

By Senator Brandes

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1                                   A bill to be entitled  
2           An act relating to insurance; amending s. 215.555,  
3           F.S.; deleting the future repeal of an exemption of  
4           medical malpractice insurance premiums from emergency  
5           assessments imposed to fund certain obligations,  
6           costs, and expenses of the Florida Hurricane  
7           Catastrophe Fund and the Florida Hurricane Catastrophe  
8           Fund Finance Corporation; amending s. 316.646, F.S.;  
9           authorizing a uniform motor vehicle proof-of-insurance  
10          card to be in an electronic format; authorizing the  
11          Department of Highway Safety and Motor Vehicles to  
12          adopt rules; amending s. 320.02, F.S.; authorizing  
13          insurers to furnish uniform proof-of-purchase cards in  
14          an electronic format for use by insureds to prove the  
15          purchase of required insurance coverage when  
16          registering a motor vehicle; amending s. 624.413,  
17          F.S.; revising a specified time period applicable to a  
18          certified examination that must be filed by a foreign  
19          or alien insurer applying for a certificate of  
20          authority; amending s. 626.321, F.S.; providing that a  
21          limited license to offer motor vehicle rental  
22          insurance issued to a business that rents or leases  
23          motor vehicles encompasses the employees of such  
24          business; amending s. 626.601, F.S.; revising  
25          terminology relating to investigations conducted by  
26          the Department of Financial Services and the Office of  
27          Insurance Regulation with respect to individuals and  
28          entities involved in the insurance industry; amending  
29          s. 626.9914, F.S.; conforming a provision to changes

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30 made by the act; amending s. 626.99175, F.S.; deleting  
31 provisions requiring registration of life expectancy  
32 providers; deleting procedures, qualifying criteria,  
33 and violations with respect thereto; amending ss.  
34 626.9919, 626.992, 626.9925, and 626.99278, F.S.;  
35 conforming provisions to changes made by the act;  
36 amending s. 627.062, F.S.; requiring the Office of  
37 Insurance Regulation to use certain models or averages  
38 of certain models to estimate hurricane losses when  
39 determining whether the rates in a rate filing are  
40 excessive, inadequate, or unfairly discriminatory;  
41 amending s. 627.0628, F.S.; increasing the length of  
42 time during which an insurer must adhere to certain  
43 findings made by the Commission on Hurricane Loss  
44 Projection Methodology with respect to certain  
45 methods, principles, standards, models, or output  
46 ranges used in a rate finding; providing that the  
47 requirement to adhere to such findings does not limit  
48 an insurer from averaging together the results of  
49 certain models or output ranges under specified  
50 circumstances; amending s. 627.072, F.S.; authorizing  
51 retrospective rating plans relating to workers'  
52 compensation and employer's liability insurance to  
53 allow negotiations between certain employers and  
54 insurers with respect to rating factors used to  
55 calculate premiums; amending s. 627.281, F.S.;  
56 conforming a cross-reference; repealing s. 627.3519,  
57 F.S., relating to an annual report from the Financial  
58 Services Commission to the Legislature of aggregate

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59 net probable maximum losses, financing options, and  
60 potential assessments of the Florida Hurricane  
61 Catastrophe Fund and Citizens Property Insurance  
62 Corporation; amending s. 627.4133, F.S.; deleting  
63 provisions that require extended periods of prior  
64 notice with respect to the nonrenewal, cancellation,  
65 or termination of certain insurance policies;  
66 prohibiting the cancellation of certain policies that  
67 have been in effect for a specified amount of time  
68 except under certain circumstances; amending s.  
69 627.4137, F.S.; adding licensed company adjusters to  
70 the list of persons who may respond to a claimant's  
71 written request for information relating to liability  
72 insurance coverage; amending s. 627.421, F.S.;

73 authorizing the electronic delivery of certain  
74 insurance documents; amending s. 627.43141, F.S.;

75 authorizing a notice of change in policy terms to be  
76 sent in a separate mailing to an insured under certain  
77 circumstances; requiring an insurer to provide such  
78 notice to insured's insurance agent; amending s.  
79 627.701, F.S.; revising requirements to issue or renew  
80 personal lines residential property insurance after a  
81 certain date; amending s. 627.7015, F.S.; revising the  
82 rulemaking authority of the department with respect to  
83 qualifications and specified types of penalties  
84 covered under the property insurance mediation  
85 program; creating s. 627.70151, F.S.; providing  
86 criteria for an insurer or policyholder to challenge  
87 the impartiality of a loss appraisal umpire for

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88 purposes of disqualifying such umpire; amending s.  
89 627.706, F.S.; authorizing the inclusion of  
90 deductibles applicable to sinkhole losses in property  
91 insurance policies covering nonresidential buildings;  
92 revising the definition of the term "neutral  
93 evaluator"; amending s. 627.7074, F.S.; requiring the  
94 department to adopt rules relating to certification of  
95 neutral evaluators; amending s. 627.736, F.S.;  
96 revising the time period for applicability of certain  
97 Medicare fee schedules or payment limitations;  
98 amending s. 627.745, F.S.; revising qualifications for  
99 approval as a mediator by the department; providing  
100 grounds for the department to deny an application or  
101 revoke approval of a mediator or neutral evaluator;  
102 authorizing the department to adopt rules; amending s.  
103 627.952, F.S.; deleting a fidelity bond requirement  
104 applicable to certain nonresident general lines agents  
105 who are licensed as surplus lines agents in another  
106 state; amending ss. 627.971 and 627.972, F.S.;  
107 including licensed mutual insurers in financial  
108 guaranty insurance corporations; amending s. 628.901,  
109 F.S.; revising the definition of the term "qualifying  
110 reinsurer parent company" to delete obsolete language;  
111 amending s. 628.909, F.S.; providing for applicability  
112 of certain provisions of the Insurance Code to  
113 specified captive insurers; amending s. 634.406, F.S.;  
114 revising criteria authorizing certain premiums of  
115 certain service warranty associations to exceed their  
116 specified net assets limitations; revising

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117 requirements relating to contractual liability  
118 policies that insure warranty associations; providing  
119 an effective date.

120

121 Be It Enacted by the Legislature of the State of Florida:

122

123 Section 1. Paragraph (b) of subsection (6) of section  
124 215.555, Florida Statutes, is amended to read:

125 215.555 Florida Hurricane Catastrophe Fund.—

126 (6) REVENUE BONDS.—

127 (b) *Emergency assessments*.—

128 1. If the board determines that the amount of revenue  
129 produced under subsection (5) is insufficient to fund the  
130 obligations, costs, and expenses of the fund and the  
131 corporation, including repayment of revenue bonds and that  
132 portion of the debt service coverage not met by reimbursement  
133 premiums, the board shall direct the Office of Insurance  
134 Regulation to levy, by order, an emergency assessment on direct  
135 premiums for all property and casualty lines of business in this  
136 state, including property and casualty business of surplus lines  
137 insurers regulated under part VIII of chapter 626, but not  
138 including any workers' compensation premiums or medical  
139 malpractice premiums. As used in this subsection, the term  
140 "property and casualty business" includes all lines of business  
141 identified on Form 2, Exhibit of Premiums and Losses, in the  
142 annual statement required of authorized insurers by s. 624.424  
143 and any rule adopted under this section, except for those lines  
144 identified as accident and health insurance and except for  
145 policies written under the National Flood Insurance Program. The

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146 assessment shall be specified as a percentage of direct written  
147 premium and is subject to annual adjustments by the board in  
148 order to meet debt obligations. The same percentage shall apply  
149 to all policies in lines of business subject to the assessment  
150 issued or renewed during the 12-month period beginning on the  
151 effective date of the assessment.

152 2. A premium is not subject to an annual assessment under  
153 this paragraph in excess of 6 percent of premium with respect to  
154 obligations arising out of losses attributable to any one  
155 contract year, and a premium is not subject to an aggregate  
156 annual assessment under this paragraph in excess of 10 percent  
157 of premium. An annual assessment under this paragraph shall  
158 continue as long as the revenue bonds issued with respect to  
159 which the assessment was imposed are outstanding, including any  
160 bonds the proceeds of which were used to refund the revenue  
161 bonds, unless adequate provision has been made for the payment  
162 of the bonds under the documents authorizing issuance of the  
163 bonds.

164 3. Emergency assessments shall be collected from  
165 policyholders. Emergency assessments shall be remitted by  
166 insurers as a percentage of direct written premium for the  
167 preceding calendar quarter as specified in the order from the  
168 Office of Insurance Regulation. The office shall verify the  
169 accurate and timely collection and remittance of emergency  
170 assessments and shall report the information to the board in a  
171 form and at a time specified by the board. Each insurer  
172 collecting assessments shall provide the information with  
173 respect to premiums and collections as may be required by the  
174 office to enable the office to monitor and verify compliance

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175 with this paragraph.

