LEGISLATIVE ACTION

Senate House

Comm: RCS 04/18/2011

The Committee on Budget (Negron) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Subsection (17) of section 120.80, Florida Statutes, is created to read:

120.80 Exceptions and special requirements; agencies.-

(17) DEPARTMENT OF FINANCIAL SERVICES.—Notwithstanding ss. 120.569, 120.57, and 120.60, if an applicant for licensure as an agent or adjuster pursuant to the Florida Insurance Code has been convicted of, or pled guilty or nolo contendere to, a felony, the disqualifying periods have been met, and the department has denied the application pursuant to s. 626.207(6),

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the division shall have final order authority.

Section 2. Subsection (1) of section 440.12, Florida Statutes, is amended to read:

440.12 Time for commencement and limits on weekly rate of compensation. -

- (1) No Compensation is not $\frac{\text{shall be}}{\text{shall be}}$ allowed for the first 7 days of the disability, except for benefits provided under for in s. 440.13. However, if the injury results in disability of more than 21 days, compensation shall be allowed from the commencement of the disability.
- (a) All weekly compensation payments, except for the first payment, shall be paid by check or, if authorized by the employee, on a prepaid card pursuant to paragraph (b) or deposited directly into the employee's account at a financial institution. As used in this subsection, the term "financial institution" means a financial institution as defined in s. 655.005(1)(h).
- (b) Upon receipt of authorization by the employee as provided in paragraph (a), a carrier may use a prepaid card to deliver compensation payments to an employee if the employee:
- 1. Has at least one means of accessing his or her entire compensation payment once per week without incurring fees;
- 2. Has the ability to make point-of-sale purchases without incurring fees from the financial institution issuing the prepaid card; and
- 3. Is provided with terms and conditions of the prepaid card program, including a description of any fees that may be assessed.
 - (c) Each carrier shall keep a record of all payments made

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under this subsection and the time and manner of such payments, and shall furnish these records, or a report based on these records, to the Division of Insurance Fraud and the Division of Workers' Compensation upon request.

(d) The department may adopt rules to administer this subsection.

Section 3. Paragraph (a) of subsection (1) of section 440.20, Florida Statutes, is amended to read:

440.20 Time for payment of compensation and medical bills; penalties for late payment.-

(1)(a) Unless the carrier it denies compensability or entitlement to benefits, the carrier shall pay compensation directly to the employee as required by ss. 440.14, 440.15, and 440.16, in accordance with the obligations set forth in those such sections. Upon receipt of the employee's authorization as provided in s. 440.12(1) If authorized by the employee, the carrier's obligation to pay compensation directly to the employee is satisfied when the carrier directly deposits, by electronic transfer or other means, compensation into the employee's account at a financial institution or onto a prepaid card in accordance with s. 440.12(1). As used in this paragraph, the term "financial institution" means a financial institution as defined in s. 655.005(1) (h). Compensation by direct deposit or through the use of a prepaid card is considered paid on the date the funds become available for withdrawal by the employee.

Section 4. Subsection (8) of section 624.402, Florida Statutes, is amended to read:

624.402 Exceptions, certificate of authority required.-A certificate of authority shall not be required of an insurer



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- (8) An insurer domiciled outside the United States covering only persons who, at the time of issuance or renewal, are nonresidents of the United States.
 - (a) In order to qualify for this exemption, the insurer:
- 1. Must register with the office via a letter of notification upon commencing business from this state.
- 2. Must provide the following information to the office annually by March 1:
- a. The name of the insurer; the insurer's country of domicile; the address of the insurer's principal office and office in this state; the names of the owners of the insurer and their percentage of ownership; the names of the officers and directors of the insurer; the name, e-mail, and telephone number of a contact person for the insurer; and the number of individuals who are employed by the insurer or its affiliates in this state;
 - b. The type of products offered by the insurer;
- c. A statement from the applicable regulatory body of the insurer's domicile certifying that the insurer is licensed or registered in that domicile; and
- d. A copy of the filings required by the applicable regulatory body of the insurer's domicile.
- 3. Or any affiliated person as defined in s. 624.04 under common ownership or control with the insurer, may not solicit, sell, or accept an application for any insurance policy or contract to be delivered or issued for delivery to any individual other than a nonresident.
 - (b) All policies or certificates delivered to nonresidents

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in this state must include the following statement in a contrasting color and at least 10-point type: "The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation."

