1094

- 3.a. Imposing or requesting an additional premium for a policy of motor vehicle liability, emergency care coverage personal injury protection, medical payment, or collision insurance or any combination thereof or refusing to renew the policy solely because the insured was involved in a motor vehicle accident unless the insurer's file contains information from which the insurer in good faith determines that the insured was substantially at fault in the accident.
- b. An insurer which imposes and collects such a surcharge or which refuses to renew such policy shall, in conjunction with the notice of premium due or notice of nonrenewal, notify the named insured that he or she is entitled to reimbursement of such amount or renewal of the policy under the conditions listed below and will subsequently reimburse him or her or renew the policy, if the named insured demonstrates that the operator involved in the accident was:
 - (I) Lawfully parked;
- (II) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- (III) Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- (IV) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (V) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other

- automobile involved in such accident was convicted of a moving traffic violation;
 - (VI) Finally adjudicated not to be liable by a court of competent jurisdiction;
 - (VII) In receipt of a traffic citation which was dismissed or nolle prossed; or
 - (VIII) Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.
 - c. In addition to the other provisions of this subparagraph, an insurer may not fail to renew a policy if the insured has had only one accident in which he or she was at fault within the current 3-year period. However, an insurer may nonrenew a policy for reasons other than accidents in accordance with s. 627.728. This subparagraph does not prohibit nonrenewal of a policy under which the insured has had three or more accidents, regardless of fault, during the most recent 3-year period.
 - 4. Imposing or requesting an additional premium for, or refusing to renew, a policy for motor vehicle insurance solely because the insured committed a noncriminal traffic infraction as described in s. 318.14 unless the infraction is:
 - a. A second infraction committed within an 18-month
 period, or a third or subsequent infraction committed within a
 36-month period.

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- b. A violation of s. 316.183, when such violation is a 1149 result of exceeding the lawful speed limit by more than 15 miles per hour.
 - 5. Upon the request of the insured, the insurer and licensed agent shall supply to the insured the complete proof of fault or other criteria which justifies the additional charge or cancellation.
 - 6. No insurer shall impose or request an additional premium for motor vehicle insurance, cancel or refuse to issue a policy, or refuse to renew a policy because the insured or the applicant is a handicapped or physically disabled person, so long as such handicap or physical disability does not substantially impair such person's mechanically assisted driving ability.
 - No insurer may cancel or otherwise terminate any insurance contract or coverage, or require execution of a consent to rate endorsement, during the stated policy term for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured with the same exposure at a higher premium rate or continuing an existing contract or coverage with the same exposure at an increased premium.
 - No insurer may issue a nonrenewal notice on any insurance contract or coverage, or require execution of a consent to rate endorsement, for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured at a higher premium rate or continuing an

existing contract or coverage at an increased premium without meeting any applicable notice requirements.

- 9. No insurer shall, with respect to premiums charged for motor vehicle insurance, unfairly discriminate solely on the basis of age, sex, marital status, or scholastic achievement.
- 10. Imposing or requesting an additional premium for motor vehicle comprehensive or uninsured motorist coverage solely because the insured was involved in a motor vehicle accident or was convicted of a moving traffic violation.
- 11. No insurer shall cancel or issue a nonrenewal notice on any insurance policy or contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.
- 12. No insurer shall impose or request an additional premium, cancel a policy, or issue a nonrenewal notice on any insurance policy or contract because of any traffic infraction when adjudication has been withheld and no points have been assessed pursuant to s. 318.14(9) and (10). However, this subparagraph does not apply to traffic infractions involving accidents in which the insurer has incurred a loss due to the fault of the insured.

