

LEGISLATIVE ACTION

Senate Comm: RCS 02/24/2021 House

The Committee on Judiciary (Broxson and Brandes) recommended the following:

Senate Amendment (with title amendment)

Delete lines 614 - 3268

and insert:

Section 12. Subsections (1) and (7) and paragraph (c) of subsection (9) of section 324.021, Florida Statutes, are amended, and subsection (12) is added to that section, to read:

324.021 Definitions; minimum insurance required.—The following words and phrases when used in this chapter shall, for the purpose of this chapter, have the meanings respectively

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Page 1 of 110



11 ascribed to them in this section, except in those instances 12 where the context clearly indicates a different meaning:

13 (1) MOTOR VEHICLE.-Every self-propelled vehicle that is 14 designed and required to be licensed for use upon a highway, 15 including trailers and semitrailers designed for use with such 16 vehicles, except traction engines, road rollers, farm tractors, 17 power shovels, and well drillers, and every vehicle that is 18 propelled by electric power obtained from overhead wires but not 19 operated upon rails, but not including any personal delivery device or mobile carrier as defined in s. 316.003, bicycle, 20 21 electric bicycle, or moped. However, the term "motor vehicle" 22 does not include a motor vehicle as defined in s. 627.732(3) 23 when the owner of such vehicle has complied with the 24 requirements of ss. 627.730-627.7405, inclusive, unless the 25 provisions of s. 324.051 apply; and, in such case, the 26 applicable proof of insurance provisions of s. 320.02 apply.

(7) PROOF OF FINANCIAL RESPONSIBILITY.-Beginning January 1, 2022, That proof of ability to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle:

(a) With respect to a motor vehicle other than a commercial motor vehicle, nonpublic sector bus, or for-hire passenger transportation vehicle, in the amounts specified in s. 324.022(1). amount of \$10,000 because of bodily injury to, or death of, one person in any one crash;

(b) Subject to such limits for one person, in the amount of 37 \$20,000 because of bodily injury to, or death of, two or more 38 persons in any one crash;

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(c) In the amount of \$10,000 because of injury to, or

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40	destruction of, property of others in any one crash; and
41	(b) (d) With respect to commercial motor vehicles and
42	nonpublic sector buses, in the amounts specified in <u>s. 627.7415</u>
43	ss. 627.7415 and 627.742, respectively.
44	(c) With respect to nonpublic sector buses, in the amounts
45	specified in s. 627.742.
46	(d) With respect to for-hire passenger transportation
47	vehicles, in the amounts specified in s. 324.032.
48	(9) OWNER; OWNER/LESSOR
49	(c) Application
50	1. The limits on liability in subparagraphs (b)2. and 3. do
51	not apply to an owner of motor vehicles that are used for
52	commercial activity in the owner's ordinary course of business,
53	other than a rental company that rents or leases motor vehicles.
54	For purposes of this paragraph, the term "rental company"
55	includes only an entity that is engaged in the business of
56	renting or leasing motor vehicles to the general public and that
57	rents or leases a majority of its motor vehicles to persons with
58	no direct or indirect affiliation with the rental company. The
59	term "rental company" also includes:
60	a. A related rental or leasing company that is a subsidiary
61	of the same parent company as that of the renting or leasing
62	company that rented or leased the vehicle.
63	b. The holder of a motor vehicle title or an equity
64	interest in a motor vehicle title if the title or equity
65	interest is held pursuant to or to facilitate an asset-backed
66	securitization of a fleet of motor vehicles used solely in the
67	business of renting or leasing motor vehicles to the general
68	public and under the dominion and control of a rental company,



69 as described in this subparagraph, in the operation of such 70 rental company's business.

71 2. Furthermore, with respect to commercial motor vehicles 72 as defined in s. 207.002 or s. 320.01 <del>s. 627.732</del>, the limits on 73 liability in subparagraphs (b)2. and 3. do not apply if, at the 74 time of the incident, the commercial motor vehicle is being used 75 in the transportation of materials found to be hazardous for the 76 purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is 77 78 required pursuant to such act to carry placards warning others 79 of the hazardous cargo, unless at the time of lease or rental 80 either:

a. The lessee indicates in writing that the vehicle will not be used to transport materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq.; or

b. The lessee or other operator of the commercial motor
vehicle has in effect insurance with limits of at least \$5
<u>million</u> \$5,000,000 combined property damage and bodily injury
liability.

89 3.a. A motor vehicle dealer, or a motor vehicle dealer's 90 leasing or rental affiliate, that provides a temporary 91 replacement vehicle at no charge or at a reasonable daily charge 92 to a service customer whose vehicle is being held for repair, 93 service, or adjustment by the motor vehicle dealer is immune 94 from any cause of action and is not liable, vicariously or 95 directly, under general law solely by reason of being the owner 96 of the temporary replacement vehicle for harm to persons or property that arises out of the use, or operation, of the 97

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98 temporary replacement vehicle by any person during the period 99 the temporary replacement vehicle has been entrusted to the 100 motor vehicle dealer's service customer if there is no 101 negligence or criminal wrongdoing on the part of the motor 102 vehicle owner, or its leasing or rental affiliate.

103 b. For purposes of this section, and notwithstanding any other provision of general law, a motor vehicle dealer, or a 104 105 motor vehicle dealer's leasing or rental affiliate, that gives 106 possession, control, or use of a temporary replacement vehicle to a motor vehicle dealer's service customer may not be adjudged 107 liable in a civil proceeding absent negligence or criminal 108 109 wrongdoing on the part of the motor vehicle dealer, or the motor 110 vehicle dealer's leasing or rental affiliate, if the motor 111 vehicle dealer or the motor vehicle dealer's leasing or rental 112 affiliate executes a written rental or use agreement and obtains 113 from the person receiving the temporary replacement vehicle a 114 copy of the person's driver license and insurance information 115 reflecting at least the minimum motor vehicle insurance coverage 116 required in the state. Any subsequent determination that the 117 driver license or insurance information provided to the motor 118 vehicle dealer, or the motor vehicle dealer's leasing or rental 119 affiliate, was in any way false, fraudulent, misleading, 120 nonexistent, canceled, not in effect, or invalid does not alter 121 or diminish the protections provided by this section, unless the 122 motor vehicle dealer, or the motor vehicle dealer's leasing or 123 rental affiliate, had actual knowledge thereof at the time 124 possession of the temporary replacement vehicle was provided.

125 c. For purposes of this subparagraph, the term "service 126 customer" does not include an agent or a principal of a motor

Page 5 of 110

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127 vehicle dealer or a motor vehicle dealer's leasing or rental 128 affiliate, and does not include an employee of a motor vehicle 129 dealer or a motor vehicle dealer's leasing or rental affiliate 130 unless the employee was provided a temporary replacement 131 vehicle:

(I) While the employee's personal vehicle was being held for repair, service, or adjustment by the motor vehicle dealer;

(II) In the same manner as other customers who are provided a temporary replacement vehicle while the customer's vehicle is being held for repair, service, or adjustment; and

(III) The employee was not acting within the course and scope of their employment.

(12) FOR-HIRE PASSENGER TRANSPORTATION VEHICLE.-Every forhire vehicle as defined in s. 320.01(15) which is offered or used to provide transportation for persons, including taxicabs, limousines, and jitneys.