176 4. With respect to assessments of surplus lines premiums,  
177 each surplus lines agent shall collect the assessment at the  
178 same time as the agent collects the surplus lines tax required  
179 by s. 626.932, and the surplus lines agent shall remit the  
180 assessment to the Florida Surplus Lines Service Office created  
181 by s. 626.921 at the same time as the agent remits the surplus  
182 lines tax to the Florida Surplus Lines Service Office. The  
183 emergency assessment on each insured procuring coverage and  
184 filing under s. 626.938 shall be remitted by the insured to the  
185 Florida Surplus Lines Service Office at the time the insured  
186 pays the surplus lines tax to the Florida Surplus Lines Service  
187 Office. The Florida Surplus Lines Service Office shall remit the  
188 collected assessments to the fund or corporation as provided in  
189 the order levied by the Office of Insurance Regulation. The  
190 Florida Surplus Lines Service Office shall verify the proper  
191 application of such emergency assessments and shall assist the  
192 board in ensuring the accurate and timely collection and  
193 remittance of assessments as required by the board. The Florida  
194 Surplus Lines Service Office shall annually calculate the  
195 aggregate written premium on property and casualty business,  
196 other than workers' compensation and medical malpractice,  
197 procured through surplus lines agents and insureds procuring  
198 coverage and filing under s. 626.938 and shall report the  
199 information to the board in a form and at a time specified by  
200 the board.

201 5. Any assessment authority not used for a particular  
202 contract year may be used for a subsequent contract year. If,  
203 for a subsequent contract year, the board determines that the

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204 amount of revenue produced under subsection (5) is insufficient  
205 to fund the obligations, costs, and expenses of the fund and the  
206 corporation, including repayment of revenue bonds and that  
207 portion of the debt service coverage not met by reimbursement  
208 premiums, the board shall direct the Office of Insurance  
209 Regulation to levy an emergency assessment up to an amount not  
210 exceeding the amount of unused assessment authority from a  
211 previous contract year or years, plus an additional 4 percent  
212 provided that the assessments in the aggregate do not exceed the  
213 limits specified in subparagraph 2.

214         6. The assessments otherwise payable to the corporation  
215 under this paragraph shall be paid to the fund unless and until  
216 the Office of Insurance Regulation and the Florida Surplus Lines  
217 Service Office have received from the corporation and the fund a  
218 notice, which shall be conclusive and upon which they may rely  
219 without further inquiry, that the corporation has issued bonds  
220 and the fund has no agreements in effect with local governments  
221 under paragraph (c). On or after the date of the notice and  
222 until the date the corporation has no bonds outstanding, the  
223 fund shall have no right, title, or interest in or to the  
224 assessments, except as provided in the fund's agreement with the  
225 corporation.

226         7. Emergency assessments are not premium and are not  
227 subject to the premium tax, to the surplus lines tax, to any  
228 fees, or to any commissions. An insurer is liable for all  
229 assessments that it collects and must treat the failure of an  
230 insured to pay an assessment as a failure to pay the premium. An  
231 insurer is not liable for uncollectible assessments.

232         8. When an insurer is required to return an unearned



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233 premium, it shall also return any collected assessment  
234 attributable to the unearned premium. A credit adjustment to the  
235 collected assessment may be made by the insurer with regard to  
236 future remittances that are payable to the fund or corporation,  
237 but the insurer is not entitled to a refund.

238 9. When a surplus lines insured or an insured who has  
239 procured coverage and filed under s. 626.938 is entitled to the  
240 return of an unearned premium, the Florida Surplus Lines Service  
241 Office shall provide a credit or refund to the agent or such  
242 insured for the collected assessment attributable to the  
243 unearned premium before ~~prior to~~ remitting the emergency  
244 assessment collected to the fund or corporation.

245 ~~10. The exemption of medical malpractice insurance premiums~~  
246 ~~from emergency assessments under this paragraph is repealed May~~  
247 ~~31, 2013, and medical malpractice insurance premiums shall be~~  
248 ~~subject to emergency assessments attributable to loss events~~  
249 ~~occurring in the contract years commencing on June 1, 2013.~~

250 Section 2. Subsection (1) of section 316.646, Florida  
251 Statutes, is amended, and subsection (5) is added to that  
252 section, to read:

253 316.646 Security required; proof of security and display  
254 thereof; dismissal of cases.—

255 (1) Any person required by s. 324.022 to maintain property  
256 damage liability security, required by s. 324.023 to maintain  
257 liability security for bodily injury or death, or required by s.  
258 627.733 to maintain personal injury protection security on a  
259 motor vehicle shall have in his or her immediate possession at  
260 all times while operating such motor vehicle proper proof of  
261 maintenance of the required security. Such proof shall be a

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262 uniform proof-of-insurance card, in paper or electronic format,  
263 in a form prescribed by the department, a valid insurance  
264 policy, an insurance policy binder, a certificate of insurance,  
265 or such other proof as may be prescribed by the department.

266 (5) The department may adopt rules to implement this  
267 section.

268 Section 3. Paragraph (a) of subsection (5) of section  
269 320.02, Florida Statutes, is amended to read:

270 320.02 Registration required; application for registration;  
271 forms.—

272 (5) (a) Proof that personal injury protection benefits have  
273 been purchased when required under s. 627.733, that property  
274 damage liability coverage has been purchased as required under  
275 s. 324.022, that bodily injury or death coverage has been  
276 purchased if required under s. 324.023, and that combined bodily  
277 liability insurance and property damage liability insurance have  
278 been purchased when required under s. 627.7415 shall be provided  
279 in the manner prescribed by law by the applicant at the time of  
280 application for registration of any motor vehicle that is  
281 subject to such requirements. The issuing agent shall refuse to  
282 issue registration if such proof of purchase is not provided.  
283 Insurers shall furnish uniform proof-of-purchase cards, in paper  
284 or electronic format, in a form prescribed by the department and  
285 shall include the name of the insured's insurance company, the  
286 coverage identification number, and the make, year, and vehicle  
287 identification number of the vehicle insured. The card shall  
288 contain a statement notifying the applicant of the penalty  
289 specified in s. 316.646(4). The card or insurance policy,  
290 insurance policy binder, or certificate of insurance or a

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291 photocopy of any of these; an affidavit containing the name of  
292 the insured's insurance company, the insured's policy number,  
293 and the make and year of the vehicle insured; or such other  
294 proof as may be prescribed by the department shall constitute  
295 sufficient proof of purchase. If an affidavit is provided as  
296 proof, it shall be in substantially the following form:

297  
298 Under penalty of perjury, I ...(Name of insured)... do hereby  
299 certify that I have ...(Personal Injury Protection, Property  
300 Damage Liability, and, when required, Bodily Injury  
301 Liability)... Insurance currently in effect with ...(Name of  
302 insurance company)... under ...(policy number)... covering  
303 ...(make, year, and vehicle identification number of  
304 vehicle).... ...(Signature of Insured)...

305  
306 Such affidavit shall include the following warning:

307  
308 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE  
309 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA  
310 LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS  
311 SUBJECT TO PROSECUTION.

312  
313 When an application is made through a licensed motor vehicle  
314 dealer as required in s. 319.23, the original or a photostatic  
315 copy of such card, insurance policy, insurance policy binder, or  
316 certificate of insurance or the original affidavit from the  
317 insured shall be forwarded by the dealer to the tax collector of  
318 the county or the Department of Highway Safety and Motor  
319 Vehicles for processing. By executing the aforesaid affidavit,

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320 no licensed motor vehicle dealer will be liable in damages for  
321 any inadequacy, insufficiency, or falsification of any statement  
322 contained therein. A card shall also indicate the existence of  
323 any bodily injury liability insurance voluntarily purchased.

324 Section 4. Paragraph (f) of subsection (1) of section  
325 624.413, Florida Statutes, is amended to read:

326 624.413 Application for certificate of authority.—

327 (1) To apply for a certificate of authority, an insurer  
328 shall file its application therefor with the office, upon a form  
329 adopted by the commission and furnished by the office, showing  
330 its name; location of its home office and, if an alien insurer,  
331 its principal office in the United States; kinds of insurance to  
332 be transacted; state or country of domicile; and such additional  
333 information as the commission reasonably requires, together with  
334 the following documents:

335 (f) If a foreign or alien insurer, a copy of the report of  
336 the most recent examination of the insurer certified by the  
337 public official having supervision of insurance in its state of  
338 domicile or of entry into the United States. The end of the most  
339 recent year covered by the examination must be within the 5-year  
340 ~~3-year~~ period preceding the date of application. In lieu of the  
341 certified examination report, the office may accept an audited  
342 certified public accountant's report prepared on a basis  
343 consistent with the insurance laws of the insurer's state of  
344 domicile, certified by the public official having supervision of  
345 insurance in its state of domicile or of entry into the United  
346 States.

347 Section 5. Paragraph (d) of subsection (1) of section  
348 626.321, Florida Statutes, is amended to read:

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349 626.321 Limited licenses.—

350 (1) The department shall issue to a qualified applicant a  
351 license as agent authorized to transact a limited class of  
352 business in any of the following categories of limited lines  
353 insurance:

354 (d) *Motor vehicle rental insurance.*—

355 1. License covering only insurance of the risks set forth  
356 in this paragraph when offered, sold, or solicited with and  
357 incidental to the rental or lease of a motor vehicle and which  
358 applies only to the motor vehicle that is the subject of the  
359 lease or rental agreement and the occupants of the motor  
360 vehicle:

361 a. Excess motor vehicle liability insurance providing  
362 coverage in excess of the standard liability limits provided by  
363 the lessor in the lessor's lease to a person renting or leasing  
364 a motor vehicle from the licensee's employer for liability  
365 arising in connection with the negligent operation of the leased  
366 or rented motor vehicle.

367 b. Insurance covering the liability of the lessee to the  
368 lessor for damage to the leased or rented motor vehicle.