Section 27. Subsection (1) of section 627.06501, Florida Statutes, is amended to read:

- 627.06501 Insurance discounts for certain persons completing driver improvement course.--
- (1) Any rate, rating schedule, or rating manual for the liability, <u>emergency care personal injury protection</u>, and collision coverages of a motor vehicle insurance policy filed 170133

with the office may provide for an appropriate reduction in premium charges as to such coverages when the principal operator on the covered vehicle has successfully completed a driver improvement course approved and certified by the Department of Highway Safety and Motor Vehicles which is effective in reducing crash or violation rates, or both, as determined pursuant to s. 318.1451(5). Any discount, not to exceed 10 percent, used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

Section 28. Subsection (1) of section 627.0652, Florida Statutes, is amended to read:

627.0652 Insurance discounts for certain persons completing safety course.--

(1) Any rates, rating schedules, or rating manuals for the liability, emergency care personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office shall provide for an appropriate reduction in premium charges as to such coverages when the principal operator on the covered vehicle is an insured 55 years of age or older who has successfully completed a motor vehicle accident prevention course approved by the Department of Highway Safety and Motor Vehicles. Any discount used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

Section 29. Subsections (1) and (3) of section 627.0653, Florida Statutes, are amended to read:

627.0653 Insurance discounts for specified motor vehicle equipment.--

- (1) Any rates, rating schedules, or rating manuals for the liability, emergency care personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office shall provide a premium discount if the insured vehicle is equipped with factory-installed, four-wheel antilock brakes.
- (3) Any rates, rating schedules, or rating manuals for emergency care personal injury protection coverage and medical payments coverage, if offered, of a motor vehicle insurance policy filed with the office shall provide a premium discount if the insured vehicle is equipped with one or more air bags which are factory installed.

Section 30. Section 627.4132, Florida Statutes, is amended to read:

- or named insured is protected by any type of motor vehicle insurance policy for liability, emergency care personal injury protection, or other coverage, the policy shall provide that the insured or named insured is protected only to the extent of the coverage she or he has on the vehicle involved in the accident. However, if none of the insured's or named insured's vehicles is involved in the accident, coverage is available only to the extent of coverage on any one of the vehicles with applicable coverage. Coverage on any other vehicles shall not be added to or stacked upon that coverage. This section does not apply:
- (1) To uninsured motorist coverage which is separately governed by s. 627.727.

- 1258 (2) To reduce the coverage available by reason of 1259 insurance policies insuring different named insureds.
- Section 31. Subsection (6) of section 627.6482, Florida 1261 Statutes, is amended to read:
 - 627.6482 Definitions.--As used in ss. 627.648-627.6498, the term:
 - expense incurred policy, minimum premium plan, stop-loss coverage, health maintenance organization contract, prepaid health clinic contract, multiple-employer welfare arrangement contract, or fraternal benefit society health benefits contract, whether sold as an individual or group policy or contract. The term does not include any policy covering medical payment coverage or emergency care personal injury protection coverage in a motor vehicle policy, coverage issued as a supplement to liability insurance, or workers' compensation.
 - Section 32. Section 627.7263, Florida Statutes, is amended to read:
 - 627.7263 Rental and leasing driver's insurance to be primary; exception.--
 - emergency care personal injury protection insurance providing coverage for the lessor of a motor vehicle for rent or lease is primary unless otherwise stated in at least 10-point type on the face of the rental or lease agreement. Such insurance is primary for the limits of liability and emergency care personal injury protection coverage as required by ss. 324.021(7) and 627.7363

(2) If the lessee's coverage is to be primary, the rental or lease agreement must contain the following language, in at least 10-point type:

"The valid and collectible liability insurance and

emergency care personal injury protection insurance of any
authorized rental or leasing driver is primary for the
limits of liability and emergency care personal injury
protection coverage required by ss. 324.021(7) and 627.7363

627.736, Florida Statutes."

Section 33. Subsections (1), (7), (8), (9), and (10) of section 627.727, Florida Statutes, are amended to read:

1299 627.727 Motor vehicle insurance; uninsured and
1300 underinsured vehicle coverage; insolvent insurer protection.--

(1) No motor vehicle liability insurance policy which provides bodily injury liability coverage shall be delivered or issued for delivery in this state with respect to any specifically insured or identified motor vehicle registered or principally garaged in this state unless uninsured motor vehicle coverage is provided therein or supplemental thereto for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, or disease, including death, resulting therefrom. However, the coverage required under this section is not applicable when, or to the extent that, an insured named in the policy makes a written rejection of the coverage on behalf of all insureds 170133