Section 13. Section 324.022, Florida Statutes, is amended to read:

324.022 Financial responsibility <u>requirements</u> for property damage.-

(1) (a) Beginning January 1, 2022, every owner or operator of a motor vehicle required to be registered in this state shall establish and <u>continuously</u> maintain the ability to respond in damages for liability on account of accidents arising out of the use of the motor vehicle in the amount of:

152 <u>1. Twenty-five thousand dollars for bodily injury to, or</u> 153 <u>the death of, one person in any one crash and, subject to such</u> 154 <u>limits for one person, in the amount of \$50,000 for bodily</u> 155 <u>injury to, or the death of, two or more persons in any one</u>

Page 6 of 110



156 crash; and 157 2. Ten thousand dollars for \$10,000 because of damage to, 158 or destruction of, property of others in any one crash. 159 (b) The requirements of paragraph (a) this section may be 160 met by one of the methods established in s. 324.031; by self-161 insuring as authorized by s. 768.28(16); or by maintaining a 162 motor vehicle liability insurance policy that an insurance 163 policy providing coverage for property damage liability in the amount of at least \$10,000 because of damage to, or destruction 164 165 of, property of others in any one accident arising out of the 166 use of the motor vehicle. The requirements of this section may 167 also be met by having a policy which provides combined property 168 damage liability and bodily injury liability coverage for any 169 one crash arising out of the ownership, maintenance, or use of a 170 motor vehicle and that conforms to the requirements of s. 171 324.151 in the amount of at least \$60,000 for every owner or 172 operator subject to the financial responsibility required in paragraph (a) \$30,000 for combined property damage liability and 173 174 bodily injury liability for any one crash arising out of the use 175 of the motor vehicle. The policy, with respect to coverage for property damage liability, must meet the applicable requirements 176 of s. 324.151, subject to the usual policy exclusions that have 177 178 been approved in policy forms by the Office of Insurance Regulation. No insurer shall have any duty to defend uncovered 179 180 claims irrespective of their joinder with covered claims. 181 (c) Notwithstanding paragraph (a), the following owners or 182 operators may instead establish and continuously maintain the 183 ability to respond in damages for liability on account of 184 accidents arising out of the use of the motor vehicle in the

Page 7 of 110

406904

185	amount of \$15,000 for bodily injury to, or the death of, one
186	person in any one crash and, subject to such limits for one
187	person, in the amount of \$30,000 for bodily injury to, or the
188	death of, two or more persons in any one crash; and \$10,000 for
189	damage to, or destruction of, property of others in any one
190	crash:
191	1. An owner or operator who has a household income that is
192	200 percent or less of the most current federal poverty
193	guidelines established by the United States Department of Health
194	and Human Services; or
195	2. An owner or operator who meets the definition of a full-
196	time student in a secondary education program under s.
197	1011.61(1)(a) or meets the definition of a full-time student in
198	a postsecondary education program under s. 1009.40.
199	(2) As used in this section, the term:
200	(a) "Motor vehicle" means any self-propelled vehicle that
201	has four or more wheels and that is of a type designed and
202	required to be licensed for use on the highways of this state,
203	and any trailer or semitrailer designed for use with such
204	vehicle. The term does not include the following:
205	1. A mobile home as defined in s. 320.01.
206	2. A motor vehicle that is used in mass transit and
207	designed to transport more than five passengers, exclusive of
208	the operator of the motor vehicle, and that is owned by a
209	municipality, transit authority, or political subdivision of the
210	state.
211	3. A school bus as defined in s. 1006.25, which must
212	maintain security as required under s. 316.615.
213	4. A commercial motor vehicle as defined in s. 207.002 or

Page 8 of 110

406904

214	s. 320.01, which must maintain security as required under ss.
215	324.031 and 627.7415.
216	5. A nonpublic sector bus, which must maintain security as
217	required under ss. 324.031 and 627.742.
218	<u>6.</u> 4. A <del>vehicle providing</del> for-hire <u>passenger</u> transportation
219	vehicle, which must that is subject to the provisions of s.
220	<del>324.031. A taxicab shall</del> maintain security as required under <u>s.</u>
221	<u>324.032</u> <del>s. 324.032(1)</del> .
222	<u>7.</u> 5. A personal delivery device as defined in s. 316.003.
223	8. A motorcycle as defined in s. 320.01(26), unless s.
224	324.051 applies; in such case, paragraph (1)(a) and the
225	applicable proof of insurance provisions of s. 320.02 apply.
226	(b) "Owner" means the person who holds legal title to a
227	motor vehicle or the debtor or lessee who has the right to
228	possession of a motor vehicle that is the subject of a security
229	agreement or lease with an option to purchase.
230	(3) Each nonresident owner or registrant of a motor vehicle
231	that, whether operated or not, has been physically present
232	within this state for more than 90 days during the preceding 365
233	days shall maintain security as required by subsection (1). The
234	security must be that is in effect continuously throughout the
235	period the motor vehicle remains within this state.
236	(4) An The owner or registrant of a motor vehicle who is
237	exempt from the requirements of this section if she or he is a
238	member of the United States Armed Forces and is called to or on
239	active duty outside the United States in an emergency situation
240	is exempt from this section while he or she. The exemption
241	provided by this subsection applies only as long as the member
242	of the Armed Forces is on such active duty. This exemption



243 outside the United States and applies only while the vehicle covered by the security is not operated by any person. Upon 244 245 receipt of a written request by the insured to whom the 246 exemption provided in this subsection applies, the insurer shall 247 cancel the coverages and return any unearned premium or suspend 248 the security required by this section. Notwithstanding s. 249 324.0221(2) = 324.0221(3), the department may not suspend the 250 registration or operator's license of an any owner or registrant of a motor vehicle during the time she or he qualifies for the 251 252 an exemption under this subsection. An Any owner or registrant 253 of a motor vehicle who qualifies for the an exemption under this 254 subsection shall immediately notify the department before prior 255 to and at the end of the expiration of the exemption.

Section 14. Subsections (1) and (2) of section 324.0221, Florida Statutes, are amended to read:

324.0221 Reports by insurers to the department; suspension of driver license and vehicle registrations; reinstatement.-

260 (1) (a) Each insurer that has issued a policy providing 261 personal injury protection coverage or property damage liability 262 coverage shall report the cancellation or nonrenewal thereof to the department within 10 days after the processing date or 263 264 effective date of each cancellation or nonrenewal. Upon the 265 issuance of a policy providing personal injury protection 2.66 coverage or property damage liability coverage to a named 267 insured not previously insured by the insurer during that 268 calendar year, the insurer shall report the issuance of the new 269 policy to the department within 10 days. The report must shall 270 be in the form and format and contain any information required by the department and must be provided in a format that is 271

Page 10 of 110

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272 compatible with the data processing capabilities of the 273 department. Failure by an insurer to file proper reports with the department as required by this subsection constitutes a 274 275 violation of the Florida Insurance Code. These records may shall 276 be used by the department only for enforcement and regulatory 277 purposes, including the generation by the department of data 278 regarding compliance by owners of motor vehicles with the 279 requirements for financial responsibility coverage.

280 (b) With respect to an insurance policy providing personal 281 injury protection coverage or property damage liability 282 coverage, each insurer shall notify the named insured, or the 283 first-named insured in the case of a commercial fleet policy, in 284 writing that any cancellation or nonrenewal of the policy will 285 be reported by the insurer to the department. The notice must 286 also inform the named insured that failure to maintain bodily 287 injury liability personal injury protection coverage and 288 property damage liability coverage on a motor vehicle when 289 required by law may result in the loss of registration and 290 driving privileges in this state and inform the named insured of 291 the amount of the reinstatement fees required by this section. This notice is for informational purposes only, and an insurer is not civilly liable for failing to provide this notice.