369 c. Insurance covering the loss of or damage to baggage,  
370 personal effects, or travel documents of a person renting or  
371 leasing a motor vehicle.

372 d. Insurance covering accidental personal injury or death  
373 of the lessee and any passenger who is riding or driving with  
374 the covered lessee in the leased or rented motor vehicle.

375 2. Insurance under a motor vehicle rental insurance license  
376 may be issued only if the lease or rental agreement is for no  
377 more than 60 days, the lessee is not provided coverage for more

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378 than 60 consecutive days per lease period, and the lessee is  
379 given written notice that his or her personal insurance policy  
380 providing coverage on an owned motor vehicle may provide  
381 coverage of such risks and that the purchase of the insurance is  
382 not required in connection with the lease or rental of a motor  
383 vehicle. If the lease is extended beyond 60 days, the coverage  
384 may be extended one time only for a period not to exceed an  
385 additional 60 days. Insurance may be provided to the lessee as  
386 an additional insured on a policy issued to the licensee's  
387 employer.

388 3. The license may be issued only to the full-time salaried  
389 employee of a licensed general lines agent or to a business  
390 entity that offers motor vehicles for rent or lease if insurance  
391 sales activities authorized by the license are in connection  
392 with and incidental to the rental or lease of a motor vehicle.

393 a. A license issued to a business entity that offers motor  
394 vehicles for rent or lease encompasses each office, branch  
395 office, employee, or place of business making use of the  
396 entity's business name in order to offer, solicit, and sell  
397 insurance pursuant to this paragraph.

398 b. The application for licensure must list the name,  
399 address, and phone number for each office, branch office, or  
400 place of business that is to be covered by the license. The  
401 licensee shall notify the department of the name, address, and  
402 phone number of any new location that is to be covered by the  
403 license before the new office, branch office, or place of  
404 business engages in the sale of insurance pursuant to this  
405 paragraph. The licensee must notify the department within 30  
406 days after closing or terminating an office, branch office, or

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407 place of business. Upon receipt of the notice, the department  
408 shall delete the office, branch office, or place of business  
409 from the license.

410 c. A licensed and appointed entity is directly responsible  
411 and accountable for all acts of the licensee's employees.

412 Section 6. Section 626.601, Florida Statutes, is amended to  
413 read:

414 626.601 Improper conduct; inquiry; fingerprinting.—

415 (1) The department or office may, upon its own motion or  
416 upon a written complaint signed by any interested person and  
417 filed with the department or office, inquire into any alleged  
418 improper conduct of any licensed, approved, or certified  
419 insurance agency, agent, adjuster, service representative,  
420 managing general agent, customer representative, title insurance  
421 agent, title insurance agency, mediator, neutral evaluator,  
422 continuing education course provider, instructor, school  
423 official, or monitor group under this code. The department or  
424 office may thereafter initiate an investigation of any such  
425 individual or entity licensee if it has reasonable cause to  
426 believe that the individual or entity licensee has violated any  
427 provision of the insurance code. During the course of its  
428 investigation, the department or office shall contact the  
429 individual or entity licensee being investigated unless it  
430 determines that contacting such individual or entity person  
431 could jeopardize the successful completion of the investigation  
432 or cause injury to the public.

433 (2) In the investigation by the department or office of the  
434 alleged misconduct, the individual or entity licensee shall,  
435 whenever so required by the department or office, cause the

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436 individual's or entity's ~~his or her~~ books and records to be open  
437 for inspection for the purpose of such inquiries.

438 (3) The complaints against any individual or entity  
439 ~~licensee~~ may be informally alleged and need not be in any such  
440 language as is necessary to charge a crime on an indictment or  
441 information.

442 (4) The expense for any hearings or investigations under  
443 this law, as well as the fees and mileage of witnesses, may be  
444 paid out of the appropriate fund.

445 (5) If the department or office, after investigation, has  
446 reason to believe that an individual or entity ~~a licensee~~ may  
447 have been found guilty of or pleaded guilty or nolo contendere  
448 to a felony or a crime related to the business of insurance in  
449 this or any other state or jurisdiction, the department or  
450 office may require the individual ~~licensee~~ to file with the  
451 department or office a complete set of his or her fingerprints,  
452 which shall be accompanied by the fingerprint processing fee set  
453 forth in s. 624.501. The fingerprints shall be taken by an  
454 authorized law enforcement agency or other department-approved  
455 entity.

456 (6) The complaint and any information obtained pursuant to  
457 the investigation by the department or office are confidential  
458 and are exempt from ~~the provisions of~~ s. 119.07, unless the  
459 department or office files a formal administrative complaint,  
460 emergency order, or consent order against the individual or  
461 entity licensee. ~~Nothing in~~ This subsection does not ~~shall be~~  
462 ~~construed to~~ prevent the department or office from disclosing  
463 the complaint or such information as it deems necessary to  
464 conduct the investigation, to update the complainant as to the



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465 status and outcome of the complaint, or to share such  
466 information with any law enforcement agency.

467 Section 7. Paragraphs (i), (j), and (k) of subsection (1)  
468 of section 626.9914, Florida Statutes, are amended to read:

469 626.9914 Suspension, revocation, denial, or nonrenewal of  
470 viatical settlement provider license; grounds; administrative  
471 fine.—

472 (1) The office shall suspend, revoke, deny, or refuse to  
473 renew the license of any viatical settlement provider if the  
474 office finds that the licensee:

475 (i) Employs any person who materially influences the  
476 licensee's conduct and who fails to meet the requirements of  
477 this act; or

478 (j) No longer meets the requirements for initial licensure;  
479 ~~or~~

480 ~~(k) Obtains or utilizes life expectancies from life~~  
481 ~~expectancy providers who are not registered with the office~~  
482 ~~pursuant to this act.~~

483 Section 8. Section 626.99175, Florida Statutes, is amended  
484 to read:

485 626.99175 Life expectancy providers; ~~registration required;~~  
486 ~~denial, suspension, revocation.~~—

487 ~~(1) After July 1, 2006, a person may not perform the~~  
488 ~~functions of a life expectancy provider without first having~~  
489 ~~registered as a life expectancy provider, except as provided in~~  
490 ~~subsection (6).~~

491 ~~(2) Application for registration as a life expectancy~~  
492 ~~provider must be made to the office by the applicant on a form~~  
493 ~~prescribed by the office, under oath and signed by the~~

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494 ~~applicant. The application must be accompanied by a fee of \$500.~~

495 ~~(3) A completed application shall be evidenced on a form~~  
496 ~~and in a manner prescribed by the office and shall require the~~  
497 ~~registered life expectancy provider to update such information~~  
498 ~~and renew such registration as required by the office.~~

499 ~~(4) In the application, the applicant must provide all of~~  
500 ~~the following:~~

501 ~~(a) The full name, age, residence address, and business~~  
502 ~~address, and all occupations engaged in by the applicant during~~  
503 ~~the 5 years preceding the date of the application.~~

504 ~~(b) A copy of the applicant's basic organizational~~  
505 ~~documents, if any, including the articles of incorporation,~~  
506 ~~articles of association, partnership agreement, trust agreement,~~  
507 ~~or other similar documents, together with all amendments to such~~  
508 ~~documents.~~

509 ~~(c) Copies of all bylaws, rules, regulations, or similar~~  
510 ~~documents regulating the conduct of the applicant's internal~~  
511 ~~affairs.~~

512 ~~(d) A list showing the name, business and residence~~  
513 ~~addresses, and official position of each individual who is~~  
514 ~~responsible for conduct of the applicant's affairs, including,~~  
515 ~~but not limited to, any member of the board of directors, board~~  
516 ~~of trustees, executive committee, or other governing board or~~  
517 ~~committee and any other person or entity owning or having the~~  
518 ~~right to acquire 10 percent or more of the voting securities of~~  
519 ~~the applicant, and any person performing life expectancies by~~  
520 ~~the applicant.~~

521 ~~(e) A sworn biographical statement on forms supplied by the~~  
522 ~~office with respect to each individual identified under~~

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523 ~~paragraph (d), including whether such individual has been~~  
524 ~~associated with any other life expectancy provider or has~~  
525 ~~performed any services for a person in the business of viatical~~  
526 ~~settlements.~~

527 ~~(f) A sworn statement of any criminal and civil actions~~  
528 ~~pending or final against the registrant or any individual~~  
529 ~~identified under paragraph (d).~~

530 ~~(g) A general description of the following policies and~~  
531 ~~procedures covering all life expectancy determination criteria~~  
532 ~~and protocols:~~

533 ~~1. The plan or plans of policies and procedures used to~~  
534 ~~determine life expectancies.~~

535 ~~2. A description of the training, including continuing~~  
536 ~~training, of the individuals who determine life expectancies.~~

537 ~~3. A description of how the life expectancy provider~~  
538 ~~updates its manuals, underwriting guides, mortality tables, and~~  
539 ~~other reference works and ensures that the provider bases its~~  
540 ~~determination of life expectancies on current data.~~

541 ~~(h) A plan for assuring confidentiality of personal,~~  
542 ~~medical, and financial information in accordance with federal~~  
543 ~~and state laws.~~

544 ~~(i) An anti-fraud plan as required pursuant to s.~~  
545 ~~626.99278.~~

546 ~~(j) A list of any agreements, contracts, or any other~~  
547 ~~arrangement to provide life expectancies to a viatical~~  
548 ~~settlement provider, viatical settlement broker, or any other~~  
549 ~~person in the business of viatical settlements in connection~~  
550 ~~with any viatical settlement contract or viatical settlement~~  
551 ~~investment.~~