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1314 under the policy. When a motor vehicle is leased for a period of 1 year or longer and the lessor of such vehicle, by the terms of 1315 the lease contract, provides liability coverage on the leased 1316 vehicle, the lessee of such vehicle shall have the sole 1317 1318 privilege to reject uninsured motorist coverage or to select lower limits than the bodily injury liability limits, regardless 1319 1320 of whether the lessor is qualified as a self-insurer pursuant to 1321 s. 324.171. Unless an insured, or lessee having the privilege of rejecting uninsured motorist coverage, requests such coverage or 1322 1323 requests higher uninsured motorist limits in writing, the coverage or such higher uninsured motorist limits need not be 1324 provided in or supplemental to any other policy which renews, 1325 extends, changes, supersedes, or replaces an existing policy 1326 1327 with the same bodily injury liability limits when an insured or lessee had rejected the coverage. When an insured or lessee has 1328 initially selected limits of uninsured motorist coverage lower 1329 than her or his bodily injury liability limits, higher limits of 1330 uninsured motorist coverage need not be provided in or 1331 supplemental to any other policy which renews, extends, changes, 1332 supersedes, or replaces an existing policy with the same bodily 1333 1334 injury liability limits unless an insured requests higher uninsured motorist coverage in writing. The rejection or 1335 selection of lower limits shall be made on a form approved by 1336 the office. The form shall fully advise the applicant of the 1337 nature of the coverage and shall state that the coverage is 1338 equal to bodily injury liability limits unless lower limits are 1339 requested or the coverage is rejected. The heading of the form 1340 1341 shall be in 12-point bold type and shall state: "You are 170133

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electing not to purchase certain valuable coverage which protects you and your family or you are purchasing uninsured motorist limits less than your bodily injury liability limits when you sign this form. Please read carefully." If this form is signed by a named insured, it will be conclusively presumed that there was an informed, knowing rejection of coverage or election of lower limits on behalf of all insureds. The insurer shall notify the named insured at least annually of her or his options as to the coverage required by this section. Such notice shall be part of, and attached to, the notice of premium, shall provide for a means to allow the insured to request such coverage, and shall be given in a manner approved by the office. Receipt of this notice does not constitute an affirmative waiver of the insured's right to uninsured motorist coverage where the insured has not signed a selection or rejection form. The coverage described under this section shall be over and above, but shall not duplicate, the benefits available to an insured under any workers' compensation law, emergency care personal injury protection benefits, disability benefits law, or similar law; under any automobile medical expense coverage; under any motor vehicle liability insurance coverage; or from the owner or operator of the uninsured motor vehicle or any other person or organization jointly or severally liable together with such owner or operator for the accident; and such coverage shall cover the difference, if any, between the sum of such benefits and the damages sustained, up to the maximum amount of such coverage provided under this section. The amount of coverage available under this section shall not be reduced by a setoff 170133

against any coverage, including liability insurance. Such coverage shall not inure directly or indirectly to the benefit of any workers' compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workers' compensation or disability benefits law or similar law.

- (7) The legal liability of an uninsured motorist coverage insurer does not include damages in tort for pain, suffering, mental anguish, and inconvenience unless the injury or disease is described in one or more of paragraphs (a) (d) of s. 627.737(2).
- (7)(8) The provisions of s. 627.428 do not apply to any action brought pursuant to this section against the uninsured motorist insurer unless there is a dispute over whether the policy provides coverage for an uninsured motorist proven to be liable for the accident.
- (8) (9) Insurers may offer policies of uninsured motorist coverage containing policy provisions, in language approved by the office, establishing that if the insured accepts this offer:
- (a) The coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person for any one accident, except as provided in paragraph (c).
- (b) If at the time of the accident the injured person is occupying a motor vehicle, the uninsured motorist coverage available to her or him is the coverage available as to that motor vehicle.

- (c) If the injured person is occupying a motor vehicle which is not owned by her or him or by a family member residing with her or him, the injured person is entitled to the highest limits of uninsured motorist coverage afforded for any one vehicle as to which she or he is a named insured or insured family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying.
- (d) The uninsured motorist coverage provided by the policy does not apply to the named insured or family members residing in her or his household who are injured while occupying any vehicle owned by such insureds for which uninsured motorist coverage was not purchased.
- (e) If, at the time of the accident the injured person is not occupying a motor vehicle, she or he is entitled to select any one limit of uninsured motorist coverage for any one vehicle afforded by a policy under which she or he is insured as a named insured or as an insured resident of the named insured's household.