(2) The department shall suspend, after due notice and an
opportunity to be heard, the registration and driver license of
any owner or registrant of a motor vehicle <u>for</u> with respect to
which security is required under <u>s. 324.022</u>, <u>s. 324.032</u>, <u>s.</u>
<u>627.7415</u>, <u>or s. 627.742</u> <del>ss. 324.022</del> and 627.733 upon:

(a) The department's records showing that the owner or registrant of such motor vehicle did not have the in full force

292This notice is for in293is not civilly liable294(2) The department295opportunity to be head296any owner or registration297which security is red298627.7415, or s. 627.7299(a) The department300registrant of such ment2/12/20212:27:35 PM

COMMITTEE AMENDMENT

Florida Senate - 2021 Bill No. CS for SB 54



301	and effect when required security in full force and effect that
302	complies with the requirements of ss. 324.022 and 627.733; or
303	(b) Notification by the insurer to the department, in a
304	form approved by the department, of cancellation or termination
305	of the required security.
306	Section 15. Section 324.0222, Florida Statutes, is created
307	to read:
308	324.0222 Application of suspensions for failure to maintain
309	security; reinstatementAll suspensions for failure to maintain
310	required security as required by law in effect before January 1,
311	2022, remain in full force and effect after January 1, 2022. A
312	driver may reinstate a suspended driver license or registration
313	as provided under s. 324.0221.
314	Section 16. Section 324.023, Florida Statutes, is amended
315	to read:
316	324.023 Financial responsibility for bodily injury or
317	deathIn addition to any other financial responsibility
318	required by law, every owner or operator of a motor vehicle that
319	is required to be registered in this state, or that is located
320	within this state, and who, regardless of adjudication of guilt,
321	has been found guilty of or entered a plea of guilty or nolo
322	contendere to a charge of driving under the influence under s.
323	316.193 after October 1, 2007, shall, by one of the methods
324	established in <u>s. 324.031(1)(a) or (b)</u> <del>s. 324.031(1) or (2)</del> ,
325	establish and maintain the ability to respond in damages for
326	liability on account of accidents arising out of the use of a
327	motor vehicle in the amount of \$100,000 because of bodily injury
328	to, or death of, one person in any one crash and, subject to
329	such limits for one person, in the amount of \$300,000 because of

Page 12 of 110



330 bodily injury to, or death of, two or more persons in any one 331 crash and in the amount of \$50,000 because of property damage in 332 any one crash. If the owner or operator chooses to establish and 333 maintain such ability by furnishing a certificate of deposit 334 pursuant to s. 324.031(1)(b) s. 324.031(2), such certificate of 335 deposit must be at least \$350,000. Such higher limits must be 336 carried for a minimum period of 3 years. If the owner or 337 operator has not been convicted of driving under the influence or a felony traffic offense for a period of 3 years from the 338 339 date of reinstatement of driving privileges for a violation of 340 s. 316.193, the owner or operator is shall be exempt from this 341 section.

Section 17. Section 324.031, Florida Statutes, is amended to read:

324.031 Manner of proving financial responsibility.-

345 (1) The owner or operator of a taxicab, limousine, jitney, 346 or any other for-hire passenger transportation vehicle may prove financial responsibility by providing satisfactory evidence of 347 348 holding a motor vehicle liability policy as defined in s. 349 324.021(8) or s. 324.151, which policy is issued by an insurance 350 carrier which is a member of the Florida Insurance Guaranty 351 Association. The operator or owner of a motor vehicle other than 352 a for-hire passenger transportation vehicle any other vehicle 353 may prove his or her financial responsibility by:

(a) (1) Furnishing satisfactory evidence of holding a motor vehicle liability policy as defined in ss. 324.021(8) and 324.151 which provides liability coverage for the motor vehicle being operated;

(b) (2) Furnishing a certificate of self-insurance showing a

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359 deposit of cash in accordance with s. 324.161; or 360 (c) (3) Furnishing a certificate of self-insurance issued by 361 the department in accordance with s. 324.171. 362 (2) Beginning January 1, 2022, any person, including any 363 firm, partnership, association, corporation, or other person, 364 other than a natural person, electing to use the method of proof 365 specified in paragraph (1)(b) subsection (2) shall do both of 366 the following: 367 (a) Furnish a certificate of deposit equal to the number of 368 vehicles owned times \$60,000 <del>\$30,000</del>, up to a maximum of 369 \$240,000. <del>\$120,000;</del> (b) In addition, any such person, other than a natural 370 371 person, shall Maintain insurance providing coverage that meets 372 the requirements of s. 324.151 and has limits of: 373 1. At least \$125,000 for bodily injury to, or the death of, 374 one person in any one crash and, subject to such limits for one 375 person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in any one crash, and \$50,000 for 376 377 damage to, or destruction of, property of others in any one 378 crash; or 379 2. At least \$300,000 for combined bodily injury liability 380 and property damage liability for any one crash in excess of 381 limits of \$10,000/20,000/10,000 or \$30,000 combined single limits, and such excess insurance shall provide minimum limits 382 383 of \$125,000/250,000/50,000 or \$300,000 combined single limits. 384 These increased limits shall not affect the requirements for 385 proving financial responsibility under s. 324.032(1). Section 18. Section 324.032, Florida Statutes, is amended 386 387 to read:

Page 14 of 110

406904

388 324.032 Manner of proving Financial responsibility for;
389 for-hire passenger transportation vehicles.—Notwithstanding the
390 provisions of s. 324.031:

(1) An owner or a lessee of a for-hire passenger transportation vehicle that is required to be registered in this state shall establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the ownership, maintenance, or use of the for-hire passenger transportation vehicle, in the amount of:

(a) One hundred twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in any one crash; and A person who is either the owner or a lessee required to maintain insurance under s. 627.733(1)(b) and who operates one or more taxicabs, limousines, jitneys, or any other for-hire passenger transportation vehicles may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy, but with minimum limits of \$125,000/250,000/50,000.

408 (b) Fifty thousand dollars for damage to, or destruction 409 of, property of others in any one crash A person who is either 410 the owner or a lessee required to maintain insurance under s. 411 324.021(9)(b) and who operates limousines, jitneys, or any other for-hire passenger vehicles, other than taxicabs, may prove 412 413 financial responsibility by furnishing satisfactory evidence of 414 holding a motor vehicle liability policy as defined in s. 415 324.031.

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(2) Except as provided in subsection (3), the requirements



417 of this section must be met by the owner or lessee providing 418 satisfactory evidence of holding a motor vehicle liability 419 policy conforming to the requirements of s. 324.151 which is 420 issued by an insurance carrier that is a member of the Florida 421 Insurance Guaranty Association.

422 (3) (2) An owner or a lessee who is required to maintain 423 insurance under s. 324.021(9)(b) and who operates at least 300 424 taxicabs, limousines, jitneys, or any other for-hire passenger 425 transportation vehicles may provide financial responsibility by 426 complying with the provisions of s. 324.171, which must such 427 compliance to be demonstrated by maintaining at its principal 428 place of business an audited financial statement, prepared in 429 accordance with generally accepted accounting principles, and 430 providing to the department a certification issued by a 431 certified public accountant that the applicant's net worth is at 432 least equal to the requirements of s. 324.171 as determined by 433 the Office of Insurance Regulation of the Financial Services 434 Commission, including claims liabilities in an amount certified 435 as adequate by a Fellow of the Casualty Actuarial Society.