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552 ~~(5) As part of the application, and on or before March 1 of~~  
553 ~~every 3 years thereafter, a registered life expectancy provider~~  
554 ~~shall file with the office an audit of all life expectancies by~~  
555 ~~the life expectancy provider for the 5 calendar years~~  
556 ~~immediately preceding such audit, which audit shall be conducted~~  
557 ~~and certified by a nationally recognized actuarial firm and~~  
558 ~~shall include only the following:~~

559 ~~(a) A mortality table.~~

560 ~~(b) The number, percentage, and an actual-to-expected ratio~~  
561 ~~of life expectancies in the following categories: life~~  
562 ~~expectancies of less than 24 months, life expectancies of 25~~  
563 ~~months to 48 months, life expectancies of 49 months to 72~~  
564 ~~months, life expectancies of 73 months to 108 months, life~~  
565 ~~expectancies of 109 months to 144 months, life expectancies of~~  
566 ~~145 months to 180 months, and life expectancies of more than 180~~  
567 ~~months.~~

568 ~~(6) A viatical settlement broker, viatical settlement~~  
569 ~~provider, or insurance agent in the business of viatical~~  
570 ~~settlements in this state may not shall directly or indirectly~~  
571 ~~own or be an officer, director, or employee of a life expectancy~~  
572 ~~provider.~~

573 ~~(7) Each registered life expectancy provider shall provide~~  
574 ~~the office, as applicable, at least 30 days' advance notice of~~  
575 ~~any change in the registrant's name, residence address,~~  
576 ~~principal business address, or mailing address.~~

577 ~~(8) A person required to be registered by this section~~  
578 ~~shall for 5 years retain copies of all life expectancies and~~  
579 ~~supporting documents and medical records unless those personal~~  
580 ~~medical records are subject to different retention or~~

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581 ~~destruction requirements of a federal or state personal health~~  
582 ~~information law.~~

583 ~~(9) An application for life expectancy provider~~  
584 ~~registration shall be approved or denied by the commissioner~~  
585 ~~within 60 calendar days following receipt of a completed~~  
586 ~~application by the commissioner. The office shall notify the~~  
587 ~~applicant that the application is complete. A completed~~  
588 ~~application that is not approved or denied in 60 calendar days~~  
589 ~~following its receipt shall be deemed approved.~~

590 ~~(10) The office may, in its discretion, deny the~~  
591 ~~application for a life expectancy provider registration or~~  
592 ~~suspend, revoke, or refuse to renew or continue the registration~~  
593 ~~of a life expectancy provider if the office finds:~~

594 ~~(a) Any cause for which registration could have been~~  
595 ~~refused had it then existed and been known to the office;~~

596 ~~(b) A violation of any provision of this code or of any~~  
597 ~~other law applicable to the applicant or registrant;~~

598 ~~(c) A violation of any lawful order or rule of the~~  
599 ~~department, commission, or office; or~~

600 ~~(d) That the applicant or registrant:~~

601 ~~1. Has been found guilty of or pled guilty or nolo~~  
602 ~~contendere to a felony or a crime punishable by imprisonment of~~  
603 ~~1 year or more under the law of the United States of America or~~  
604 ~~of any state thereof or under the law of any other country;~~

605 ~~2. Has knowingly and willfully aided, assisted, procured,~~  
606 ~~advised, or abetted any person in the violation of a provision~~  
607 ~~of the insurance code or any order or rule of the department,~~  
608 ~~commission, or office;~~

609 ~~3. Has knowingly and with intent to defraud, provided a~~

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610 ~~life expectancy that does not conform to an applicant's or~~  
611 ~~registrant's general practice;~~

612 ~~4. Does not have a good business reputation or does not~~  
613 ~~have experience, training, or education that qualifies the~~  
614 ~~applicant or registrant to conduct the business of a life~~  
615 ~~expectancy provider; or~~

616 ~~5. Has demonstrated a lack of fitness or trustworthiness to~~  
617 ~~engage in the business of issuing life expectancies.~~

618 ~~(11) The office may, in lieu of or in addition to any~~  
619 ~~suspension or revocation, assess an administrative fine not to~~  
620 ~~exceed \$2,500 for each nonwillful violation or \$10,000 for each~~  
621 ~~willful violation by a registered life expectancy provider. The~~  
622 ~~office may also place a registered life expectancy provider on~~  
623 ~~probation for a period not to exceed 2 years.~~

624 ~~(12) It is a violation of this section for a person to~~  
625 ~~represent, orally or in writing, that a life expectancy~~  
626 ~~provider's registration pursuant to this act is in any way a~~  
627 ~~recommendation or approval of the entity or means that the~~  
628 ~~qualifications or abilities have in any way been approved of.~~

629 ~~(13) The Financial Services Commission may, by rule,~~  
630 ~~require that all or part of the statements or filings required~~  
631 ~~under this section be submitted by electronic means and in a~~  
632 ~~computer-readable format specified by the commission.~~

633 Section 9. Section 626.9919, Florida Statutes, is amended  
634 to read:

635 626.9919 Notice of change of licensee ~~or registrant's~~  
636 address or name.—Each viatical settlement provider licensee ~~and~~  
637 ~~registered life expectancy provider~~ must provide the office at  
638 least 30 days' advance notice of any change in the licensee's ~~or~~

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639 ~~registrant's~~ name, residence address, principal business  
640 address, or mailing address.

641 Section 10. Section 626.992, Florida Statutes, is amended  
642 to read:

643 626.992 Use of licensed viatical settlement providers and,  
644 viatical settlement brokers, ~~and registered life expectancy~~  
645 ~~providers required.~~

646 (1) A licensed viatical settlement provider may not use any  
647 person to perform the functions of a viatical settlement broker  
648 as defined in this act unless such person holds a current, valid  
649 life agent license and has appointed himself or herself in  
650 conformance with this chapter.

651 (2) A viatical settlement broker may not use any person to  
652 perform the functions of a viatical settlement provider as  
653 defined in this act unless such person holds a current, valid  
654 license as a viatical settlement provider.

655 ~~(3) After July 1, 2006, a person may not operate as a life~~  
656 ~~expectancy provider unless such person is registered as a life~~  
657 ~~expectancy provider pursuant to this act.~~

658 ~~(4) After July 1, 2006, a viatical settlement provider,~~  
659 ~~viatical settlement broker, or any other person in the business~~  
660 ~~of viatical settlements may not obtain life expectancies from a~~  
661 ~~person who is not registered as a life expectancy provider~~  
662 ~~pursuant to this act.~~

663 Section 11. Section 626.9925, Florida Statutes, is amended  
664 to read:

665 626.9925 Rules.—The commission may adopt rules to  
666 administer this act, including rules establishing standards for  
667 evaluating advertising by licensees; rules providing for the

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668 collection of data, for disclosures to viators, and for the  
669 reporting of life expectancies, ~~and for the registration of life~~  
670 ~~expectancy providers~~; and rules defining terms used in this act  
671 and prescribing recordkeeping requirements relating to executed  
672 viatical settlement contracts.

673 Section 12. Section 626.99278, Florida Statutes, is amended  
674 to read:

675 626.99278 Viatical provider anti-fraud plan.—Every licensed  
676 viatical settlement provider ~~and registered life expectancy~~  
677 ~~provider~~ must adopt an anti-fraud plan and file it with the  
678 Division of Insurance Fraud of the department. Each anti-fraud  
679 plan shall include:

680 (1) A description of the procedures for detecting and  
681 investigating possible fraudulent acts and procedures for  
682 resolving material inconsistencies between medical records and  
683 insurance applications.

684 (2) A description of the procedures for the mandatory  
685 reporting of possible fraudulent insurance acts and prohibited  
686 practices set forth in s. 626.99275 to the Division of Insurance  
687 Fraud of the department.

688 (3) A description of the plan for anti-fraud education and  
689 training of its underwriters or other personnel.

690 (4) A written description or chart outlining the  
691 organizational arrangement of the anti-fraud personnel who are  
692 responsible for the investigation and reporting of possible  
693 fraudulent insurance acts and for the investigation of  
694 unresolved material inconsistencies between medical records and  
695 insurance applications.

696 (5) For viatical settlement providers, a description of the



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697 procedures used to perform initial and continuing review of the  
698 accuracy of life expectancies used in connection with a viatical  
699 settlement contract or viatical settlement investment.

700 Section 13. Paragraph (b) of subsection (2) of section  
701 627.062, Florida Statutes, is amended to read:

702 627.062 Rate standards.—

703 (2) As to all such classes of insurance:

704 (b) Upon receiving a rate filing, the office shall review  
705 the filing to determine if a rate is excessive, inadequate, or  
706 unfairly discriminatory. In making that determination, the  
707 office shall, in accordance with generally accepted and  
708 reasonable actuarial techniques, consider the following factors:

709 1. Past and prospective loss experience within and without  
710 this state.

711 2. Past and prospective expenses.

712 3. The degree of competition among insurers for the risk  
713 insured.