In connection with the offer authorized by this subsection, insurers shall inform the named insured, applicant, or lessee, on a form approved by the office, of the limitations imposed under this subsection and that such coverage is an alternative to coverage without such limitations. If this form is signed by a named insured, applicant, or lessee, it shall be conclusively presumed that there was an informed, knowing acceptance of such limitations. When the named insured, applicant, or lessee has initially accepted such limitations, such acceptance shall apply 170133

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to any policy which renews, extends, changes, supersedes, or replaces an existing policy unless the named insured requests deletion of such limitations and pays the appropriate premium for such coverage. Any insurer who provides coverage which includes the limitations provided in this subsection shall file revised premium rates with the office for such uninsured motorist coverage to take effect prior to initially providing such coverage. The revised rates shall reflect the anticipated reduction in loss costs attributable to such limitations but shall in any event reflect a reduction in the uninsured motorist coverage premium of at least 20 percent for policies with such limitations. Such filing shall not increase the rates for coverage which does not contain the limitations authorized by this subsection, and such rates shall remain in effect until the insurer demonstrates the need for a change in uninsured motorist rates pursuant to s. 627.0651.

(9)(10) The damages recoverable from an uninsured motorist carrier in an action brought under s. 624.155 shall include the total amount of the claimant's damages, including the amount in excess of the policy limits, any interest on unpaid benefits, reasonable attorney's fees and costs, and any damages caused by a violation of a law of this state. The total amount of the claimant's damages is recoverable whether caused by an insurer or by a third-party tortfeasor.

Section 34. Subsection (1) and paragraphs (a) and (b) of subsection (2) of section 627.7275, Florida Statutes, are amended to read:

1452 627.7275 Motor vehicle liability.--170133 5/4/2007 11:41:15 AM

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- A motor vehicle insurance policy providing emergency care coverage personal injury protection as set forth in s. 627.7363 627.736 may not be delivered or issued for delivery in this state with respect to any specifically insured or identified motor vehicle registered or principally garaged in this state unless the policy also provides coverage for property damage liability in the amount of at least \$10,000 because of damage to, or destruction of, property of others in any one accident arising out of the use of the motor vehicle or unless the policy provides coverage in the amount of at least \$30,000 for combined property damage liability and bodily injury liability in any one accident arising out of the use of the motor vehicle. The policy, as to coverage of property damage liability, must meet the applicable requirements of s. 324.151, subject to the usual policy exclusions that have been approved in policy forms by the office.
- (2)(a) Insurers writing motor vehicle insurance in this state shall make available, subject to the insurers' usual underwriting restrictions:
- 1. Coverage under policies as described in subsection (1) to any applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state when the driving privileges were revoked or suspended pursuant to s. 316.646 or s. 627.7361 627.733 due to the failure of the applicant to maintain required security.
- 2. Coverage under policies as described in subsection (1), which also provides liability coverage for bodily injury, death, 170133 5/4/2007 11:41:15 AM

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and property damage arising out of the ownership, maintenance, or use of the motor vehicle in an amount not less than the limits described in s. 324.021(7) and conforms to the requirements of s. 324.151, to any applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state after such privileges were revoked or suspended under s. 316.193 or s. 322.26(2) for driving under the influence.

