By Senator Storms

	10-00169-11 2011938
1	A bill to be entitled
2	An act relating to insurance; amending s. 626.9541,
3	F.S.; prohibiting an insurer that issues motor vehicle
4	insurance from using a rate, rating schedule, rating
5	manual, or an underwriting rule that is not contained
6	in a rating manual and is determined in whole or in
7	part on the basis of certain characteristics of an
8	insured; including the refusal to insure or continue
9	to insure any individual or risk because of
10	educational level, trade, business, occupation,
11	profession, credit report, credit score, or certain
12	forms of lawful employment among the list of
13	activities constituting unfair methods of competition
14	and unfair or deceptive acts; amending s. 626.9741,
15	F.S.; prohibiting insurers from using credit reports
16	and credit scores in making rating determinations;
17	deleting provisions limiting and regulating the use of
18	credit scores by insurers when making rating
19	determinations; deleting the definition of "adverse
20	decision" and "tier"; deleting provisions authorizing
21	the Financial Services Commission to adopt rules;
22	providing an effective date.
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24	Be It Enacted by the Legislature of the State of Florida:
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26	Section 1. Paragraphs (o) and $(x)$ of subsection (1) of
27	section 626.9541, Florida Statutes, are amended to read:
28	626.9541 Unfair methods of competition and unfair or
29	deceptive acts or practices defined

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10-00169-11 2011938 30 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE 31 ACTS.-The following are defined as unfair methods of competition 32 and unfair or deceptive acts or practices: 33 (o) Illegal dealings in premiums; excess or reduced charges 34 for insurance.-35 1. Knowingly collecting any sum as a premium or charge for 36 insurance, which is not then provided, or is not in due course 37 to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as 38 39 permitted by this code. 2. Knowingly collecting as a premium or charge for 40 41 insurance any sum in excess of or less than the premium or charge applicable to such insurance, in accordance with the 42 43 applicable classifications and rates as filed with and approved 44 by the office, and as specified in the policy; or, in cases 45 where when classifications, premiums, or rates are not required 46 by this code to be so filed and approved, premiums and charges 47 collected from a state Florida resident in excess of or less than those specified in the policy and as fixed by the insurer. 48 49 This provision does shall not be deemed to prohibit the charging 50 and collection, by surplus lines agents licensed under part VIII 51 of this chapter, of the amount of applicable state and federal 52 taxes, or fees as authorized by s. 626.916(4), in addition to 53 the premium required by the insurer or the charging and 54 collection, by licensed agents, of the exact amount of any 55 discount or other such fee charged by a credit card facility in 56 connection with the use of a credit card, as authorized by 57 subparagraph (q)3., in addition to the premium required by the 58 insurer. This subparagraph does shall not be construed to

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CODING: Words stricken are deletions; words underlined are additions.

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10-00169-11 2011938 59 prohibit collection of a premium for a universal life or a 60 variable or indeterminate value insurance policy made in accordance with the terms of the contract. 61 62 3.a. Imposing or requesting an additional premium for a 63 policy of motor vehicle liability, personal injury protection, 64 medical payment, or collision insurance or any combination thereof or refusing to renew the policy solely because the 65 insured was involved in a motor vehicle accident unless the 66 insurer's file contains information from which the insurer in 67 68 good faith determines that the insured was substantially at 69 fault in the accident. 70 b. An insurer that which imposes and collects such a 71 surcharge or which refuses to renew such policy shall, in 72 conjunction with the notice of premium due or notice of 73 nonrenewal, notify the named insured that he or she is entitled 74 to reimbursement of such amount or renewal of the policy under 75 the conditions listed below and will subsequently reimburse him 76 or her or renew the policy  $\tau$  if the named insured demonstrates that the operator involved in the accident was: 77 78 (I) Lawfully parked; 79 (II) Reimbursed by, or on behalf of, a person responsible 80 for the accident or has a judgment against such person; 81 (III) Struck in the rear by another vehicle headed in the 82 same direction and was not convicted of a moving traffic 83 violation in connection with the accident; (IV) Hit by a "hit-and-run" driver, if the accident was 84

85 reported to the proper authorities within 24 hours after 86 discovering the accident;

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(V) Not convicted of a moving traffic violation in