714 4. Investment income reasonably expected by the insurer,  
715 consistent with the insurer's investment practices, from  
716 investable premiums anticipated in the filing, plus any other  
717 expected income from currently invested assets representing the  
718 amount expected on unearned premium reserves and loss reserves.  
719 The commission may adopt rules using reasonable techniques of  
720 actuarial science and economics to specify the manner in which  
721 insurers calculate investment income attributable to classes of  
722 insurance written in this state and the manner in which  
723 investment income is used to calculate insurance rates. Such  
724 manner must contemplate allowances for an underwriting profit  
725 factor and full consideration of investment income which produce

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726 a reasonable rate of return; however, investment income from  
727 invested surplus may not be considered.

728 5. The reasonableness of the judgment reflected in the  
729 filing.

730 6. Dividends, savings, or unabsorbed premium deposits  
731 allowed or returned to Florida policyholders, members, or  
732 subscribers.

733 7. The adequacy of loss reserves.

734 8. The cost of reinsurance. The office may not disapprove a  
735 rate as excessive solely due to the insurer having obtained  
736 catastrophic reinsurance to cover the insurer's estimated 250-  
737 year probable maximum loss or any lower level of loss.

738 9. Trend factors, including trends in actual losses per  
739 insured unit for the insurer making the filing.

740 10. Conflagration and catastrophe hazards, if applicable.

741 11. Projected hurricane losses, if applicable, which must  
742 be estimated using a model or method, or models or an average or  
743 weighted average of models, independently found to be acceptable  
744 or reliable by the Florida Commission on Hurricane Loss  
745 Projection Methodology, and as further provided in s. 627.0628.

746 12. A reasonable margin for underwriting profit and  
747 contingencies.

748 13. The cost of medical services, if applicable.

749 14. Other relevant factors that affect the frequency or  
750 severity of claims or expenses.

751 Section 14. Paragraph (d) of subsection (3) of section  
752 627.0628, Florida Statutes, is amended to read:

753 627.0628 Florida Commission on Hurricane Loss Projection  
754 Methodology; public records exemption; public meetings

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755 exemption.—

756 (3) ADOPTION AND EFFECT OF STANDARDS AND GUIDELINES.—

757 (d) With respect to a rate filing under s. 627.062, an  
758 insurer shall employ and may not modify or adjust actuarial  
759 methods, principles, standards, models, or output ranges found  
760 by the commission to be accurate or reliable in determining  
761 hurricane loss factors for use in a rate filing under s.  
762 627.062. An insurer shall employ and may not modify or adjust  
763 models found by the commission to be accurate or reliable in  
764 determining probable maximum loss levels pursuant to paragraph  
765 (b) with respect to a rate filing under s. 627.062 made more  
766 than 120 ~~60~~ days after the commission has made such findings.  
767 This paragraph does not prohibit an insurer from averaging  
768 together the model results or output ranges or using weighted  
769 averages for the purposes of a rate filing under s. 627.062.

770 Section 15. Present subsections (2), (3), and (4) of  
771 section 627.072, Florida Statutes, are renumbered as subsections  
772 (3), (4), and (5), respectively, and a new subsection (2) is  
773 added to that section, to read:

774 627.072 Making and use of rates.—

775 (2) A retrospective rating plan may contain a provision  
776 that allows negotiation between the employer and the insurer to  
777 determine the retrospective rating factors used to calculate the  
778 premium for employers having exposure in more than one state and  
779 an estimated annual countrywide standard premium of \$1 million  
780 or more for workers' compensation.

781 Section 16. Subsection (2) of section 627.281, Florida  
782 Statutes, is amended to read:

783 627.281 Appeal from rating organization; workers'

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784 compensation and employer's liability insurance filings.—

785 (2) If such appeal is based upon the failure of the rating  
786 organization to make a filing on behalf of such member or  
787 subscriber which is based on a system of expense provisions  
788 which differs, in accordance with the right granted in s.  
789 627.072(3) ~~627.072(2)~~, from the system of expense provisions  
790 included in a filing made by the rating organization, the office  
791 shall, if it grants the appeal, order the rating organization to  
792 make the requested filing for use by the appellant. In deciding  
793 such appeal, the office shall apply the applicable standards set  
794 forth in ss. 627.062 and 627.072.

795 Section 17. Section 627.3519, Florida Statutes, is  
796 repealed.

797 Section 18. Paragraph (b) of subsection (2) of section  
798 627.4133, Florida Statutes, is amended to read:

799 627.4133 Notice of cancellation, nonrenewal, or renewal  
800 premium.—

801 (2) With respect to any personal lines or commercial  
802 residential property insurance policy, including, but not  
803 limited to, any homeowner's, mobile home owner's, farmowner's,  
804 condominium association, condominium unit owner's, apartment  
805 building, or other policy covering a residential structure or  
806 its contents:

807 (b) The insurer shall give the first-named insured written  
808 notice of nonrenewal, cancellation, or termination at least 100  
809 days before the effective date of the nonrenewal, cancellation,  
810 or termination. ~~However, the insurer shall give at least 100~~  
811 ~~days' written notice, or written notice by June 1, whichever is~~  
812 ~~earlier, for any nonrenewal, cancellation, or termination that~~

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813 ~~would be effective between June 1 and November 30.~~ The notice  
814 must include the reason or reasons for the nonrenewal,  
815 cancellation, or termination, except that:

816 ~~1. The insurer shall give the first-named insured written~~  
817 ~~notice of nonrenewal, cancellation, or termination at least 120~~  
818 ~~days prior to the effective date of the nonrenewal,~~  
819 ~~cancellation, or termination for a first-named insured whose~~  
820 ~~residential structure has been insured by that insurer or an~~  
821 ~~affiliated insurer for at least a 5-year period immediately~~  
822 ~~prior to the date of the written notice.~~

823 1.2. If cancellation is for nonpayment of premium, at least  
824 10 days' written notice of cancellation accompanied by the  
825 reason therefor must be given. As used in this subparagraph, the  
826 term "nonpayment of premium" means failure of the named insured  
827 to discharge when due her or his obligations for in connection  
828 ~~with~~ the payment of premiums on a policy or any installment of  
829 such premium, whether the premium is payable directly to the  
830 insurer or its agent or indirectly under any premium finance  
831 plan or extension of credit, or failure to maintain membership  
832 in an organization if such membership is a condition precedent  
833 to insurance coverage. The term also means the failure of a  
834 financial institution to honor an insurance applicant's check  
835 after delivery to a licensed agent for payment of a premium,  
836 even if the agent has previously delivered or transferred the  
837 premium to the insurer. If a dishonored check represents the  
838 initial premium payment, the contract and all contractual  
839 obligations are void ab initio unless the nonpayment is cured  
840 within the earlier of 5 days after actual notice by certified  
841 mail is received by the applicant or 15 days after notice is

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842 sent to the applicant by certified mail or registered mail, ~~and~~  
843 If the contract is void, any premium received by the insurer  
844 from a third party must be refunded to that party in full.

845 ~~2.3.~~ If ~~such~~ cancellation or termination occurs during the  
846 first 90 days the insurance is in force and the insurance is  
847 canceled or terminated for reasons other than nonpayment of  
848 premium, at least 20 days' written notice of cancellation or  
849 termination accompanied by the reason therefor must be given  
850 unless there has been a material misstatement or  
851 misrepresentation or failure to comply with the underwriting  
852 requirements established by the insurer.

853 3. After the policy has been in effect for 90 days, the  
854 policy may not be canceled by the insurer unless there has been  
855 a material misstatement, a nonpayment of premium, a failure to  
856 comply with underwriting requirements established by the insurer  
857 within 90 days after the date of effectuation of coverage, or a  
858 substantial change in the risk covered by the policy or if the  
859 cancellation is for all insureds under such policies for a given  
860 class of insureds. This subparagraph does not apply to  
861 individually rated risks having a policy term of less than 90  
862 days.

863 ~~4. The requirement for providing written notice by June 1~~  
864 ~~of any nonrenewal that would be effective between June 1 and~~  
865 ~~November 30 does not apply to the following situations, but the~~  
866 ~~insurer remains subject to the requirement to provide such~~  
867 ~~notice at least 100 days before the effective date of~~  
868 ~~nonrenewal:~~

869 ~~a. A policy that is nonrenewed due to a revision in the~~  
870 ~~coverage for sinkhole losses and catastrophic ground cover~~

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871 ~~collapse pursuant to s. 627.706.~~

872 4.b. A policy that is nonrenewed by Citizens Property  
873 Insurance Corporation, pursuant to s. 627.351(6), for a policy  
874 that has been assumed by an authorized insurer offering  
875 replacement coverage to the policyholder is exempt from the  
876 notice requirements of paragraph (a) and this paragraph. In such  
877 cases, the corporation must give the named insured written  
878 notice of nonrenewal at least 45 days before the effective date  
879 of the nonrenewal.

880

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

890 5. Notwithstanding any other provision of law, an insurer  
891 may cancel or nonrenew a property insurance policy after at  
892 least 45 days' notice if the office finds that the early  
893 cancellation of some or all of the insurer's policies is  
894 necessary to protect the best interests of the public or  
895 policyholders and the office approves the insurer's plan for  
896 early cancellation or nonrenewal of some or all of its policies.  
897 The office may base such finding upon the financial condition of  
898 the insurer, lack of adequate reinsurance coverage for hurricane  
899 risk, or other relevant factors. The office may condition its

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900 finding on the consent of the insurer to be placed under  
901 administrative supervision pursuant to s. 624.81 or to the  
902 appointment of a receiver under chapter 631.

903 6. A policy covering both a home and motor vehicle may be  
904 nonrenewed for any reason applicable to ~~either~~ the property or  
905 motor vehicle insurance after providing 90 days' notice.