- (c) If the insurer ceases to do business from this state, the insurer must agree to provide written notification to the office within 30 days after cessation.
- (d) Subject to the limitations contained in this subsection, services, including those listed in s. 624.10, may be provided by the insurer or an affiliated person as defined in s. 624.04 under common ownership or control with the insurer.
- (e) An alien insurer transacting insurance in this state without complying with this subsection is in violation of this chapter and subject to the penalties under s. 624.15.
- (f) An insurer that holds a certificate of authority in this state may issue and deliver policies to nonresidents at temporary or secondary addresses in this state, along with a notice that the policy form and rate is not subject to the approval of the Office of Insurance Regulation.
- (g) The term "nonresident" means an individual who resides in and maintains a physical place of domicile in a country other than the United States, which he or she recognizes as and intends to maintain as his or her permanent home. The term does not include an unauthorized immigrant present in the United States. Notwithstanding any other provision of law, it is conclusively presumed that an individual is a resident of the United States if such individual:
 - 1. Has had his or her principal place of domicile in the

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United States for 180 days or more in the 365 days before issuance or renewal the policy;

- 2. Has registered to vote in any state;
- 3. Has made a statement of domicile in any state; or
- 4. Has filed for homestead tax exemption on property in any state.
- (a) Life insurance policies or annuity contracts issued by an insurer domiciled outside the United States covering only persons who, at the time of issuance, are not residents of the United States and are not nonresidents illegally residing in the United States, provided:
- 1. The insurer must currently be an authorized insurer in its country of domicile as to the kind or kinds of insurance proposed to be offered and must have been such an insurer for not fewer than the immediately preceding 3 years, or must be the wholly owned subsidiary of such authorized insurer or must be the wholly owned subsidiary of an already eligible authorized insurer as to the kind or kinds of insurance proposed for a period of not fewer than the immediately preceding 3 years. However, the office may waive the 3-year requirement if the insurer has operated successfully for a period of at least the immediately preceding year and has capital and surplus of not less than \$25 million.
- 2. Before the office may grant eligibility, the requesting insurer shall furnish the office with a duly authenticated copy of its current annual financial statement, in English, and with all monetary values therein expressed in United States dollars, at an exchange rate then-current and shown in the statement, in the case of statements originally made in the currencies of

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other countries, and with such additional information relative to the insurer as the office may request.

3. The insurer must have and maintain surplus as to policyholders of not less than \$15 million. Any such surplus as to policyholders shall be represented by investments consisting of eligible investments for like funds of like domestic insurers under part II of chapter 625; however, any such surplus as to policyholders may be represented by investments permitted by the domestic regulator of such alien insurance company if such investments are substantially similar in terms of quality, liquidity, and security to eligible investments for like funds of like domestic insurers under part II of chapter 625.

4. The insurer must be of good reputation as to the providing of service to its policyholders and the payment of losses and claims.

5. To maintain eligibility, the insurer shall furnish the office within the time period specified in s. 624.424(1)(a) a duly authenticated copy of its current annual and quarterly financial statements, in English, and with all monetary values therein expressed in United States dollars, at an exchange rate then-current and shown in the statement, in the case of statements originally made in the currencies of other countries, and with such additional information relative to the insurer as the office may request.

6. An insurer receiving eligibility under this subsection shall agree to make its books and records pertaining to its operations in this state available for inspection during normal business hours upon request of the office.

7. The insurer shall provide to the applicant for the

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policy or contract a copy of the most recent quarterly financial statements of the insurer providing, in clear and conspicuous language:

a. The date of organization of the insurer.

b. The identity of and rating assigned by each recognized insurance company rating organization that has rated the insurer or, if applicable, that the insurer is unrated.

c. That the insurer does not hold a certificate of authority issued in this state and that the office does not exercise regulatory oversight over the insurer.

d. The identity and address of the regulatory authority exercising oversight of the insurer.