(b) The policies described in paragraph (a) shall be issued for a period of at least 6 months and as to the minimum coverages required under this section shall not be cancelable by the insured for any reason or by the insurer after a period not to exceed 30 days during which the insurer must complete underwriting of the policy. After the insurer has completed underwriting the policy within the 30-day period, the insurer shall notify the Department of Highway Safety and Motor Vehicles that the policy is in full force and effect and the policy shall not be cancelable for the remainder of the policy period. A premium shall be collected and coverage shall be in effect for the 30-day period during which the insurer is completing the underwriting of the policy whether or not the person's driver license, motor vehicle tag, and motor vehicle registration are in effect. Once the noncancelable provisions of the policy become effective, the coverage or risk shall not be changed during the policy period and the premium shall be nonrefundable. If, during the pendency of the 2 year proof of insurance period required under s. 627.733(7) or during the 3-year proof of 170133

financial responsibility required under s. 324.131, whichever is applicable, the insured obtains additional coverage or coverage for an additional risk or changes territories, the insured must obtain a new 6-month noncancelable policy in accordance with the provisions of this section. However, if the insured must obtain a new 6-month policy and obtains the policy from the same insurer, the policyholder shall receive credit on the new policy for any premium paid on the previously issued policy.

Section 35. Paragraph (a) of subsection (1) of section 627.728, Florida Statutes, is amended to read:

- 627.728 Cancellations; nonrenewals.--
- (1) As used in this section, the term:
- (a) "Policy" means the bodily injury and property damage liability, emergency care personal injury protection, medical payments, comprehensive, collision, and uninsured motorist coverage portions of a policy of motor vehicle insurance delivered or issued for delivery in this state:
- 1. Insuring a natural person as named insured or one or more related individuals resident of the same household; and
- 2. Insuring only a motor vehicle of the private passenger type or station wagon type which is not used as a public or livery conveyance for passengers or rented to others; or insuring any other four-wheel motor vehicle having a load capacity of 1,500 pounds or less which is not used in the occupation, profession, or business of the insured other than farming; other than any policy issued under an automobile insurance assigned risk plan; insuring more than four automobiles; or covering garage, automobile sales agency, repair 170133

shop, service station, or public parking place operation hazards.

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The term "policy" does not include a binder as defined in s. 627.420 unless the duration of the binder period exceeds 60 days.

Section 36. Subsection (1), paragraph (a) of subsection (5), and subsections (6) and (7) of section 627.7295, Florida Statutes, are amended to read:

- 627.7295 Motor vehicle insurance contracts.--
- (1) As used in this section, the term:
- (a) "Policy" means a motor vehicle insurance policy that provides emergency care personal injury protection and property damage liability coverage.
- (b) "Binder" means a binder that provides motor vehicle emergency care personal injury protection and property damage liability coverage.
- (5)(a) A licensed general lines agent may charge a perpolicy fee not to exceed \$10 to cover the administrative costs of the agent associated with selling the motor vehicle insurance policy if the policy covers only emergency care personal injury protection coverage as provided by s. 627.7363 627.736 and property damage liability coverage as provided by s. 627.7275 and if no other insurance is sold or issued in conjunction with or collateral to the policy. The fee is not considered part of the premium.
- (6) If a motor vehicle owner's driver license, license plate, and registration have previously been suspended pursuant 170133

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to s. 316.646 or s. $\underline{627.7361}$ $\underline{627.733}$, an insurer may cancel a new policy only as provided in s. 627.7275.

A policy of private passenger motor vehicle insurance or a binder for such a policy may be initially issued in this state only if the insurer or agent has collected from the insured an amount equal to 2 months' premium. An insurer, agent, or premium finance company may not directly or indirectly take any action resulting in the insured having paid from the insured's own funds an amount less than the 2 months' premium required by this subsection. This subsection applies without regard to whether the premium is financed by a premium finance company or is paid pursuant to a periodic payment plan of an insurer or an insurance agent. This subsection does not apply if an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group. This subsection does not apply to an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents. This subsection does not apply if all policy payments are paid pursuant to a payroll deduction plan or an automatic electronic funds transfer payment plan from the policyholder, provided that the first policy payment is made by cash, cashier's check, check, or a money order. This subsection and subsection (4) do not apply if all policy payments to an insurer are paid pursuant to an automatic electronic funds transfer payment plan from an agent or a managing general agent and if the policy includes, at a minimum, emergency care coverage personal injury protection 170133

pursuant to $\underline{s. 627.7363}$ $\underline{ss. 627.730 627.7405}$; motor vehicle property damage liability pursuant to $\underline{s. 627.7275}$; and bodily injury liability in at least the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident and in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident. This subsection and subsection (4) do not apply if an insured has had a policy in effect for at least 6 months, the insured's agent is terminated by the insurer that issued the policy, and the insured obtains coverage on the policy's renewal date with a new company through the terminated agent.