906 Section 19. Subsection (1) of section 627.4137, Florida  
907 Statutes, is amended to read:

908 627.4137 Disclosure of certain information required.-

909 (1) Each insurer that provides ~~which does~~ or may provide  
910 liability insurance coverage to pay all or a portion of any  
911 claim that ~~which~~ might be made shall provide, within 30 days  
912 after ~~of~~ the written request of the claimant, a statement, under  
913 oath, of a corporate officer or the insurer's claims manager, or ~~or~~  
914 superintendent, or licensed company adjuster setting forth the  
915 following information with regard to each known policy of  
916 insurance, including excess or umbrella insurance:

917 (a) The name of the insurer.

918 (b) The name of each insured.

919 (c) The limits of the liability coverage.

920 (d) A statement of any policy or coverage defense that the  
921 ~~which such~~ insurer reasonably believes is available to the ~~such~~  
922 insurer at the time of filing such statement.

923 (e) A copy of the policy.

924

925 In addition, the insured, or her or his insurance agent, upon  
926 written request of the claimant or the claimant's attorney,  
927 shall disclose the name and coverage of each known insurer to  
928 the claimant and shall forward such request for information as



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929 required by this subsection to all affected insurers. The  
930 insurer shall then supply the information required in this  
931 subsection to the claimant within 30 days after ~~of~~ receipt of  
932 such request.

933 Section 20. Subsection (1) of section 627.421, Florida  
934 Statutes, is amended to read:

935 627.421 Delivery of policy.—

936 (1) Subject to the insurer's requirement as to payment of  
937 premium, every policy shall be mailed or delivered to the  
938 insured or to the person entitled thereto not later than 60 days  
939 after the effectuation of coverage. Notwithstanding any other  
940 provision of law, an insurer may allow a policyholder to elect  
941 delivery of the policy documents, including, but not limited to,  
942 policies, endorsements, notices, or documents, by electronic  
943 means in lieu of delivery by mail.

944 Section 21. Subsection (2) of section 627.43141, Florida  
945 Statutes, is amended to read:

946 627.43141 Notice of change in policy terms.—

947 (2) A renewal policy may contain a change in policy terms.  
948 If a renewal policy contains ~~does contain~~ such change, the  
949 insurer must give the named insured written notice of the  
950 change, which may either ~~must~~ be enclosed along with the written  
951 notice of renewal premium required by ss. 627.4133 and 627.728  
952 or sent in a separate notice that complies with the nonrenewal  
953 mailing time requirement for that particular line of business.  
954 The insurer must also provide or make available electronically  
955 to the insured's insurance agent such notice before or at the  
956 same time notice is given to the insured. Such notice shall be  
957 entitled "Notice of Change in Policy Terms."

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958 Section 22. Subsection (7) of section 627.701, Florida  
959 Statutes, is amended to read:

960 627.701 Liability of insureds; coinsurance; deductibles.—

961 (7) Before ~~Prior to~~ issuing a personal lines residential  
962 property insurance policy on or after January 1, 2014 ~~April 1,~~  
963 ~~1997,~~ or before ~~prior to~~ the first renewal of a residential  
964 property insurance policy on or after January 1, 2014 ~~April 1,~~  
965 ~~1997,~~ the insurer must offer a deductible equal to \$500, or  
966 equal to 1 percent of the policy dwelling limits if such amount  
967 is not less than \$500, applicable to losses from perils other  
968 than hurricane. ~~The insurer must provide the policyholder with~~  
969 ~~notice of the availability of the deductible specified in this~~  
970 ~~subsection in a form approved by the office at least once every~~  
971 ~~3 years. The failure to provide such notice constitutes a~~  
972 ~~violation of this code but does not affect the coverage provided~~  
973 ~~under the policy.~~ An insurer may require a higher deductible  
974 only as part of a deductible program lawfully in effect on June  
975 1, 1996, or as part of a similar deductible program.

976 Section 23. Paragraph (b) of subsection (4) of section  
977 627.7015, Florida Statutes, is amended to read:

978 627.7015 Alternative procedure for resolution of disputed  
979 property insurance claims.—

980 (4) The department shall adopt by rule a property insurance  
981 mediation program to be administered by the department or its  
982 designee. The department may also adopt special rules which are  
983 applicable in cases of an emergency within the state. The rules  
984 shall be modeled after practices and procedures set forth in  
985 mediation rules of procedure adopted by the Supreme Court. The  
986 rules shall provide for:

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987           (b) Qualifications, denial of application, suspension,  
988 revocation, and other penalties for ~~of~~ mediators as provided in  
989 s. 627.745 ~~and in the Florida Rules of Certified and Court~~  
990 ~~Appointed Mediators, and for such other individuals as are~~  
991 ~~qualified by education, training, or experience as the~~  
992 ~~department determines to be appropriate.~~

993           Section 24. Section 627.70151, Florida Statutes, is created  
994 to read:

995           627.70151 Appraisal; conflicts of interest.—An insurer that  
996 offers residential coverage, as defined in s. 627.4025, or a  
997 policyholder that uses an appraisal clause in the property  
998 insurance contract to establish a process of estimating or  
999 evaluating the amount of the loss through the use of an  
1000 impartial umpire may challenge the umpire's impartiality and  
1001 disqualify the proposed umpire only if:

1002           (1) A familial relationship within the third degree exists  
1003 between the umpire and any party or a representative of any  
1004 party;

1005           (2) The umpire has previously represented any party or a  
1006 representative of any party in a professional capacity in the  
1007 same or a substantially related matter;

1008           (3) The umpire has represented another person in a  
1009 professional capacity on the same or a substantially related  
1010 matter, including the claim, on the same property, or on an  
1011 adjacent property and that other person's interests are  
1012 materially adverse to the interests of any party; or

1013           (4) The umpire has worked as an employer or employee of any  
1014 party within the preceding 5 years.

1015           Section 25. Subsection (1) and paragraph (c) of subsection

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1016 (2) of section 627.706, Florida Statutes, are amended to read:

1017 627.706 Sinkhole insurance; catastrophic ground cover  
1018 collapse; definitions.—

1019 (1) (a) Every insurer authorized to transact property  
1020 insurance in this state must provide coverage for a catastrophic  
1021 ground cover collapse.

1022 (b) The insurer shall make available, for an appropriate  
1023 additional premium, coverage for sinkhole losses on any  
1024 structure, including the contents of personal property contained  
1025 therein, to the extent provided in the form to which the  
1026 coverage attaches. The insurer may require an inspection of the  
1027 property before issuance of sinkhole loss coverage. A policy for  
1028 ~~residential~~ property insurance may include a deductible amount  
1029 applicable to sinkhole losses equal to 1 percent, 2 percent, 5  
1030 percent, or 10 percent of the policy's covered building policy  
1031 ~~dwelling~~ limits, with appropriate premium discounts offered with  
1032 each deductible amount.

1033 (c) The insurer may restrict catastrophic ground cover  
1034 collapse and sinkhole loss coverage to the principal building,  
1035 as defined in the applicable policy.

1036 (2) As used in ss. 627.706-627.7074, and as used in  
1037 connection with any policy providing coverage for a catastrophic  
1038 ground cover collapse or for sinkhole losses, the term:

1039 (c) "Neutral evaluator" means a professional engineer or a  
1040 professional geologist who has completed a course of study in  
1041 alternative dispute resolution designed or approved by the  
1042 department for use in the neutral evaluation process, ~~and~~ and who is  
1043 determined by the department to be fair and impartial, and who  
1044 is not otherwise ineligible for certification as provided in s.

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1045 627.7074.

1046 Section 26. Subsection (1) of section 627.7074, Florida  
1047 Statutes, is amended to read:

1048 627.7074 Alternative procedure for resolution of disputed  
1049 sinkhole insurance claims.—

1050 (1) The department shall:

1051 (a) Certify and maintain a list of persons who are neutral  
1052 evaluators.

1053 (b) Adopt rules for certifying, denying certification,  
1054 suspending certification, and revoking certification as a  
1055 neutral evaluator, in keeping with qualifications specified in  
1056 this section and ss. 627.706 and 627.745(4).

1057 (c) ~~(b)~~ Prepare a consumer information pamphlet for  
1058 distribution by insurers to policyholders which clearly  
1059 describes the neutral evaluation process and includes  
1060 information necessary for the policyholder to request a neutral  
1061 evaluation.

1062 Section 27. Paragraph (a) of subsection (5) of section  
1063 627.736, Florida Statutes, is amended to read:

1064 627.736 Required personal injury protection benefits;  
1065 exclusions; priority; claims.—

1066 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

1067 (a) A physician, hospital, clinic, or other person or  
1068 institution lawfully rendering treatment to an injured person  
1069 for a bodily injury covered by personal injury protection  
1070 insurance may charge the insurer and injured party only a  
1071 reasonable amount pursuant to this section for the services and  
1072 supplies rendered, and the insurer providing such coverage may  
1073 pay for such charges directly to such person or institution

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1074 lawfully rendering such treatment if the insured receiving such  
1075 treatment or his or her guardian has countersigned the properly  
1076 completed invoice, bill, or claim form approved by the office  
1077 upon which such charges are to be paid for as having actually  
1078 been rendered, to the best knowledge of the insured or his or  
1079 her guardian. However, such a charge may not exceed the amount  
1080 the person or institution customarily charges for like services  
1081 or supplies. In determining whether a charge for a particular  
1082 service, treatment, or otherwise is reasonable, consideration  
1083 may be given to evidence of usual and customary charges and  
1084 payments accepted by the provider involved in the dispute,  
1085 reimbursement levels in the community and various federal and  
1086 state medical fee schedules applicable to motor vehicle and  
1087 other insurance coverages, and other information relevant to the  
1088 reasonableness of the reimbursement for the service, treatment,  
1089 or supply.