437 Upon request by the department, the applicant shall must 438 provide the department at the applicant's principal place of 439 business in this state access to the applicant's underlying 440 financial information and financial statements that provide the 441 basis of the certified public accountant's certification. The 442 applicant shall reimburse the requesting department for all 443 reasonable costs incurred by it in reviewing the supporting 444 information. The maximum amount of self-insurance permissible under this subsection is \$300,000 and must be stated on a per-445

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446 occurrence basis, and the applicant shall maintain adequate 447 excess insurance issued by an authorized or eligible insurer 448 licensed or approved by the Office of Insurance Regulation. All 449 risks self-insured shall remain with the owner or lessee 450 providing it, and the risks are not transferable to any other 451 person, unless a policy complying with <u>subsections (1) and (2)</u> 452 <del>subsection (1)</del> is obtained.

Section 19. Subsection (2) of section 324.051, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

324.051 Reports of crashes; suspensions of licenses and registrations.-

458 (2) (a) Thirty days after receipt of notice of any accident 459 described in paragraph (1)(a) involving a motor vehicle within 460 this state, the department shall suspend, after due notice and 461 opportunity to be heard, the license of each operator and all 462 registrations of the owner of the vehicles operated by such 463 operator whether or not involved in such crash and, in the case 464 of a nonresident owner or operator, shall suspend such 465 nonresident's operating privilege in this state, unless such 466 operator or owner shall, prior to the expiration of such 30 467 days, be found by the department to be exempt from the operation 468 of this chapter, based upon evidence satisfactory to the 469 department that:

470 1. The motor vehicle was legally parked at the time of such471 crash.

472 2. The motor vehicle was owned by the United States
473 Government, this state, or any political subdivision of this
474 state or any municipality therein.

Page 17 of 110

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475 3. Such operator or owner has secured a duly acknowledged 476 written agreement providing for release from liability by all 477 parties injured as the result of said crash and has complied 478 with one of the provisions of s. 324.031. 479 4. Such operator or owner has deposited with the department 480 security to conform with s. 324.061 when applicable and has 481 complied with one of the provisions of s. 324.031. 482 5. One year has elapsed since such owner or operator was 483 suspended pursuant to subsection (3), the owner or operator has 484 complied with one of the provisions of s. 324.031, and no bill 485 of complaint of which the department has notice has been filed 486 in a court of competent jurisdiction. 487 (b) This subsection does shall not apply: 488 1. To such operator or owner if such operator or owner had 489 in effect at the time of such crash or traffic conviction a 490 motor vehicle an automobile liability policy with respect to all 491 of the registered motor vehicles owned by such operator or 492 owner. 493 2. To such operator, if not the owner of such motor vehicle, if there was in effect at the time of such crash or 494 495 traffic conviction a motor vehicle an automobile liability policy or bond with respect to his or her operation of motor 496 497 vehicles not owned by him or her. 498 3. To such operator or owner if the liability of such 499 operator or owner for damages resulting from such crash is, in 500 the judgment of the department, covered by any other form of

502 4. To any person who has obtained from the department a 503 certificate of self-insurance, in accordance with s. 324.171, or

liability insurance or bond.

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504	to any person operating a motor vehicle for such self-insurer.
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506	No such policy or bond shall be effective under this subsection
507	unless it contains limits of not less than those specified in s.
508	324.021(7).
509	(4) As used in this section, the term "motor vehicle"
510	includes a motorcycle as defined in s. 320.01(26).
511	Section 20. Section 324.071, Florida Statutes, is amended
512	to read:
513	324.071 Reinstatement; renewal of license; reinstatement
514	fee.— <u>An</u> Any operator or owner whose license or registration has
515	been suspended pursuant to s. 324.051(2), s. 324.072, s.
516	324.081, or s. 324.121 may effect its reinstatement upon
517	compliance with the provisions of s. 324.051(2)(a)3. or 4., or
518	s. 324.081(2) and (3), as the case may be, and with one of the
519	provisions of s. 324.031 and upon payment to the department of a
520	nonrefundable reinstatement fee of \$15. Only one such fee <u>may</u>
521	shall be paid by any one person <u>regardless</u> irrespective of the
522	number of licenses and registrations to be then reinstated or
523	issued to such person. All Such fees <u>must</u> shall be deposited to
524	a department trust fund. If When the reinstatement of any
525	license or registration is effected by compliance with s.
526	324.051(2)(a)3. or 4., the department <u>may</u> shall not renew the
527	license or registration within <del>a period of</del> 3 years <u>after</u> <del>from</del>
528	such reinstatement, nor <u>may</u> shall any other license or
529	registration be issued in the name of such person, unless the
530	operator <u>continues</u> <del>is continuing</del> to comply with <del>one of the</del>
531	provisions of s. 324.031.
532	Section 21. Subsection (1) of section 324.091, Florida

Page 19 of 110

Statutes, is amended to read:



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324.091 Notice to department; notice to insurer.-

535 (1) Each owner and operator involved in a crash or 536 conviction case within the purview of this chapter shall furnish 537 evidence of automobile liability insurance or motor vehicle 538 liability insurance within 14 days after the date of the mailing 539 of notice of crash by the department in the form and manner as 540 it may designate. Upon receipt of evidence that a an automobile 541 liability policy or motor vehicle liability policy was in effect 542 at the time of the crash or conviction case, the department 543 shall forward to the insurer such information for verification 544 in a method as determined by the department. The insurer shall 545 respond to the department within 20 days after the notice as to 546 whether or not such information is valid. If the department 547 determines that a an automobile liability policy or motor 548 vehicle liability policy was not in effect and did not provide 549 coverage for both the owner and the operator, it must shall take 550 action as it is authorized to do under this chapter.

Section 22. Section 324.151, Florida Statutes, is amended to read:

324.151 Motor vehicle liability policies; required provisions.-

555 (1) A motor vehicle liability policy that serves as to be proof of financial responsibility under s. 324.031(1)(a) must s. 324.031(1), shall be issued to owners or operators of motor vehicles under the following provisions:

559 (a) A motor vehicle An owner's liability insurance policy 560 issued to an owner of a motor vehicle required to be registered 561 in this state must shall designate by explicit description or by



562 appropriate reference all motor vehicles for with respect to 563 which coverage is thereby granted. The policy must and shall insure the person or persons owner named therein and, except for 564 a named driver excluded pursuant to s. 627.747, must insure any 565 566 resident relative of a named insured other person as operator 567 using such motor vehicle or motor vehicles with the express or 568 implied permission of such owner against loss from the liability 569 imposed by law for damage arising out of the ownership, 570 maintenance, or use of any such motor vehicle or motor vehicles 571 within the United States or the Dominion of Canada, subject to 572 limits, exclusive of interest and costs with respect to each 573 such motor vehicle as is provided for under s. 324.021(7). 574 Except for a named driver excluded pursuant to s. 627.747, the 575 policy must also insure any person operating an insured motor 576 vehicle with the express or implied permission of a named 577 insured against loss from the liability imposed by law for 578 damage arising out of the use of any vehicle. However, the 579 insurer may include provisions in its policy excluding liability 580 coverage for a motor vehicle not designated as an insured 581 vehicle on the policy if such motor vehicle does not qualify as 582 a newly acquired vehicle or as a temporary substitute vehicle 583 and was owned by the insured or was furnished for an insured's 584 regular use for more than 30 consecutive days before the event 585 giving rise to the claim. Insurers may make available, with 586 respect to property damage liability coverage, a deductible 587 amount not to exceed \$500. In the event of a property damage 588 loss covered by a policy containing a property damage deductible 589 provision, the insurer shall pay to the third-party claimant the 590 amount of any property damage liability settlement or judgment,

Page 21 of 110



591 subject to policy limits, as if no deductible existed.