Section 37. Section 627.8405, Florida Statutes, is amended to read:

627.8405 Prohibited acts; financing companies.--No premium finance company shall, in a premium finance agreement or other agreement, finance the cost of or otherwise provide for the collection or remittance of dues, assessments, fees, or other periodic payments of money for the cost of:

(1) A membership in an automobile club. The term
"automobile club" means a legal entity which, in consideration
of dues, assessments, or periodic payments of money, promises
its members or subscribers to assist them in matters relating to
the ownership, operation, use, or maintenance of a motor
vehicle; however, this definition of "automobile club" does not
include persons, associations, or corporations which are
organized and operated solely for the purpose of conducting,
sponsoring, or sanctioning motor vehicle races, exhibitions, or
contests upon racetracks, or upon racecourses established and
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marked as such for the duration of such particular events. The words "motor vehicle" used herein have the same meaning as defined in chapter 320.

- (2) An accidental death and dismemberment policy sold in combination with <u>an emergency care coverage</u> a <u>personal injury</u> protection and property damage only policy.
- (3) Any product not regulated under the provisions of this insurance code.

This section also applies to premium financing by any insurance agent or insurance company under part XVI. The commission shall adopt rules to assure disclosure, at the time of sale, of coverages financed with emergency care coverage personal injury protection and shall prescribe the form of such disclosure.

Section 38. Subsection (1) of section 627.915, Florida Statutes, is amended to read:

627.915 Insurer experience reporting.--

(1) Each insurer transacting private passenger automobile insurance in this state shall report certain information annually to the office. The information will be due on or before July 1 of each year. The information shall be divided into the following categories: bodily injury liability; property damage liability; uninsured motorist; emergency care coverage personal injury protection benefits; medical payments; comprehensive and collision. The information given shall be on direct insurance writings in the state alone and shall represent total limits data. The information set forth in paragraphs (a)-(f) is applicable to voluntary private passenger and Joint Underwriting 170133

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Association private passenger writings and shall be reported for each of the latest 3 calendar-accident years, with an evaluation date of March 31 of the current year. The information set forth in paragraphs (g)-(j) is applicable to voluntary private passenger writings and shall be reported on a calendar-accident year basis ultimately seven times at seven different stages of development.

- (a) Premiums earned for the latest 3 calendar-accident years.
 - (b) Loss development factors and the historic development of those factors.
 - (c) Policyholder dividends incurred.
 - (d) Expenses for other acquisition and general expense.
- (e) Expenses for agents' commissions and taxes, licenses, and fees.
- (f) Profit and contingency factors as utilized in the insurer's automobile rate filings for the applicable years.
 - (g) Losses paid.
 - (h) Losses unpaid.
 - (i) Loss adjustment expenses paid.
 - (j) Loss adjustment expenses unpaid.

Section 39. Paragraph (d) of subsection (2) and paragraph (d) of subsection (3) of section 628.909, Florida Statutes, are amended to read:

628.909 Applicability of other laws.--

(2) The following provisions of the Florida Insurance Code shall apply to captive insurers who are not industrial insured

captive insurers to the extent that such provisions are not inconsistent with this part:

- (d) <u>Section 627.7363</u> Sections 627.730 627.7405, when no fault coverage is provided.
- (3) The following provisions of the Florida Insurance Code shall apply to industrial insured captive insurers to the extent that such provisions are not inconsistent with this part:
- (d) <u>Section 627.7363</u> <u>Sections 627.730-627.7405</u> when no-fault coverage is provided.