This paragraph does not impose upon the office any duty or responsibility to determine the actual financial condition or claims practices of any unauthorized insurer, and the status of eligibility, if granted by the office, indicates only that the insurer appears to be financially sound and to have satisfactory claims practices and that the office has no credible evidence to the contrary.

(b) If at any time the office has reason to believe that an insurer issuing policies or contracts pursuant to this subsection is insolvent or is in unsound financial condition, does not make reasonable prompt payment of benefits, or is no longer eligible under the conditions specified in this subsection, the office may conduct an examination or investigation in accordance with s. 624.316, s. 624.3161, or s. 624.320 and, if the findings of such examination or investigation warrant, may withdraw the eligibility of the

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insurer to issue policies or contracts pursuant to this subsection without having a certificate of authority issued by the office.

- (c) This subsection does not provide an exception to the agent licensure requirements of chapter 626. Any insurer issuing policies or contracts pursuant to this subsection shall appoint the agents that the insurer uses to sell such policies or contracts as provided in chapter 626.
- (d) An insurer issuing policies or contracts pursuant to this subsection is subject to part IX of chapter 626, Unfair Insurance Trade Practices, and the office may take such actions against the insurer for a violation as are provided in that part.
- (e) Policies and contracts issued pursuant to this subsection are not subject to the premium tax specified in s. 624.509.
- (f) Applications for life insurance coverage offered under this subsection must contain, in contrasting color and not less than 12-point type, the following statement on the same page as the applicant's signature:

This policy is primarily governed by the laws of a foreign country. As a result, all of the rating and underwriting laws applicable to policies filed in this state do not apply to this coverage, which may result in your premiums being higher than would be permissible under a Florida-approved policy. Any purchase of individual life insurance should be considered carefully, as future medical conditions may



make it impossible to qualify for another individual life policy. If the insurer issuing your policy becomes insolvent, this policy is not covered by the Florida Life and Health Insurance Guaranty Association. For information concerning individual life coverage under a Florida-approved policy, consult your agent or the Florida Department of Financial Services.

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(q) All life insurance policies and annuity contracts issued pursuant to this subsection must contain on the first page of the policy or contract, in contrasting color and not less than 10-point type, the following statement:

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The benefits of the policy providing your coverage are governed primarily by the law of a country other the United States.

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(h) All single-premium life insurance policies and singlepremium annuity contracts issued to persons who are not residents of the United States and are not nonresidents illegally residing in the United States pursuant to this subsection shall be subject to the provisions of chapter 896.

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Section 5. Effective upon becoming a law, section 626.207, Florida Statutes, is amended to read:

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626.207 Department rulemaking authority; waiting periods for applicants; Penalties against licensees.-

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(1) As used in this section, the term:

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(a) "Financial services business" means any financial

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activity regulated by the Department of Financial Services, the Office of Insurance Regulation, or the Office of Financial Regulation.

- (b) "First-degree felony" and "capital felony" include all felonies designated as such by state law, as well as any felony so designated in the jurisdiction in which the plea is entered or judgment is rendered.
- (1) The department shall adopt rules establishing specific waiting periods for applicants to become eligible for licensure following denial, suspension, or revocation pursuant to s. 626.611, s. 626.621, s. 626.8437, s. 626.844, s. 626.935, s. 634.181, s. 634.191, s. 634.320, s. 634.321, s. 634.422, s. 634.423, s. 642.041, or s. 642.043. The purpose of the waiting periods is to provide sufficient time to demonstrate reformation of character and rehabilitation. The waiting periods shall vary based on the type of conduct and the length of time since the conduct occurred and shall also be based on the probability that the propensity to commit illegal conduct has been overcome. The waiting periods may be adjusted based on aggravating and mitigating factors established by rule and consistent with this purpose.
- (2) An applicant who commits a first-degree felony; a capital felony; a felony involving money laundering, fraud, or embezzlement; or a felony directly related to a financial services business is permanently barred from applying for a license under this part. This bar applies to convictions, guilty pleas, or nolo contendere pleas, regardless of adjudication, by an applicant, officer, director, majority owner, partner, manager, or other person who manages or controls an applicant.