592 (b) A motor vehicle liability insurance policy issued to a 593 person who does not own a motor vehicle must An operator's motor 594 vehicle liability policy of insurance shall insure the person or 595 persons named therein against loss from the liability imposed 596 upon him or her by law for damages arising out of the use by the 597 person of any motor vehicle not owned by him or her, with the 598 same territorial limits and subject to the same limits of 599 liability as referred to above with respect to an owner's policy 600 of liability insurance.

601 (c) All such motor vehicle liability policies must provide 602 liability coverage with limits, exclusive of interest and costs, 603 as specified under s. 324.021(7) for accidents occurring within 604 the United States or Canada. The policies must shall state the 605 name and address of the named insured, the coverage afforded by 606 the policy, the premium charged therefor, the policy period, and 607 the limits of liability, and must shall contain an agreement or 608 be endorsed that insurance is provided in accordance with the 609 coverage defined in this chapter as respects bodily injury and 610 death or property damage or both and is subject to all 611 provisions of this chapter. The Said policies must shall also 612 contain a provision that the satisfaction by an insured of a 613 judgment for such injury or damage may shall not be a condition 614 precedent to the right or duty of the insurance carrier to make 615 payment on account of such injury or damage, and must shall also 616 contain a provision that bankruptcy or insolvency of the insured 617 or of the insured's estate does shall not relieve the insurance 618 carrier of any of its obligations under the said policy. 619 (2) The provisions of This section is shall not be

Page 22 of 110

406904

620	applicable to any <u>motor vehicle</u> automobile liability policy
621	unless and until it is furnished as proof of financial
622	responsibility for the future pursuant to s. 324.031, and then
623	applies only from <del>and after</del> the date <u>the</u> said policy is <del>so</del>
624	furnished.
625	(3) As used in this section, the term:
626	(a) "Newly acquired vehicle" means a vehicle owned by a
627	named insured or resident relative of the named insured which
628	was acquired no more than 30 days before an accident.
629	(b) "Resident relative" means a person related to a named
630	insured by any degree by blood, marriage, or adoption, including
631	a ward or foster child, who usually makes his or her home in the
632	same family unit or residence as the named insured, regardless
633	of whether he or she temporarily lives elsewhere.
634	(c) "Temporary substitute vehicle" means any motor vehicle
635	as defined in s. 320.01(1) which is not owned by the named
636	insured and which is temporarily used with the permission of the
637	owner as a substitute for the owned motor vehicle designated on
638	the policy when the owned vehicle is withdrawn from normal use
639	because of breakdown, repair, servicing, loss, or destruction.
640	Section 23. Section 324.161, Florida Statutes, is amended
641	to read:
642	324.161 Proof of financial responsibility; deposit.— <u>If a</u>
643	person elects to prove his or her financial responsibility under
644	the method of proof specified in s. 324.031(1)(b), he or she
645	annually must obtain and submit to the department proof of a
646	certificate of deposit in the amount required under s.
647	324.031(2) from a financial institution insured by the Federal
648	Deposit Insurance Corporation or the National Credit Union

Page 23 of 110



649 Administration Annually, before any certificate of insurance 650 be issued to a person, including any firm, partnership, 651 association, corporation, or other person, other than a natural 652 person, proof of a certificate of deposit of \$30,000 issued and 653 held by a financial institution must be submitted to the 654 department. A power of attorney will be issued to and held by 655 the department and may be executed upon a judgment issued 656 against such person making the deposit, for damages for because of bodily injury to or death of any person or for damages for 657 658 because of injury to or destruction of property resulting from 659 the use or operation of any motor vehicle occurring after such 660 deposit was made. Money so deposited is shall not be subject to 661 attachment or execution unless such attachment or execution 662 arises shall arise out of a lawsuit suit for such damages as 663 aforesaid.

Section 24. Subsections (1) and (2) of section 324.171, Florida Statutes, are amended to read:

324.171 Self-insurer.-

(1) <u>A</u> Any person may qualify as a self-insurer by obtaining
a certificate of self-insurance from the department. which may,
in its discretion and Upon application of such a person, <u>the</u>
<u>department may</u> issue <u>a</u> said certificate of self-insurance <u>to an</u>
<u>applicant who satisfies</u> when such person has satisfied the
requirements of this section. <u>Effective January 1, 2022</u> to
<del>qualify as a self-insurer under this section</del>:

(a) A private individual with private passenger vehicles
shall possess a net unencumbered worth of at least \$100,000
\$40,000.

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(b) A person, including any firm, partnership, association,

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678 corporation, or other person, other than a natural person, 679 shall:

1. Possess a net unencumbered worth of at least \$100,000
581 \$40,000 for the first motor vehicle and \$50,000 \$20,000 for each
682 additional motor vehicle; or

683 2. Maintain sufficient net worth, in an amount determined 684 by the department, to be financially responsible for potential 685 losses. The department annually shall determine the minimum net 686 worth sufficient to satisfy this subparagraph as determined 687 annually by the department, pursuant to rules adopted 688 promulgated by the department, with the assistance of the Office 689 of Insurance Regulation of the Financial Services Commission, to 690 be financially responsible for potential losses. The rules must 691 consider any shall take into consideration excess insurance 692 carried by the applicant. The department's determination must 693 shall be based upon reasonable actuarial principles considering 694 the frequency, severity, and loss development of claims incurred 695 by casualty insurers writing coverage on the type of motor 696 vehicles for which a certificate of self-insurance is desired.

(c) The owner of a commercial motor vehicle, as defined in s. 207.002 or s. 320.01, may qualify as a self-insurer subject to the standards provided for in subparagraph (b)2.

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

704 Section 25. Section 324.251, Florida Statutes, is amended 705 to read:

324.251 Short title.-This chapter may be cited as the

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707 "Financial Responsibility Law of 2021 1955" and is shall become effective at 12:01 a.m., January 1, 2022 October 1, 1955. 708

709 Section 26. Subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.-

712 (4) (a) "Clinic" means an entity where health care services 713 are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a 715 portable equipment provider. As used in this part, the term does 716 not include and the licensure requirements of this part do not apply to:

718 1.(a) Entities licensed or registered by the state under 719 chapter 395; entities licensed or registered by the state and 720 providing only health care services within the scope of services 721 authorized under their respective licenses under ss. 383.30-722 383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 723 724 466, chapter 478, chapter 484, or chapter 651; end-stage renal 725 disease providers authorized under 42 C.F.R. part 494; providers 726 certified and providing only health care services within the 727 scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, 728 729 or subpart J; providers certified and providing only health care 730 services within the scope of services authorized under their 731 respective certifications under 42 C.F.R. part 486, subpart C; 732 providers certified and providing only health care services 733 within the scope of services authorized under their respective 734 certifications under 42 C.F.R. part 491, subpart A; providers 735 certified by the Centers for Medicare and Medicaid Services



736 under the federal Clinical Laboratory Improvement Amendments and 737 the federal rules adopted thereunder; or any entity that 738 provides neonatal or pediatric hospital-based health care 739 services or other health care services by licensed practitioners 740 solely within a hospital licensed under chapter 395.