Section 40. Paragraphs (a), (b), and (c) of subsection (4) of section 713.78, Florida Statutes, are amended to read:

713.78 Liens for recovering, towing, or storing vehicles and vessels.--

- (4) (a) Any person regularly engaged in the business of recovering, towing, or storing vehicles or vessels who comes into possession of a vehicle or vessel pursuant to subsection (2), and who claims a lien for recovery, towing, or storage services, shall give notice to the registered owner, the insurance company insuring the vehicle notwithstanding the provisions of s. 627.736, and to all persons claiming a lien thereon, as disclosed by the records in the Department of Highway Safety and Motor Vehicles or of a corresponding agency in any other state.
- (b) Whenever any law enforcement agency authorizes the removal of a vehicle or vessel or whenever any towing service, garage, repair shop, or automotive service, storage, or parking place notifies the law enforcement agency of possession of a vehicle or vessel pursuant to s. 715.07(2)(a)2., the applicable 170133

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law enforcement agency shall contact the Department of Highway Safety and Motor Vehicles, or the appropriate agency of the state of registration, if known, within 24 hours through the medium of electronic communications, giving the full description of the vehicle or vessel. Upon receipt of the full description of the vehicle or vessel, the department shall search its files to determine the owner's name, the insurance company insuring the vehicle or vessel, and whether any person has filed a lien upon the vehicle or vessel as provided in s. 319.27(2) and (3) and notify the applicable law enforcement agency within 72 hours. The person in charge of the towing service, garage, repair shop, or automotive service, storage, or parking place shall obtain such information from the applicable law enforcement agency within 5 days after the date of storage and shall give notice pursuant to paragraph (a). The department may release the insurance company information to the requestor notwithstanding the provisions of s. 627.736.

(c) Notice by certified mail, return receipt requested, shall be sent within 7 business days after the date of storage of the vehicle or vessel to the registered owner, the insurance company insuring the vehicle notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the vehicle or vessel. It shall state the fact of possession of the vehicle or vessel, that a lien as provided in subsection (2) is claimed, that charges have accrued and the amount thereof, that the lien is subject to enforcement pursuant to law, and that the owner or lienholder, if any, has the right to a hearing as set forth in subsection (5), and that any vehicle or vessel 170133

which remains unclaimed, or for which the charges for recovery, towing, or storage services remain unpaid, may be sold free of all prior liens after 35 days if the vehicle or vessel is more than 3 years of age or after 50 days if the vehicle or vessel is 3 years of age or less.

Section 41. Paragraph (c) of subsection (7), paragraphs (a), (b), and (c) of subsection (8), and subsection (9) of section 817.234, Florida Statutes, are amended to read:

817.234 False and fraudulent insurance claims.--

1741 (7)

- (c) An insurer, or any person acting at the direction of or on behalf of an insurer, may not change an opinion in a mental or physical report prepared under s. 627.736(7) or direct the physician preparing the report to change such opinion; however, this provision does not preclude the insurer from calling to the attention of the physician errors of fact in the report based upon information in the claim file. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (8) (a) It is unlawful for any person intending to defraud any other person to solicit or cause to be solicited any business from a person involved in a motor vehicle accident for the purpose of making, adjusting, or settling motor vehicle tort claims or claims for emergency care coverage personal injury protection benefits required by s. 627.7363 627.736. Any person who violates the provisions of this paragraph commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A person who is convicted of a violation 170133

of this subsection shall be sentenced to a minimum term of imprisonment of 2 years.

- (b) A person may not solicit or cause to be solicited any business from a person involved in a motor vehicle accident by any means of communication other than advertising directed to the public for the purpose of making motor vehicle tort claims or claims for emergency care coverage personal injury protection benefits required by s. 627.7363 627.736, within 60 days after the occurrence of the motor vehicle accident. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (c) A lawyer, health care practitioner as defined in s. 456.001, or owner or medical director of a clinic required to be licensed pursuant to s. 400.9905 may not, at any time after 60 days have elapsed from the occurrence of a motor vehicle accident, solicit or cause to be solicited any business from a person involved in a motor vehicle accident by means of in person or telephone contact at the person's residence, for the purpose of making motor vehicle tort claims or claims for emergency care coverage personal injury protection benefits required by s. 627.7363 627.736. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (9) A person may not organize, plan, or knowingly participate in an intentional motor vehicle crash or a scheme to create documentation of a motor vehicle crash that did not occur for the purpose of making motor vehicle tort claims or claims for emergency care coverage personal injury protection benefits 170133

as required by s. <u>627.7363</u> 627.736. Any person who violates this subsection commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A person who is convicted of a violation of this subsection shall be sentenced to a minimum term of imprisonment of 2 years.