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88	connection with the accident, but the operator of the other
89	automobile involved in such accident was convicted of a moving
90	traffic violation;
91	(VI) Finally adjudicated not to be liable <del>by a court of</del>
92	competent jurisdiction;
93	(VII) In receipt of a traffic citation <u>that</u> <del>which</del> was
94	dismissed or nolle prossed; or
95	(VIII) Not at fault as evidenced by a written statement
96	from the insured establishing facts demonstrating lack of fault
97	which are not rebutted by information in the insurer's file from
98	which the insurer in good faith determines that the insured was
99	substantially at fault.
100	c. In addition to the other provisions of this
101	subparagraph, an insurer may not fail to renew a policy if the
102	insured has had only one accident in which he or she was at
103	fault within the current 3-year period. However, an insurer may
104	nonrenew a policy for reasons other than accidents in accordance
105	with s. 627.728. This subparagraph does not prohibit nonrenewal
106	of a policy under which the insured has had three or more
107	accidents, regardless of fault, during the most recent 3-year
108	period.
109	4. Imposing or requesting an additional premium for, or
110	refusing to renew, a policy for motor vehicle insurance solely
111	because the insured committed a noncriminal traffic infraction
112	as described in s. 318.14 unless the infraction is:
110	. A second infusction committed within on 10 month powied

a. A second infraction committed within an 18-month period,
or a third or subsequent infraction committed within a 36-month
period.

b. A violation of s. 316.183 <u>if, when</u> such violation is a

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10-00169-112011938\_117result of exceeding the lawful speed limit by more than 15 miles118per 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 <u>that</u> <del>which</del> justifies the additional charge or cancellation.

123 6. <u>An No insurer may not shall impose or request an</u> 124 additional premium for motor vehicle insurance, cancel or refuse 125 to issue a policy, or refuse to renew a policy because the 126 insured or the applicant is a <u>handicapped or</u> physically disabled 127 person <u>if</u>, so long as such <u>handicap or</u> physical disability does 128 not substantially impair such person's mechanically assisted 129 driving ability.

130 7. An No insurer may not cancel or otherwise terminate an 131 any insurance contract or coverage, or require execution of a 132 consent to rate endorsement, during the stated policy term for 133 the purpose of offering to issue, or issuing, a similar or 134 identical contract or coverage to the same insured with the same exposure at a higher premium rate or continuing an existing 135 136 contract or coverage with the same exposure at an increased 137 premium.

8. <u>An</u> No insurer may <u>not</u> 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.

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9. <u>An</u> No insurer <u>may not</u> shall, with respect to premiums

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146	charged for motor vehicle insurance, unfairly discriminate
147	solely on the basis of age, sex, marital status, or scholastic
148	achievement.
149	10. An insurer may not, with respect to premiums charged
150	for motor vehicle insurance, use any rate, rating schedule,
151	rating manual, or underwriting rule that is not contained in a
152	rating manual and that is determined in whole or in part on the
153	basis of any of the following as they relate to an insured:
154	a. Educational level.
155	b. Trade, business, occupation, profession, or any lawful
156	form of employment that does not directly involve the use of one
157	or more vehicles specifically insured or identified in the
158	insurance policy.
159	c. Credit report or credit score as defined in s. 626.9741.
160	11.10. Imposing or requesting an additional premium for
161	motor vehicle comprehensive or uninsured motorist coverage
162	solely because the insured was involved in a motor vehicle
163	accident or was convicted of a moving traffic violation.
164	<u>12.11.</u> <u>An</u> <del>No</del> insurer <u>may not</u> <del>shall</del> cancel or issue a
165	nonrenewal notice on any insurance policy or contract without
166	complying with any applicable cancellation or nonrenewal
167	provision required under the Florida Insurance Code.
168	<u>13.<del>12.</del> An</u> <del>No</del> insurer <u>may not</u> <del>shall</del> impose or request an
169	additional premium, cancel a policy, or issue a nonrenewal
170	notice on any insurance policy or contract because of any
171	traffic infraction $\mathrm{if}$ when adjudication has been withheld and no
172	points have <u>not</u> been assessed pursuant to s. $318.14(9)$ and (10).
173	However, this subparagraph does not apply to traffic infractions
174	involving accidents in which the insurer has incurred a loss due

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175	to the fault of the insured.
176	(x) Refusal to insureIn addition to other provisions of
177	this code, the refusal to insure, or continue to insure, any
178	individual or risk solely because of:
179	1. Race, color, <u>religion</u> <del>creed</del> , marital status, sex, or
180	national origin;
181	2. The residence $\underline{\text{or}}_{r}$ age $_{r}$ or lawful occupation of the
182	individual or the location of the risk, unless there is a
183	reasonable relationship between the residence ${ m or}_{ au}$ age, or lawful
184	occupation of the individual or the location of the risk and the
185	coverage issued or to be issued;
186	3. The individual's educational level, trade, business,
187	occupation, profession, any form of lawful employment, or credit
188	report or credit score as defined in s. 626.9741;
189	4.3. The insured's or applicant's failure to agree to place
190	collateral business with any insurer, unless the coverage
191	applied for <u>provides</u> <del>would provide</del> liability coverage <u>that</u> <del>which</del>
192	is <u>greater than</u> <del>excess over</del> that provided in policies maintained
193	on property or motor vehicles;
194	5.4. The insured's or applicant's failure to purchase
195	noninsurance services or commodities, including automobile
196	services as defined in s. 624.124;
197	6.5. The fact that the insured or applicant is a public
198	official; or
199	<u>7.</u> 6. The fact that the insured or applicant had been
200	previously refused insurance coverage by any insurer <u>if</u> , when
201	such refusal to insure or continue to insure for this reason
202	occurs with such frequency as to indicate a general business
203	practice.