741 2.(b) Entities that own, directly or indirectly, entities 742 licensed or registered by the state pursuant to chapter 395; 743 entities that own, directly or indirectly, entities licensed or 744 registered by the state and providing only health care services 745 within the scope of services authorized pursuant to their 746 respective licenses under ss. 383.30-383.332, chapter 390, 747 chapter 394, chapter 397, this chapter except part X, chapter 748 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 749 484, or chapter 651; end-stage renal disease providers 750 authorized under 42 C.F.R. part 494; providers certified and 751 providing only health care services within the scope of services 752 authorized under their respective certifications under 42 C.F.R. 753 part 485, subpart B, subpart H, or subpart J; providers 754 certified and providing only health care services within the 755 scope of services authorized under their respective 756 certifications under 42 C.F.R. part 486, subpart C; providers 757 certified and providing only health care services within the 758 scope of services authorized under their respective 759 certifications under 42 C.F.R. part 491, subpart A; providers 760 certified by the Centers for Medicare and Medicaid Services 761 under the federal Clinical Laboratory Improvement Amendments and 762 the federal rules adopted thereunder; or any entity that 763 provides neonatal or pediatric hospital-based health care 764 services by licensed practitioners solely within a hospital



765 licensed under chapter 395.

766 3.(c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to 767 768 chapter 395; entities that are owned, directly or indirectly, by 769 an entity licensed or registered by the state and providing only 770 health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, 771 772 chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 773 774 478, chapter 484, or chapter 651; end-stage renal disease 775 providers authorized under 42 C.F.R. part 494; providers 776 certified and providing only health care services within the 777 scope of services authorized under their respective 778 certifications under 42 C.F.R. part 485, subpart B, subpart H, 779 or subpart J; providers certified and providing only health care 780 services within the scope of services authorized under their 781 respective certifications under 42 C.F.R. part 486, subpart C; 782 providers certified and providing only health care services 783 within the scope of services authorized under their respective 784 certifications under 42 C.F.R. part 491, subpart A; providers 785 certified by the Centers for Medicare and Medicaid Services 786 under the federal Clinical Laboratory Improvement Amendments and 787 the federal rules adopted thereunder; or any entity that 788 provides neonatal or pediatric hospital-based health care 789 services by licensed practitioners solely within a hospital 790 under chapter 395.

791 <u>4.(d)</u> Entities that are under common ownership, directly 792 or indirectly, with an entity licensed or registered by the 793 state pursuant to chapter 395; entities that are under common



794 ownership, directly or indirectly, with an entity licensed or 795 registered by the state and providing only health care services within the scope of services authorized pursuant to their 796 797 respective licenses under ss. 383.30-383.332, chapter 390, 798 chapter 394, chapter 397, this chapter except part X, chapter 799 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers 800 801 authorized under 42 C.F.R. part 494; providers certified and 802 providing only health care services within the scope of services 803 authorized under their respective certifications under 42 C.F.R. 804 part 485, subpart B, subpart H, or subpart J; providers 805 certified and providing only health care services within the 806 scope of services authorized under their respective 807 certifications under 42 C.F.R. part 486, subpart C; providers 808 certified and providing only health care services within the 809 scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers 810 811 certified by the Centers for Medicare and Medicaid Services 812 under the federal Clinical Laboratory Improvement Amendments and 813 the federal rules adopted thereunder; or any entity that 814 provides neonatal or pediatric hospital-based health care 815 services by licensed practitioners solely within a hospital 816 licensed under chapter 395.

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5.(c) An entity that is exempt from federal taxation under 818 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan 819 under 26 U.S.C. s. 409 that has a board of trustees at least 820 two-thirds of which are Florida-licensed health care 821 practitioners and provides only physical therapy services under 822 physician orders, any community college or university clinic,

Page 29 of 110



823 and any entity owned or operated by the federal or state 824 government, including agencies, subdivisions, or municipalities 825 thereof.

826 <u>6.(f)</u> A sole proprietorship, group practice, partnership, 827 or corporation that provides health care services by physicians 828 covered by s. 627.419, that is directly supervised by one or 829 more of such physicians, and that is wholly owned by one or more 830 of those physicians or by a physician and the spouse, parent, 831 child, or sibling of that physician.

832 7.(q) A sole proprietorship, group practice, partnership, 833 or corporation that provides health care services by licensed 834 health care practitioners under chapter 457, chapter 458, 835 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, 836 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, 837 chapter 490, chapter 491, or part I, part III, part X, part 838 XIII, or part XIV of chapter 468, or s. 464.012, and that is 839 wholly owned by one or more licensed health care practitioners, 840 or the licensed health care practitioners set forth in this 841 subparagraph paragraph and the spouse, parent, child, or sibling 842 of a licensed health care practitioner if one of the owners who 843 is a licensed health care practitioner is supervising the business activities and is legally responsible for the entity's 844 845 compliance with all federal and state laws. However, a health 846 care practitioner may not supervise services beyond the scope of 847 the practitioner's license, except that, for the purposes of 848 this part, a clinic owned by a licensee in s. 456.053(3)(b) 849 which provides only services authorized pursuant to s. 850 456.053(3)(b) may be supervised by a licensee specified in s. 851 456.053(3)(b).

## Page 30 of 110

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<u>8.(h)</u> Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.

<u>9.(i)</u> Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange.

<u>10.(j)</u> Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education at which training is provided for chiropractic students.

<u>11.(k)</u> Entities that provide licensed practitioners to staff emergency departments or to deliver anesthesia services in facilities licensed under chapter 395 and that derive at least 90 percent of their gross annual revenues from the provision of such services. Entities claiming an exemption from licensure under this <u>subparagraph</u> paragraph must provide documentation demonstrating compliance.

871 12.(1) Orthotic, prosthetic, pediatric cardiology, or 872 perinatology clinical facilities or anesthesia clinical facilities that are not otherwise exempt under subparagraph 1. 873 874 or subparagraph 11. paragraph (a) or paragraph (k) and that are 875 a publicly traded corporation or are wholly owned, directly or 876 indirectly, by a publicly traded corporation. As used in this 877 subparagraph paragraph, a publicly traded corporation is a 878 corporation that issues securities traded on an exchange 879 registered with the United States Securities and Exchange 880 Commission as a national securities exchange.

Page 31 of 110

406904

<u>13.(m)</u> Entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners where one or more of the persons responsible for the operations of the entity is a health care practitioner who is licensed in this state and who is responsible for supervising the business activities of the entity and is responsible for the entity's compliance with state law for purposes of this part.

14. (n) Entities that employ 50 or more licensed health care practitioners licensed under chapter 458 or chapter 459 where the billing for medical services is under a single tax identification number. The application for exemption under this subsection must include shall contain information that includes: the name, residence, and business address and telephone phone number of the entity that owns the practice; a complete list of the names and contact information of all the officers and directors of the corporation; the name, residence address, business address, and medical license number of each licensed Florida health care practitioner employed by the entity; the corporate tax identification number of the entity seeking an exemption; a listing of health care services to be provided by the entity at the health care clinics owned or operated by the entity; and a certified statement prepared by an independent certified public accountant which states that the entity and the health care clinics owned or operated by the entity have not received payment for health care services under medical payments personal injury protection insurance coverage for the preceding year. If the agency determines that an entity that which is exempt under this subsection has received payments for medical

Page 32 of 110

406904

910 services under <u>medical payments</u> personal injury protection 911 insurance coverage, the agency may deny or revoke the exemption 912 from licensure under this subsection.

913 <u>15.(0)</u> Entities that are, directly or indirectly, under the 914 common ownership of or that are subject to common control by a 915 mutual insurance holding company, as defined in s. 628.703, with 916 an entity issued a certificate of authority under chapter 624 or 917 chapter 641 which has \$1 billion or more in total annual sales 918 in this state.