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- (3) For all other crimes not included in subsection (2), the department shall adopt rules establishing the process and application of disqualifying periods:
- (a) A 15-year disqualifying period for all felonies involving moral turpitude that are not specifically included in the permanent bar in subsection (2).
- (b) A 7-year disqualifying period for all felonies to which the permanent bar in subsection (2) and the 15 year disqualifying period in paragraph (a) do not apply.
- (c) A 7-year disqualifying period for all misdemeanors directly related to the financial services business.
- (4) The department shall adopt rules providing for additional disqualifying periods due to the commitment of multiple crimes and other factors reasonably related to the applicant's criminal history. The rules shall provide for mitigating and aggravating factors. However, mitigation may not result in a period of disqualification of less than 7 years and may not mitigate the disqualifying periods in paragraphs (3)(b) and (c).
- (5) For purposes of this section, the disqualifying periods begin upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence, including payment of fines, restitution, and court costs, for the crime for which the disqualifying period applies.
- (6) After the disqualifying period has been met, the burden is on the applicant to demonstrate that the applicant has been rehabilitated, does not pose a risk to the insurance buying public, is fit and trustworthy to engage in the business of insurance pursuant to s. 626.611(7), and is otherwise qualified

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for licensure. Hearings shall be conducted in accordance with s. 120.80(17).

(7) The department shall adopt rules establishing specific penalties against licensees in accordance with ss. 626.641 and 626.651 for violations of s. 626.611, s. 626.621, s. 626.8437, s. 626.844, s. 626.935, s. 634.181, s. 634.191, s. 634.320, s. 634.321, s. 634.422, s. 634.423, s. 642.041, or s. 642.043. The purpose of the revocation or suspension is to provide a sufficient penalty to deter future violations of the Florida Insurance Code. The imposition of a revocation or the length of suspension shall be based on the type of conduct and the probability that the propensity to commit further illegal conduct has been overcome at the time of eligibility for relicensure. The revocation or the length of suspension may be adjusted based on aggravating or mitigating factors, established by rule and consistent with this purpose.

(8) The provisions of s. 112.011 do not apply to applicants for licensure under the Florida Insurance Code, including, but not limited to agents, agencies, adjusters, adjusting firms, customer representatives, or managing general agents.

Section 6. Paragraphs (a) and (b) of subsection (1), paragraphs (a) and (b) of subsection (2), and subsection (4) of section 627.4133, Florida Statutes, are amended to read:

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

- (1) Except as provided in subsection (2):
- (a) An insurer issuing a policy providing coverage for workers' compensation and employer's liability insurance, property, casualty, except mortgage guaranty, surety, or marine

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insurance, other than motor vehicle insurance subject to s. 627.728, shall give the first-named named insured at least 45 days' advance written notice of nonrenewal or of the renewal premium. If the policy is not to be renewed, the written notice must shall state the reason or reasons as to why the policy is not to be renewed. This requirement applies only if the insured has furnished all of the necessary information so as to enable the insurer to develop the renewal premium before prior to the expiration date of the policy to be renewed.

- (b) An insurer issuing a policy providing coverage for property, casualty, except mortgage guaranty, surety, or marine insurance, other than motor vehicle insurance subject to s. 627.728 or s. 627.7281, shall give the first-named named insured written notice of cancellation or termination other than nonrenewal at least 45 days before prior to the effective date of the cancellation or termination, including in the written notice the reason or reasons for the cancellation or termination, except that:
- 1. If When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason for cancellation must therefor shall be given. As used in this subparagraph and s. 440.42(3), the term "nonpayment of premium" means failure of the named insured to discharge when due any of her or his obligations in connection with the payment of premiums on a policy or any installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance



coverage. The term "Nonpayment of premium" also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium, even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are 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 must shall be refunded to that party in full.; and

2. If When such cancellation or termination occurs during the first 90 days during which the insurance is in force and the insurance is canceled or terminated for reasons other than nonpayment of premium, at least 20 days' written notice of cancellation or termination accompanied by the reason for cancellation must therefor shall be given except where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by the insurer.

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After the policy has been in effect for 90 days, no such policy may not shall be canceled by the insurer except when there has been a material misstatement, a nonpayment of premium, a failure to comply with underwriting requirements established by the insurer within 90 days after of the date of effectuation of coverage, or a substantial change in the risk covered by the

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policy or when the cancellation is for all insureds under such policies for a given class of insureds. This subsection does not apply to individually rated risks having a policy term of less than 90 days.