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204	
205	to read:
206	626.9741 Use of credit reports and credit scores by
207	insurers.—An insurer may not use credit reports or credit scores
208	in making rating determinations. For purposes of this section,
209	the term:
210	(1) The purpose of this section is to regulate and limit
211	the use of credit reports and credit scores by insurers for
212	underwriting and rating purposes. This section applies only to
213	personal lines motor vehicle insurance and personal lines
214	residential insurance, which includes homeowners, mobile home
215	owners' dwelling, tenants, condominium unit owners, cooperative
216	unit owners, and similar types of insurance.
217	(2) As used in this section, the term:
218	(a) "Adverse decision" means a decision to refuse to issue
219	or renew a policy of insurance; to issue a policy with
220	exclusions or restrictions; to increase the rates or premium
221	charged for a policy of insurance; to place an insured or
222	applicant in a rating tier that does not have the lowest
223	available rates for which that insured or applicant is otherwise
224	eligible; or to place an applicant or insured with a company
225	operating under common management, control, or ownership which
226	does not offer the lowest rates available, within the affiliate
227	group of insurance companies, for which that insured or
228	applicant is otherwise eligible.
229	<u>(1)</u> "Credit report" means any written, oral, or other
230	communication of any information by a consumer reporting agency,
231	as defined in the federal Fair Credit Reporting Act, 15 U.S.C.

### 232 ss. 1681 et seq., bearing on a consumer's credit worthiness,

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233	credit standing, or credit capacity, which is used or expected
234	to be used or collected as a factor <u>in establishing</u> <del>to establish</del>
235	a person's eligibility for credit or insurance, or any other
236	purpose authorized pursuant to the applicable provision of <u>the</u>
237	such federal act. A credit score alone, as calculated by a
238	credit reporting agency or by or for the insurer, may not be
239	considered a credit report.
240	(2) <del>(c)</del> "Credit score" means a score, grade, or value that
241	is derived by using any or all data from a credit report in any
242	type of model, method, or program, whether electronically, in an
243	algorithm, computer software or program, or any other process,
244	for the purpose of grading or ranking credit report data.
245	(d) "Tier" means a category within a single insurer into
246	which insureds with substantially similar risk, exposure, or
247	expense factors are placed for purposes of determining rate or
248	premium.
249	(3) An insurer must inform an applicant or insured, in the
250	same medium as the application is taken, that a credit report or
251	score is being requested for underwriting or rating purposes. An
252	insurer that makes an adverse decision based, in whole or in
253	part, upon a credit report must provide at no charge, a copy of
254	the credit report to the applicant or insured or provide the
255	applicant or insured with the name, address, and telephone
256	number of the consumer reporting agency from which the insured
257	or applicant may obtain the credit report. The insurer must
258	provide notification to the consumer explaining the reasons for
259	the adverse decision. The reasons must be provided in
260	sufficiently clear and specific language so that a person can
261	identify the basis for the insurer's adverse decision. Such

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262	 notification shall include a description of the four primary
263	reasons, or such fewer number as existed, which were the primary
264	influences of the adverse decision. The use of generalized terms
265	such as "poor credit history," "poor credit rating," or "poor
266	insurance score" does not meet the explanation requirements of
267	this subsection. A credit score may not be used in underwriting
268	or rating insurance unless the scoring process produces
269	information in sufficient detail to permit compliance with the
270	requirements of this subsection. It shall not be deemed an
271	adverse decision if, due to the insured's credit report or
272	credit score, the insured continues to receive a less favorable
273	rate or placement in a less favorable tier or company at the
274	time of renewal except for renewals or reunderwriting required
275	by this section.
276	(4)(a) An insurer may not request a credit report or score
277	based upon the race, color, religion, marital status, age,
278	gender, income, national origin, or place of residence of the
279	applicant or insured.
280	(b) An insurer may not make an adverse decision solely
281	because of information contained in a credit report or score
282	without consideration of any other underwriting or rating
283	factor.
284	(c) An insurer may not make an adverse decision or use a
285	credit score that could lead to such a decision if based, in
286	whole or in part, on:
287	1. The absence of, or an insufficient, credit history, in
288	which instance the insurer shall:
289	a. Treat the consumer as otherwise approved by the Office
290	of Insurance Regulation if the insurer presents information that