919 16.(p) Entities that are owned by an entity that is a 920 behavioral health care service provider in at least five other 921 states; that, together with its affiliates, have \$90 million or 922 more in total annual revenues associated with the provision of 923 behavioral health care services; and wherein one or more of the 924 persons responsible for the operations of the entity is a health 925 care practitioner who is licensed in this state, who is 926 responsible for supervising the business activities of the 927 entity, and who is responsible for the entity's compliance with 928 state law for purposes of this part.

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17.<del>(q)</del> Medicaid providers.

(b) Notwithstanding <u>paragraph</u> (a) this subsection, an entity <u>is shall be</u> deemed a clinic and must be licensed under this part in order to receive <u>medical payments coverage</u> reimbursement under <u>s. 627.7265</u> unless the entity is:

1. Wholly owned by a physician licensed under chapter 458 or chapter 459, or by the physician and the spouse, parent, child, or sibling of the physician;

937 <u>2. Wholly owned by a dentist licensed under chapter 466, or</u>
938 by the dentist and the spouse, parent, child, or sibling of the

Page 33 of 110

## 406904

939	dentist;
940	3. Wholly owned by a chiropractic physician licensed under
941	chapter 460, or by the chiropractic physician and the spouse,
942	parent, child, or sibling of the chiropractic physician;
943	4. A hospital or ambulatory surgical center licensed under
944	chapter 395;
945	5. An entity that wholly owns or is wholly owned, directly
946	or indirectly, by a hospital or hospitals licensed under chapter
947	<u>395;</u>
948	6. A clinical facility affiliated with an accredited
949	medical school at which training is provided for medical
950	students, residents, or fellows;
951	7. Certified under 42 C.F.R. part 485, subpart H; or
952	8. Owned by a publicly traded corporation, either directly
953	or indirectly through its subsidiaries, which has \$250 million
954	or more in total annual sales of health care services provided
955	by licensed health care practitioners, if one or more of the
956	persons responsible for the operations of the entity are health
957	care practitioners who are licensed in this state and are
958	responsible for supervising the business activities of the
959	entity and the entity's compliance with state law for purposes
960	of this subsection the Florida Motor Vehicle No-Fault Law, ss.
961	627.730-627.7405, unless exempted under s. 627.736(5)(h).
962	Section 27. Subsection (5) of section 400.991, Florida
963	Statutes, is amended to read:
964	400.991 License requirements; background screenings;
965	prohibitions
966	(5) All agency forms for licensure application or exemption
967	from licensure under this part must contain the following



968 statement:

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970 INSURANCE FRAUD NOTICE. - A person commits a fraudulent insurance 971 act, as defined in s. 626.989, Florida Statutes, if the person 972 who knowingly submits a false, misleading, or fraudulent 973 application or other document when applying for licensure as a 974 health care clinic, seeking an exemption from licensure as a 975 health care clinic, or demonstrating compliance with part X of chapter 400, Florida Statutes, with the intent to use the 976 977 license, exemption from licensure, or demonstration of 978 compliance to provide services or seek reimbursement under a 979 motor vehicle liability insurance policy's medical payments 980 coverage the Florida Motor Vehicle No-Fault Law, commits a 981 fraudulent insurance act, as defined in s. 626.989, Florida 982 Statutes. A person who presents a claim for benefits under 983 medical payments coverage personal injury protection benefits 984 knowing that the payee knowingly submitted such health care 985 clinic application or document, commits insurance fraud, as 986 defined in s. 817.234, Florida Statutes.

Section 28. Paragraph (g) of subsection (1) of section 400.9935, Florida Statutes, is amended to read:

400.9935 Clinic responsibilities.-

990 (1) Each clinic shall appoint a medical director or clinic
991 director who shall agree in writing to accept legal
992 responsibility for the following activities on behalf of the
993 clinic. The medical director or the clinic director shall:

(g) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director



997 shall take immediate corrective action. If the clinic performs 998 only the technical component of magnetic resonance imaging, 999 static radiographs, computed tomography, or positron emission 1000 tomography, and provides the professional interpretation of such 1001 services, in a fixed facility that is accredited by a national 1002 accrediting organization that is approved by the Centers for 1003 Medicare and Medicaid Services for magnetic resonance imaging 1004 and advanced diagnostic imaging services and if, in the 1005 preceding quarter, the percentage of scans performed by that clinic which was billed to motor vehicle all personal injury 1006 1007 protection insurance carriers under medical payments coverage 1008 was less than 15 percent, the chief financial officer of the 1009 clinic may, in a written acknowledgment provided to the agency, 1010 assume the responsibility for the conduct of the systematic 1011 reviews of clinic billings to ensure that the billings are not 1012 fraudulent or unlawful.

1013 Section 29. Subsection (28) of section 409.901, Florida Statutes, is amended to read:

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

(28) "Third-party benefit" means any benefit that is or may 1018 1019 be available at any time through contract, court award, 1020 judgment, settlement, agreement, or any arrangement between a 1021 third party and any person or entity, including, without 1022 limitation, a Medicaid recipient, a provider, another third 1023 party, an insurer, or the agency, for any Medicaid-covered injury, illness, goods, or services, including costs of medical 1024 services related thereto, for bodily personal injury or for 1025

Page 36 of 110

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COMMITTEE AMENDMENT

Florida Senate - 2021 Bill No. CS for SB 54

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1026 death of the recipient, but specifically excluding policies of life insurance policies on the recipient, unless available under 1027 1028 terms of the policy to pay medical expenses before prior to 1029 death. The term includes, without limitation, collateral, as 1030 defined in this section;  $\tau$  health insurance;  $\tau$  any benefit under a 1031 health maintenance organization, a preferred provider 1032 arrangement, a prepaid health clinic, liability insurance, 1033 uninsured motorist insurance, or medical payments coverage; or 1034 personal injury protection coverage, medical benefits under 1035 workers' compensation, and any obligation under law or equity to 1036 provide medical support.

Section 30. Paragraph (f) of subsection (11) of section 409.910, Florida Statutes, is amended to read:

409.910 Responsibility for payments on behalf of Medicaideligible persons when other parties are liable.-

(11) The agency may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a judgment, award, or settlement from a third party, the amount recovered shall be distributed as follows:

1053 1. After <u>attorney</u> attorney's fees and taxable costs as 1054 defined by the Florida Rules of Civil Procedure, one-half of the



1055 remaining recovery shall be paid to the agency up to the total 1056 amount of medical assistance provided by Medicaid.

2. The remaining amount of the recovery shall be paid to the recipient.

3. For purposes of calculating the agency's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.

4. Notwithstanding any <u>other</u> provision of this section to the contrary, the agency shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid. For purposes of this paragraph, <u>the term</u> "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under <del>coverage for</del> workers' compensation <u>coverage</u>, <u>motor vehicle insurance</u> coverage, <u>personal injury protection</u>, and casualty coverage.

Section 31. Paragraph (k) of subsection (2) of section 456.057, Florida Statutes, is amended to read:

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

(2) As used in this section, the terms "records owner," "health care practitioner," and "health care practitioner's employer" do not include any of the following persons or entities; furthermore, the following persons or entities are not authorized to acquire or own medical records, but are authorized under the confidentiality and disclosure requirements of this

## Page 38 of 110



1084 section to maintain those documents required by the part or 1085 chapter under which they are licensed or regulated:

1086 (k) Persons or entities practicing under <u>s. 627.7265</u> <del>s.</del> 1087 <del>627.736(7)</del>.