- (2) With respect to any personal lines or commercial residential property insurance policy, including, but not limited to, any homeowner's, mobile home owner's, farmowner's, condominium association, condominium unit owner's, apartment building, or other policy covering a residential structure or its contents:
- (a) The insurer shall give the first-named named insured at least 45 days' advance written notice of the renewal premium.
- (b) The insurer shall give the first-named named insured written notice of nonrenewal, cancellation, or termination at least 100 days before prior to the effective date of the nonrenewal, cancellation, or termination. However, the insurer shall give at least 100 days' written notice, or written notice by June 1, whichever is earlier, for any nonrenewal, cancellation, or termination that would be effective between June 1 and November 30. The notice must include the reason or reasons for the nonrenewal, cancellation, or termination, except that:
- 1. The insurer shall give the first-named named insured written notice of nonrenewal, cancellation, or termination at least 180 days before prior to the effective date of the nonrenewal, cancellation, or termination for a first-named named insured whose residential structure has been insured by that insurer or an affiliated insurer for at least a 5-year period immediately before prior to the date of the written notice.

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- 2. If When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason for cancellation must therefor shall be given. As used in this subparagraph, the term "nonpayment of premium" means failure of the named insured to discharge when due any of her or his obligations in connection with the payment of premiums on a policy or any installment of such premium, whether the premium is payable directly to the insurer or its agent or indirectly under any premium finance plan or extension of credit, or failure to maintain membership in an organization if such membership is a condition precedent to insurance coverage. The term "Nonpayment of premium" also means the failure of a financial institution to honor an insurance applicant's check after delivery to a licensed agent for payment of a premium, even if the agent has previously delivered or transferred the premium to the insurer. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are 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 must shall be refunded to that party in full.
- 3. If When such cancellation or termination occurs during the first 90 days during which the insurance is in force and the insurance is canceled or terminated for reasons other than nonpayment of premium, at least 20 days' written notice of cancellation or termination accompanied by the reason for

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cancellation must therefor shall be given except where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by the insurer.

- 4. The requirement for providing written notice of nonrenewal by June 1 of any nonrenewal that would be effective between June 1 and November 30 does not apply to the following situations, but the insurer remains subject to the requirement to provide such notice at least 100 days before prior to the effective date of nonrenewal:
- a. A policy that is nonrenewed due to a revision in the coverage for sinkhole losses and catastrophic ground cover collapse pursuant to s. 627.706, as amended by s. 30, chapter 2007-1, Laws of Florida.
- b. A policy that is nonrenewed by Citizens Property Insurance Corporation, pursuant to s. 627.351(6), for a policy that has been assumed by an authorized insurer offering replacement or renewal coverage to the policyholder.

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

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(4) Notwithstanding the provisions of s. 440.42(3), if cancellation of a policy providing coverage for workers' compensation and employer's liability insurance is requested in writing by the insured, such cancellation is shall be effective on the date requested by the insured, or if no date is specified, cancellation is effective as of the date of the written request the carrier sends the notice of cancellation to the insured. The carrier is not required to send notice of cancellation to the insured if the cancellation is requested in writing. Any retroactive assumption of coverage and liabilities under a policy providing workers' compensation and employer's liability insurance may not exceed 21 days.

Section 7. Subsection (3) is added to section 627.4137, Florida Statutes, to read:

- 627.4137 Disclosure of certain information required.-
- (3) Any request made to a self-insured corporation pursuant to this section shall be sent by certified mail to the registered agent of the disclosing entity.

Section 8. Section 627.442, Florida Statutes, is amended to read:

- 627.442 Insurance contracts.-
- (1) A person who requires a workers' compensation insurance policy pursuant to a construction contract may not reject a workers' compensation insurance policy issued by a selfinsurance fund that is subject to part V of chapter 631 based upon the self-insurance fund not being rated by a nationally recognized insurance rating service.
- (2) Notwithstanding s. 440.381(3), premium audits are not required for workers' compensation or property and casualty

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coverages, except as provided by the insurance policy, by an order of the office, or at least every 2 years if requested by the employer.