Section 42. For the 2007-2008 fiscal year, the sum of \$2,398,278 is appropriated from the Insurance Regulatory Trust Fund to the Department of Financial Services and 30 full-time equivalent positions with 1,387,860 in associated salary rate are authorized as senior insurance fraud investigators in the Division of Insurance Fraud of the Department of Financial Services. Personnel appointed to these positions must be certified law enforcement officers. These positions shall be included within the certified law enforcement collective bargaining unit and shall have a minimum annual salary of \$46,262.

Section 43. For the 2007-2008 fiscal year, the sum of \$408,000 is appropriated from the Insurance Regulatory Trust Fund to the Department of Financial Services for purposes of enforcing the Florida Motor Vehicle No-Fault Law in Miami, Orlando, and Tampa. These funds shall be transferred to the Justice Administrative Commission.

Section 44. For the 2007-2008 fiscal year, the sum of \$408,000 is appropriated from the Grants and Donations Trust Fund to the Justice Administrative Commission and six full-time equivalent positions with 270,000 in associated salary rate are authorized for purposes of enforcing the Florida Motor Vehicle No-Fault Law in Miami, Orlando, and Tampa.

Section 45. This act shall take effect October 1, 2007.

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1818 ====== T I T L E A M E N D M E N T =======

Remove the entire title and insert:

A bill to be entitled

An act relating to insurance; creating s. 627.7361, F.S.; providing emergency care coverage benefits security requirements for certain motor vehicle owners or registrants; providing an exemption for certain military personnel under certain circumstances; requiring the Department of Highway Safety and Motor Vehicles to suspend the registration and driver license of certain persons under certain circumstances; providing requirements and procedures for reinstatement; creating s. 627.7362, F.S.; providing requirements for proof of required security; providing a criminal penalty; creating s. 627.7363, F.S.; providing emergency care coverage requirements; specifying required benefits; providing definitions; providing limitations; providing requirements for payment of benefits; providing requirements and procedures for assignment of benefits; providing for recovery of certain damages in tort claims; providing for a presuit demand letter; providing insurer data reporting requirements; providing for secure electronic transfer of data; amending s. 627.7261, F.S.; providing a definition; prohibiting the denial of an automobile policy; prohibiting surcharges or rate increases on specified grounds; amending s. 626.2815, F.S.; revising final examination requirements for certain

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continuing education courses; amending s. 627.728, F.S.; revising the definition of the term "nonpayment of premium" for certain purposes; amending s. 627.901, F.S.; providing criteria for installment payment service charges; providing that certain policies in compliance with specified security requirements in prior provisions shall be deemed to comply with the security requirement provisions created by this act until the policies expire or are terminated; providing a sunset date; amending ss. 316.646, 318.18, 320.02, 320.0609, 320.27, 320.771, 322.251, and 322.34, F.S.; conforming provisions to changes made by the act; amending s. 324.021, F.S.; conforming provisions to changes made by the act; providing a definition of "commercial motor vehicle" to replace language in a repealed statute; amending s. 324.022, F.S.; conforming provisions to changes made by the act; providing definitions; amending ss. 324.171, 400.9935, 409.901, 409.910, 456.057, 456.072, 626.9541, 627.06501, 627.0652, 627.0653, 627.4132, 627.6482, and 627.7263, F.S.; conforming provisions to changes made by the act; amending s. 627.727, F.S.; conforming provisions to changes made by the act; deleting provisions relating to legal liability of an uninsured motorist insurer with respect to damages in tort for pain, suffering, mental anguish, and convenience that reference repealed provisions; amending ss. 627.7275, 627.728, 627.7295, 627.8405, 627.915, 628.909, 713.78, and 817.234, F.S.; conforming provisions to changes made by the act;

HOUSE AMENDMENT

Bill No. HB 7215

Amendment No.

1872	authorizing insurance fraud investigator positions;
1873	providing an appropriation; authorizing specified
1874	positions and providing appropriations for enforcing the
1875	Florida Motor Vehicle No-Fault Law in specified areas;
1876	providing an effective date.