1090 1. The insurer may limit reimbursement to 80 percent of the  
1091 following schedule of maximum charges:

1092 a. For emergency transport and treatment by providers  
1093 licensed under chapter 401, 200 percent of Medicare.

1094 b. For emergency services and care provided by a hospital  
1095 licensed under chapter 395, 75 percent of the hospital's usual  
1096 and customary charges.

1097 c. For emergency services and care as defined by s. 395.002  
1098 provided in a facility licensed under chapter 395 rendered by a  
1099 physician or dentist, and related hospital inpatient services  
1100 rendered by a physician or dentist, the usual and customary  
1101 charges in the community.

1102 d. For hospital inpatient services, other than emergency

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1103 services and care, 200 percent of the Medicare Part A  
 1104 prospective payment applicable to the specific hospital  
 1105 providing the inpatient services.

1106 e. For hospital outpatient services, other than emergency  
 1107 services and care, 200 percent of the Medicare Part A Ambulatory  
 1108 Payment Classification for the specific hospital providing the  
 1109 outpatient services.

1110 f. For all other medical services, supplies, and care, 200  
 1111 percent of the allowable amount under:

1112 (I) The participating physicians fee schedule of Medicare  
 1113 Part B, except as provided in sub-sub-subparagraphs (II) and  
 1114 (III).

1115 (II) Medicare Part B, in the case of services, supplies,  
 1116 and care provided by ambulatory surgical centers and clinical  
 1117 laboratories.

1118 (III) The Durable Medical Equipment Prosthetics/Orthotics  
 1119 and Supplies fee schedule of Medicare Part B, in the case of  
 1120 durable medical equipment.

1121  
 1122 However, if such services, supplies, or care is not reimbursable  
 1123 under Medicare Part B, as provided in this sub-subparagraph, the  
 1124 insurer may limit reimbursement to 80 percent of the maximum  
 1125 reimbursable allowance under workers' compensation, as  
 1126 determined under s. 440.13 and rules adopted thereunder which  
 1127 are in effect at the time such services, supplies, or care is  
 1128 provided. Services, supplies, or care that is not reimbursable  
 1129 under Medicare or workers' compensation is not required to be  
 1130 reimbursed by the insurer.

1131 2. For purposes of subparagraph 1., the applicable fee

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1132 schedule or payment limitation under Medicare is the fee  
1133 schedule or payment limitation in effect on March 1 of the year  
1134 in which the services, supplies, or care is rendered and for the  
1135 area in which such services, supplies, or care is rendered, and  
1136 the applicable fee schedule or payment limitation applies until  
1137 March 1 of the following ~~throughout the remainder of that year,~~  
1138 notwithstanding any subsequent change made to the fee schedule  
1139 or payment limitation, except that it may not be less than the  
1140 allowable amount under the applicable schedule of Medicare Part  
1141 B for 2007 for medical services, supplies, and care subject to  
1142 Medicare Part B.

1143 3. Subparagraph 1. does not allow the insurer to apply any  
1144 limitation on the number of treatments or other utilization  
1145 limits that apply under Medicare or workers' compensation. An  
1146 insurer that applies the allowable payment limitations of  
1147 subparagraph 1. must reimburse a provider who lawfully provided  
1148 care or treatment under the scope of his or her license,  
1149 regardless of whether such provider is entitled to reimbursement  
1150 under Medicare due to restrictions or limitations on the types  
1151 or discipline of health care providers who may be reimbursed for  
1152 particular procedures or procedure codes. However, subparagraph  
1153 1. does not prohibit an insurer from using the Medicare coding  
1154 policies and payment methodologies of the federal Centers for  
1155 Medicare and Medicaid Services, including applicable modifiers,  
1156 to determine the appropriate amount of reimbursement for medical  
1157 services, supplies, or care if the coding policy or payment  
1158 methodology does not constitute a utilization limit.

1159 4. If an insurer limits payment as authorized by  
1160 subparagraph 1., the person providing such services, supplies,



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1161 or care may not bill or attempt to collect from the insured any  
1162 amount in excess of such limits, except for amounts that are not  
1163 covered by the insured's personal injury protection coverage due  
1164 to the coinsurance amount or maximum policy limits.

1165 5. Effective July 1, 2012, an insurer may limit payment as  
1166 authorized by this paragraph only if the insurance policy  
1167 includes a notice at the time of issuance or renewal that the  
1168 insurer may limit payment pursuant to the schedule of charges  
1169 specified in this paragraph. A policy form approved by the  
1170 office satisfies this requirement. If a provider submits a  
1171 charge for an amount less than the amount allowed under  
1172 subparagraph 1., the insurer may pay the amount of the charge  
1173 submitted.

1174 Section 28. Subsection (3) of section 627.745, Florida  
1175 Statutes, is amended, present subsections (4) and (5) of that  
1176 section are renumbered as subsections (5) and (6), respectively,  
1177 and a new subsection (4) is added to that section, to read:

1178 627.745 Mediation of claims.—

1179 (3) (a) The department shall approve mediators to conduct  
1180 mediations pursuant to this section. All mediators must file an  
1181 application under oath for approval as a mediator.

1182 (b) To qualify for approval as a mediator, an individual a  
1183 ~~person~~ must meet one of the following qualifications:

1184 1. Possess an active certification as a Florida Circuit  
1185 Court Mediator. A Florida Circuit Court Mediator in a lapsed,  
1186 suspended, or decertified status is not eligible to participate  
1187 in the mediation program ~~a masters or doctorate degree in~~  
1188 ~~psychology, counseling, business, accounting, or economics, be a~~  
1189 ~~member of The Florida Bar, be licensed as a certified public~~

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1190 ~~accountant, or demonstrate that the applicant for approval has~~  
1191 ~~been actively engaged as a qualified mediator for at least 4~~  
1192 ~~years prior to July 1, 1990.~~

1193 2. Be an approved department mediator as of July 1, 2013,  
1194 and have conducted at least one mediation on behalf of the  
1195 department within 4 years immediately preceding that the date  
1196 ~~the application for approval is filed with the department, have~~  
1197 ~~completed a minimum of a 40-hour training program approved by~~  
1198 ~~the department and successfully passed a final examination~~  
1199 ~~included in the training program and approved by the department.~~  
1200 ~~The training program shall include and address all of the~~  
1201 ~~following:~~

1202 ~~a. Mediation theory.~~

1203 ~~b. Mediation process and techniques.~~

1204 ~~c. Standards of conduct for mediators.~~

1205 ~~d. Conflict management and intervention skills.~~

1206 ~~e. Insurance nomenclature.~~

1207 (4) The department shall deny an application, or revoke its  
1208 approval of a mediator or neutral evaluator to serve in such  
1209 capacity, if the department finds that any of the following  
1210 grounds exist:

1211 (a) Lack of one or more of the qualifications specified in  
1212 this section for approval or certification.

1213 (b) Material misstatement, misrepresentation, or fraud in  
1214 obtaining or attempting to obtain the approval or certification.

1215 (c) Demonstrated lack of fitness or trustworthiness to act  
1216 as a mediator or neutral evaluator.

1217 (d) Fraudulent or dishonest practices in the conduct of  
1218 mediation or neutral evaluation or in the conduct of business in

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1219 the financial services industry.

1220 (e) Violation of any provision of this code or of a lawful  
1221 order or rule of the department or aiding, instructing, or  
1222 encouraging another party in committing such a violation.

1223

1224 The department may adopt rules to administer this subsection.

1225 Section 29. Paragraph (b) of subsection (1) of section  
1226 627.952, Florida Statutes, is amended to read:

1227 627.952 Risk retention and purchasing group agents.—

1228 (1) Any person offering, soliciting, selling, purchasing,  
1229 administering, or otherwise servicing insurance contracts,  
1230 certificates, or agreements for any purchasing group or risk  
1231 retention group to any resident of this state, either directly  
1232 or indirectly, by the use of mail, advertising, or other means  
1233 of communication, shall obtain a license and appointment to act  
1234 as a resident general lines agent, if a resident of this state,  
1235 or a nonresident general lines agent if not a resident. Any such  
1236 person shall be subject to all requirements of the Florida  
1237 Insurance Code.