Section 9. Subsection (2) of section 627.7277, Florida Statutes, is amended to read:

627.7277 Notice of renewal premium.-

(2) An insurer shall mail or deliver to the first-named insured its policyholder at least 30 days' advance written notice of the renewal premium for the policy.

Section 10. Paragraph (a) of subsection (3), paragraphs (a) and (d) of subsection (4), and subsections (5) and (6) of section 627.728, Florida Statutes, are amended to read:

627.728 Cancellations; nonrenewals.-

- (3) (a) No Notice of cancellation of a policy to which this section applies is not shall be effective unless mailed or delivered by the insurer to the first-named named insured and to the first-named named insured's insurance agent at least 45 days before prior to the effective date of cancellation, except that, if when cancellation is for nonpayment of premium, at least 10 days' notice of cancellation accompanied by the reason for cancellation must therefor shall be given. A No notice of cancellation is not of a policy to which this section applies shall be effective unless the reason or reasons for cancellation accompany the notice of cancellation.
- (4)(a) An No insurer must shall fail to renew a policy unless it mails or delivers to the first-named named insured, at the address shown in the policy, and to the first-named named insured's insurance agent at her or his business address, at least 45 days' advance notice of its intention not to renew; and



the reasons for refusal to renew must accompany such notice. This subsection does not apply:

- 1. If the insurer has manifested its willingness to renew; or
 - 2. In case of nonpayment of premium.

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Notwithstanding the failure of an insurer to comply with this subsection, the policy terminates shall terminate on the effective date of any other automobile liability insurance policy procured by the insured with respect to any automobile designated in both policies. Unless a written explanation for refusal to renew accompanies the notice of intention not to renew, the policy remains shall remain in full force and effect.

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(d) Instead of canceling or nonrenewing a policy, an insurer may, upon expiration of the policy term, transfer a policy to another insurer under the same ownership or management as the transferring insurer, by giving the first-named named insured at least 45 days' advance notice of its intent to transfer the policy and of the premium and the specific reasons for any increase in the premium.

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(5) United States postal proof of mailing or certified or registered mailing of notice of cancellation, of intention not to renew, or of reasons for cancellation, or of the intention of the insurer to issue a policy by an insurer under the same ownership or management, to the first-named named insured at the address shown in the policy is shall be sufficient proof of notice.

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(6) If When a policy is canceled, other than for nonpayment of premium, or in the event of failure to renew a policy to

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which subsection (4) applies, the insurer shall notify the first-named named insured of her or his possible eligibility for insurance through the Automobile Joint Underwriting Association. Such notice must shall accompany or be included in the notice of cancellation or the notice of intent not to renew and shall state that the such notice of availability of the Automobile Joint Underwriting Association is given pursuant to this section.

Section 11. Section 627.7281, Florida Statutes, is amended to read:

627.7281 Cancellation notice.—An insurer issuing a policy of motor vehicle insurance not covered under the cancellation provisions of s. 627.728 shall give the first-named named insured notice of cancellation at least 45 days before prior to the effective date of cancellation, except that if, when cancellation is for nonpayment of premium, at least 10 days' notice of cancellation accompanied by the reason for cancellation must therefor shall be given. As used in this section, 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 12. Section 634.1711, Florida Statutes, is created to read:

634.1711 Premium payable.—Notwithstanding s. 634.1815 and s. 634.282(6), (7), and (13), a consumer may purchase a service agreement for a premium amount negotiated with the salesperson. The service agreement company is responsible for establishing minimum premium rates to ensure its solvency under this part. Other than the premium rates, no other terms or conditions of

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the service agreement may be revised, amended, or changed by the salesperson.