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291	such an absence or inability is related to the risk for the
292	insurer;
293	b. Treat the consumer as if the applicant or insured had
294	neutral credit information, as defined by the insurer;
295	c. Exclude the use of credit information as a factor and
296	use only other underwriting criteria;
297	2. Collection accounts with a medical industry code, if so
298	identified on the consumer's credit report;
299	3. Place of residence; or
300	4. Any other circumstance that the Financial Services
301	Commission determines, by rule, lacks sufficient statistical
302	correlation and actuarial justification as a predictor of
303	insurance risk.
304	(d) An insurer may use the number of credit inquiries
305	requested or made regarding the applicant or insured except for:
306	1. Credit inquiries not initiated by the consumer or
307	inquiries requested by the consumer for his or her own credit
308	information.
309	2. Inquiries relating to insurance coverage, if so
310	identified on a consumer's credit report.
311	3. Collection accounts with a medical industry code, if so
312	identified on the consumer's credit report.
313	4. Multiple lender inquiries, if coded by the consumer
314	reporting agency on the consumer's credit report as being from
315	the home mortgage industry and made within 30 days of one
316	another, unless only one inquiry is considered.
317	5. Multiple lender inquiries, if coded by the consumer
318	reporting agency on the consumer's credit report as being from
319	the automobile lending industry and made within 30 days of one

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320	another, unless only one inquiry is considered.
321	(c) An insurer must, upon the request of an applicant or
322	insured, provide a means of appeal for an applicant or insured
323	whose credit report or credit score is unduly influenced by a
324	dissolution of marriage, the death of a spouse, or temporary
325	loss of employment. The insurer must complete its review within
326	10 business days after the request by the applicant or insured
327	and receipt of reasonable documentation requested by the
328	insurer, and, if the insurer determines that the credit report
329	or credit score was unduly influenced by any of such factors,
330	the insurer shall treat the applicant or insured as if the
331	applicant or insured had neutral credit information or shall
332	exclude the credit information, as defined by the insurer,
333	whichever is more favorable to the applicant or insured. An
334	insurer shall not be considered out of compliance with its
335	underwriting rules or rates or forms filed with the Office of
336	Insurance Regulation or out of compliance with any other state
337	law or rule as a result of granting any exceptions pursuant to
338	this subsection.
339	(5) A rate filing that uses credit reports or credit scores
340	must comply with the requirements of s. 627.062 or s. 627.0651
341	to ensure that rates are not excessive, inadequate, or unfairly
342	discriminatory.
343	(6) An insurer that requests or uses credit reports and
344	credit scoring in its underwriting and rating methods shall

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Reporting Act, this section, and all rules related thereto.

maintain and adhere to established written procedures that

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(7) (a) An insurer shall establish procedures to review the

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349	credit history of an insured who was adversely affected by the
350	use of the insured's credit history at the initial rating of the
351	policy, or at a subsequent renewal thereof. This review must be
352	performed at a minimum of once every 2 years or at the request
353	of the insured, whichever is sooner, and the insurer shall
354	adjust the premium of the insured to reflect any improvement in
355	the credit history. The procedures must provide that, with
356	respect to existing policyholders, the review of a credit report
357	will not be used by the insurer to cancel, refuse to renew, or
358	require a change in the method of payment or payment plan.
359	(b) However, as an alternative to the requirements of
360	paragraph (a), an insurer that used a credit report or credit
361	score for an insured upon inception of a policy, who will not
362	use a credit report or score for reunderwriting, shall
363	reevaluate the insured within the first 3 years after inception,
364	based on other allowable underwriting or rating factors,
365	excluding credit information if the insurer does not increase
366	the rates or premium charged to the insured based on the
367	exclusion of credit reports or credit scores.
368	(8) The commission may adopt rules to administer this
369	section. The rules may include, but need not be limited to:
370	(a) Information that must be included in filings to
371	demonstrate compliance with subsection (3).
372	(b) Statistical detail that insurers using credit reports
373	or scores under subsection (5) must retain and report annually
374	to the Office of Insurance Regulation.
375	(c) Standards that ensure that rates or premiums associated
376	with the use of a credit report or score are not unfairly
377	discriminatory, based upon race, color, religion, marital

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378	status, age, gender, income, national origin, or place of
379	residence.
380	(d) Standards for review of models, methods, programs, or
381	any other process by which to grade or rank credit report data
382	and which may produce credit scores in order to ensure that the
383	insurer demonstrates that such grading, ranking, or scoring is
384	valid in predicting insurance risk of an applicant or insured.
385	Section 3. This act shall take effect July 1, 2011.