1238 (b) Any person required to be licensed and appointed under  
1239 this subsection, in order to place business through Florida  
1240 eligible surplus lines carriers, must, if a resident of this  
1241 state, be licensed and appointed as a surplus lines agent. If  
1242 not a resident of this state, such person must be licensed and  
1243 appointed as a surplus lines agent in her or his state of  
1244 residence and ~~file and maintain a fidelity bond in favor of the~~  
1245 ~~people of the State of Florida executed by a surety company~~  
1246 ~~admitted in this state and payable to the State of Florida;~~  
1247 ~~however, such nonresident is limited to the provision of~~

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1248 ~~insurance for purchasing groups. The bond must be continuous in~~  
1249 ~~form and in the amount of not less than \$50,000, aggregate~~  
1250 ~~liability. The bond must remain in force and effect until the~~  
1251 ~~surety is released from liability by the department or until the~~  
1252 ~~bond is canceled by the surety. The surety may cancel the bond~~  
1253 ~~and be released from further liability upon 30 days' prior~~  
1254 ~~written notice to the department. The cancellation does not~~  
1255 ~~affect any liability incurred or accrued before the termination~~  
1256 ~~of the 30-day period. Upon receipt of a notice of cancellation,~~  
1257 ~~the department shall immediately notify the agent.~~

1258 Section 30. Subsection (6) of section 627.971, Florida  
1259 Statutes, is amended to read:

1260 627.971 Definitions.—As used in this part:

1261 (6) "Financial guaranty insurance corporation" means a  
1262 stock or mutual insurer licensed to transact financial guaranty  
1263 insurance business in this state.

1264 Section 31. Subsection (1) of section 627.972, Florida  
1265 Statutes, is amended to read:

1266 627.972 Organization; financial requirements.—

1267 (1) A financial guaranty insurance corporation must be  
1268 organized and licensed in the manner prescribed in this code for  
1269 stock or mutual property and casualty insurers except that:

1270 (a) A corporation organized to transact financial guaranty  
1271 insurance may, subject to the provisions of this code, be  
1272 licensed to transact:

- 1273 1. Residual value insurance, as defined by s. 624.6081;
- 1274 2. Surety insurance, as defined by s. 624.606;
- 1275 3. Credit insurance, as defined by s. 624.605(1)(i); and
- 1276 4. Mortgage guaranty insurance as defined in s. 635.011,

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1277 provided that the provisions of chapter 635 are met.

1278 (b)1. Before ~~Prior to~~ the issuance of a license, a  
1279 corporation must submit to the office for approval, a plan of  
1280 operation detailing:

1281 a. The types and projected diversification of guaranties to  
1282 be issued;

1283 b. The underwriting procedures to be followed;

1284 c. The managerial oversight methods;

1285 d. The investment policies; and

1286 e. Any other matters prescribed by the office;

1287 2. An insurer which is writing only the types of insurance  
1288 allowed under this part on July 1, 1988, and otherwise meets the  
1289 requirements of this part, is exempt from the requirements of  
1290 this paragraph.

1291 (c) An insurer transacting financial guaranty insurance is  
1292 subject to all provisions of this code that are applicable to  
1293 property and casualty insurers to the extent that those  
1294 provisions are not inconsistent with this part.

1295 (d) The investments of an insurer transacting financial  
1296 guaranty insurance in any entity insured by the corporation may  
1297 not exceed 2 percent of its admitted assets as of the end of the  
1298 prior calendar year.

1299 (e) An insurer transacting financial guaranty insurance may  
1300 only assume those lines of insurance for which it is licensed to  
1301 write direct business.

1302 Section 32. Subsection (13) of section 628.901, Florida  
1303 Statutes, is amended to read:

1304 628.901 Definitions.—As used in this part, the term:

1305 (13) "Qualifying reinsurer parent company" means a

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1306 reinsurer that ~~which~~ currently holds a certificate of authority  
 1307 or a letter of eligibility or is an accredited ~~or a~~  
 1308 ~~satisfactory non-approved~~ reinsurer in this state possessing a  
 1309 consolidated GAAP net worth of at least \$500 million and a  
 1310 consolidated debt to total capital ratio of not greater than  
 1311 0.50.

1312 Section 33. Paragraph (a) of subsection (2) and paragraph  
 1313 (a) of subsection (3) of section 628.909, Florida Statutes, are  
 1314 amended to read:

1315 628.909 Applicability of other laws.—

1316 (2) The following provisions of the Florida Insurance Code  
 1317 apply to captive insurers who are not industrial insured captive  
 1318 insurers to the extent that such provisions are not inconsistent  
 1319 with this part:

1320 (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,  
 1321 624.40851, 624.4095, 624.411, 624.425, and 624.426.

1322 (3) The following provisions of the Florida Insurance Code  
 1323 apply to industrial insured captive insurers to the extent that  
 1324 such provisions are not inconsistent with this part:

1325 (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,  
 1326 624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).

1327 Section 34. Present subsection (8) of section 634.406,  
 1328 Florida Statutes, is renumbered as subsection (7), and present  
 1329 subsections (6) and (7) of that section are amended, to read:

1330 634.406 Financial requirements.—

1331 (6) An association that ~~which~~ holds a license under this  
 1332 part ~~and which does not hold any other license under this~~  
 1333 ~~chapter~~ may allow its premiums written under this part to exceed  
 1334 the ratio to net assets limitations of this section if the

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1335 association meets all of the following:

1336 (a) Maintains net assets of at least \$750,000.

1337 (b) Utilizes a contractual liability insurance policy  
1338 approved by the office which:

1339 1. Reimburses the service warranty association for 100  
1340 percent of its claims liability and is issued by an insurer that  
1341 maintains a policyholder surplus of at least \$100 million; or

1342 2. Complies with the requirements of subsection (3) and is  
1343 issued by an insurer that maintains a policyholder surplus of at  
1344 least \$200 million.

1345 (c) The insurer issuing the contractual liability insurance  
1346 policy:

1347 ~~1. Maintains a policyholder surplus of at least \$100~~  
1348 ~~million.~~

1349 ~~1.2.~~ Is rated "A" or higher by A.M. Best Company or an  
1350 equivalent rating by another national rating service acceptable  
1351 to the office.

1352 ~~3. Is in no way affiliated with the warranty association.~~

1353 ~~2.4.~~ In conjunction with the warranty association's filing  
1354 of the quarterly and annual reports, provides, on a form  
1355 prescribed by the commission, a statement certifying the gross  
1356 written premiums in force reported by the warranty association  
1357 and a statement that all of the warranty association's gross  
1358 written premium in force is covered under the contractual  
1359 liability policy, whether or not it has been reported.

1360 ~~(7) A contractual liability policy must insure 100 percent~~  
1361 ~~of an association's claims exposure under all of the~~  
1362 ~~association's service warranty contracts, wherever written,~~  
1363 ~~unless all of the following are satisfied:~~

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1364       ~~(a) The contractual liability policy contains a clause that~~  
1365 ~~specifically names the service warranty contract holders as sole~~  
1366 ~~beneficiaries of the contractual liability policy and claims are~~  
1367 ~~paid directly to the person making a claim under the contract;~~

1368       ~~(b) The contractual liability policy meets all other~~  
1369 ~~requirements of this part, including subsection (3) of this~~  
1370 ~~section, which are not inconsistent with this subsection;~~

1371       ~~(c) The association has been in existence for at least 5~~  
1372 ~~years or the association is a wholly owned subsidiary of a~~  
1373 ~~corporation that has been in existence and has been licensed as~~  
1374 ~~a service warranty association in the state for at least 5~~  
1375 ~~years, and:~~

1376           ~~1. Is listed and traded on a recognized stock exchange; is~~  
1377 ~~listed in NASDAQ (National Association of Security Dealers~~  
1378 ~~Automated Quotation system) and publicly traded in the over-the-~~  
1379 ~~counter securities market; is required to file either of Form~~  
1380 ~~10-K, Form 100, or Form 20-G with the United States Securities~~  
1381 ~~and Exchange Commission; or has American Depository Receipts~~  
1382 ~~listed on a recognized stock exchange and publicly traded or is~~  
1383 ~~the wholly owned subsidiary of a corporation that is listed and~~  
1384 ~~traded on a recognized stock exchange; is listed in NASDAQ~~  
1385 ~~(National Association of Security Dealers Automated Quotation~~  
1386 ~~system) and publicly traded in the over-the-counter securities~~  
1387 ~~market; is required to file Form 10-K, Form 100, or Form 20-G~~  
1388 ~~with the United States Securities and Exchange Commission; or~~  
1389 ~~has American Depository Receipts listed on a recognized stock~~  
1390 ~~exchange and is publicly traded;~~

1391           ~~2. Maintains outstanding debt obligations, if any, rated in~~  
1392 ~~the top four rating categories by a recognized rating service;~~



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1393 ~~3. Has and maintains at all times a minimum net worth of~~  
1394 ~~not less than \$10 million as evidenced by audited financial~~  
1395 ~~statements prepared by an independent certified public~~  
1396 ~~accountant in accordance with generally accepted accounting~~  
1397 ~~principles and submitted to the office annually; and~~

1398 ~~4. Is authorized to do business in this state; and~~

1399 ~~(d) The insurer issuing the contractual liability policy:~~

1400 ~~1. Maintains and has maintained for the preceding 5 years,~~  
1401 ~~policyholder surplus of at least \$100 million and is rated "A"~~  
1402 ~~or higher by A.M. Best Company or has an equivalent rating by~~  
1403 ~~another rating company acceptable to the office;~~

1404 ~~2. Holds a certificate of authority to do business in this~~  
1405 ~~state and is approved to write this type of coverage; and~~

1406 ~~3. Acknowledges to the office quarterly that it insures all~~  
1407 ~~of the association's claims exposure under contracts delivered~~  
1408 ~~in this state.~~

1409  
1410 ~~If all the preceding conditions are satisfied, then the scope of~~  
1411 ~~coverage under a contractual liability policy shall not be~~  
1412 ~~required to exceed an association's claims exposure under~~  
1413 ~~service warranty contracts delivered in this state.~~

1414 Section 35. This act shall take effect upon becoming a law.