Section 13. Section 634.403, Florida Statutes, is amended to read:

634.403 License required; exemptions.—

- (1) No person in this state shall provide or offer to provide service warranties to residents of this state unless authorized therefor under a subsisting license issued by the office. The service warranty association shall pay to the office a license fee of \$200 for such license for each license year, or part thereof, the license is in force.
- (2) An insurer, while authorized to transact property or casualty insurance in this state, may also transact a service warranty business without additional qualifications or authority, but is shall be otherwise subject to the applicable provisions of this part.
- (3) The office may, pursuant to s. 120.569, in its discretion and without advance notice and hearing, issue an immediate final order to cease and desist to any person or entity which violates this section. The Legislature finds that a violation of this section constitutes an imminent and immediate threat to the public health, safety, and welfare of the residents of this state.
- (4) Any person that is an affiliate of a domestic insurer as defined in chapter 624 is exempt from application of this part if the person does not issue, or market or cause to be marketed, service warranties to residents of this state and does not administer service warranties that were originally issued to residents of this state. The domestic insurer or its wholly

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owned Florida licensed insurer must be the direct obligor of all service warranties issued by such affiliate or must issue a contractual liability insurance policy to such affiliate that meets the conditions described in s. 634.406(3). If the office of Insurance Regulation determines, after notice and opportunity for a hearing, that a person's intentional business practices do not comply with any of the exemption requirements of this subsection, the person is shall be subject to this part.

- (5) A person is exempt from licensure under this section if it complies with the following:
- (a) The service warranties are sold only to persons who are not residents of this state and the person does not issue, market, or cause to be marketed service warranties to residents of this state and does not administer service warranties that were originally issued to residents of this state.
- (b) The person submits a letter of notification to the office upon the start of business from this state and annually by March 1, which provides the following information:
- 1. The type of products offered and a statement certifying that the products are not regulated in the state in which it is transacting business or that the person is licensed in the state in which it is transacting business.
- 2. The name of the person; the state of domicile; the home address and Florida address of the person; the names of the owners and their percentage of ownership; the names of the officers and directors; the name, e-mail, and telephone number of a contact person; the states in which it is transacting business; and how many individuals are employed in this state.
 - (c) If the person ceases to do business from this state, it

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provides written notification to the office within 30 days after cessation.

(6) (5) Any person who provides, offers to provide, or holds oneself out as providing or offering to provide a service warranty to residents of in this state or from this state without holding a subsisting license commits, in addition to any other violation, a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 11. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming law, this act shall take effect July 1, 2011.

====== T I T L E A M E N D M E N T ====== And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to insurance; amending s. 120.80, F.S.; allowing the Division of Administrative Hearings to have final order authority with respect to certain license applicants; amending ss. 440.12 and 440.20, F.S.; authorizing the payment of workers' compensation benefits through the use of a prepaid card; providing requirements; amending s. 624.402, F.S.; revising provisions relating to certain insurers serving nonresidents domiciled outside the United States who are exempt from requirements to obtain a certificate of authority; amending s. 626.207, F.S., relating to penalties; providing definitions; barring persons

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convicted of certain crimes from licensure as an insurance agent; revising provisions relating to disqualifying periods for persons convicted of other crimes; providing an exemption from the limitation against state employment for persons convicted of certain crimes; amending s. 627.4133, F.S.; changing the designated person or persons who must be notified by an insurer from the "insured" to the "first-named insured" in situations involving the nonrenewal, renewal premium, cancellation, or termination of workers' compensation, employer liability, or certain property and casualty insurance coverage; specifying the effective date for the cancellation of a policy requested in writing by the insured; amending s. 627.4137, F.S.; requiring a claimant's request about insurance coverage to be appropriately served upon the disclosing entity; amending s. 627.442, F.S.; providing that premium audits for workers' compensation or property and casualty coverages are not required; providing exceptions; amending s. 627.7277, F.S.; making a conforming change that specifies the "first-named insured" as the person who is to receive notification of a renewal premium; amending s. 627.728, F.S.; changing the designated person or persons who must be notified by an insurer from the "insured" to the "first-named insured" in certain situations involving the cancellation or nonrenewal of motor vehicle insurance coverage; making a conforming change that specifies the "first-named

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insured's insurance agent" as a person who is to receive certain notifications relating to motor vehicle insurance coverage; amending s. 627.7281, F.S.; making a conforming change that specifies the "first-named insured" as the person who is to receive notification of cancellation of motor vehicle insurance coverage; creating s. 634.1711, F.S.; allowing a consumer to purchase a service agreement for a premium negotiated with the salesperson; authorizing the service agreement company to establish the premium rate; amending s. 634.403, F.S.; exempting certain persons from service warranty licensure requirements under certain circumstances; providing effective dates.