Section 32. Paragraphs (ee) and (ff) of subsection (1) of section 456.072, Florida Statutes, are amended to read:

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456.072 Grounds for discipline; penalties; enforcement.-

(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(ee) With respect to making a medical payments coverage personal injury protection claim under s. 627.7265 as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been upcoded. As used in this paragraph, the term "upcoded" means an action that submits a billing code that would result in a greater payment amount than would be paid using a billing code that accurately describes the services performed. The term does not include an otherwise lawful bill by a magnetic resonance imaging facility which globally combines both technical and professional components, if the amount of the global bill is not more than the components if billed separately; however, payment of such a bill constitutes payment in full for all components of such service "upcoded" as defined in s. 627.732.

1108 (ff) With respect to making a medical payments coverage
1109 personal injury protection claim pursuant to s. 627.7265 as
1110 required by s. 627.736, intentionally submitting a claim,
1111 statement, or bill for payment of services that were not
1112 rendered.

406904

1113 Section 33. Section 559.920, Florida Statutes, is reordered and amended to read: 1114 1115 559.920 Unlawful acts and practices.-It shall be a 1116 violation of this act for any motor vehicle repair shop or 1117 employee thereof to do any of the following: 1118 (1) Engage or attempt to engage in repair work for 1119 compensation of any type without first being registered with or 1120 having submitted an affidavit of exemption to the department.; 1121 (2) Make or charge for repairs which have not been 1122 expressly or impliedly authorized by the customer. + 1123 (3) Misrepresent that repairs have been made to a motor 1124 vehicle.+ 1125 (4) Misrepresent that certain parts and repairs are 1126 necessary to repair a vehicle.+ 1127 (5) Misrepresent that the vehicle being inspected or 1128 diagnosed is in a dangerous condition or that the customer's 1129 continued use of the vehicle may be harmful or cause great 1130 damage to the vehicle. 1131 (6) Fraudulently alter any customer contract, estimate, 1132 invoice, or other document.+ 1133 (7) Fraudulently misuse any customer's credit card.+ 1134 (8) Make or authorize in any manner or by any means 1135 whatever any written or oral statement which is untrue, deceptive or misleading, and which is known, or which by the 1136 exercise of reasonable care should be known, to be untrue, 1137 1138 deceptive or misleading.+ 1139 (9) Make false promises of a character likely to influence, persuade, or induce a customer to authorize the repair, service, 1140

Page 40 of 110

or maintenance of a motor vehicle.+

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406904

1142 (10) Substitute used, rebuilt, salvaged, or straightened 1143 parts for new replacement parts without notice to the motor 1144 vehicle owner and to her or his insurer if the cost of repair is 1145 to be paid pursuant to an insurance policy and the identity of 1146 the insurer or its claims adjuster is disclosed to the motor 1147 vehicle repair shop.+ 1148 (11) Cause or allow a customer to sign any work order that 1149 does not state the repairs requested by the customer or the 1150 automobile's odometer reading at the time of repair.+ 1151 (12) Fail or refuse to give to a customer a copy of any 1152 document requiring the customer's signature upon completion or 1153 cancellation of the repair work.+ 1154 (13) Willfully depart from or disregard accepted practices 1155 and professional standards.+ 1156 (14) Have repair work subcontracted without the knowledge 1157 or consent of the customer unless the motor vehicle repair shop 1158 or employee thereof demonstrates that the customer could not 1159 reasonably have been notified. + 1160 (15) Conduct the business of motor vehicle repair in a 1161 location other than that stated on the registration 1162 certificate.+ 1163 (16) Rebuild or restore a rebuilt vehicle without the 1164 knowledge of the owner in such a manner that it does not conform 1165 to the original vehicle manufacturer's established repair 1166 procedures or specifications and allowable tolerances for the 1167 particular model and year.; or 1168 (17) With respect to the replacement or repair of a motor 1169 vehicle windshield:

(a) Threaten, coerce, or intimidate an insured into

Page 41 of 110

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406904

1171	selecting a particular motor vehicle glass repair facility or
1172	motor vehicle repair shop;
1173	(b) Waive or offer to waive the insured's deductible or
1174	offer a rebate, gift, gift card, cash, coupon, or anything of
1175	value to a third party in exchange for a referral of an insured
1176	to the motor vehicle glass repair facility or motor vehicle
1177	repair shop in connection with any claim under an insurance
1178	policy; or
1179	(c) Waive or offer to waive the insured's deductible or
1180	offer a rebate, gift, gift card, cash, coupon or anything of
1181	value to an insured in exchange for the insured filing a motor
1182	vehicle windshield claim under an insurance policy.
1183	(19) <del>(17)</del> Perform any other act that is a violation of this
1184	part or that constitutes fraud or misrepresentation.
1185	<u>(18)</u> Violate any provision of s. 713.585.
1186	Section 34. Paragraph (b) of subsection (1) and subsection
1187	(8) of section 624.155, Florida Statutes, are amended to read:
1188	624.155 Civil remedy
1189	(1) Any person may bring a civil action against an insurer
1190	when such person is damaged:
1191	(b) By the commission of any of the following acts by the
1192	insurer:
1193	1. Except for a third-party bad faith failure to settle
1194	claim subject to s. 624.156, not attempting in good faith to
1195	settle claims when, under all the circumstances, it could and
1196	should have done so, had it acted fairly and honestly toward its
1197	insured and with due regard for her or his interests;
1198	2. Making claims payments to insureds or beneficiaries not
1199	accompanied by a statement setting forth the coverage under

406904

1200	which payments are being made; or
1201	3. Except as to liability coverages, failing to promptly
1202	settle claims, when the obligation to settle a claim has become
1203	reasonably clear, under one portion of the insurance policy
1204	coverage in order to influence settlements under other portions
1205	of the insurance policy coverage <u>; or</u>
1206	4. When handling a first-party claim under a motor vehicle
1207	insurance policy, not attempting in good faith to settle such
1208	claim pursuant to subparagraph 1. when such failure is caused by
1209	a failure to communicate to an insured:
1210	a. Information on who is adjusting the claim;
1211	b. Any issues that may impair the insured's coverage;
1212	c. Information that might resolve the issue in a prompt
1213	manner;
1214	d. Any basis for the insurer's rejection or nonacceptance
1215	of any settlement offer; or
1216	e. Any needed extensions to respond to a time-limited
1217	settlement offer.
1218	
1219	Notwithstanding the provisions of the above to the contrary, a
1220	person pursuing a remedy under this section need not prove that
1221	such act was committed or performed with such frequency as to
1222	indicate a general business practice.
1223	(8) The civil remedy specified in this section does not
1224	preempt any other remedy or cause of action provided for
1225	pursuant to any other statute or pursuant to the common law of
1226	this state. <u>A</u> Any person <u>is</u> may obtain a judgment under either
1227	the common-law remedy of bad faith or this statutory remedy, but

Page 43 of 110

shall not be entitled to a judgment under multiple bad faith

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406904

1229	both remedies, whether under statute or common law. This section
1230	shall not be construed to create a common-law cause of action.
1231	The damages recoverable pursuant to this section shall include
1232	those damages which are a reasonably foreseeable result of a
1233	specified violation of this section by the authorized insurer
1234	and may include an award or judgment in an amount that exceeds
1235	the policy limits.
1236	Section 35. Section 624.156, Florida Statutes, is created
1237	to read:
1238	624.156 Bad faith failure to settle actions against motor
1239	vehicle insurers by third-party claimants
1240	(1) SCOPEThis section applies in all actions against any
1241	insurer by a third party for bad faith failure to settle,
1242	whether under statute or common law, for a loss arising out of
1243	the ownership, maintenance, or use of a motor vehicle operated
1244	or principally garaged in this state at the time of an accident,
1245	regardless of whether the insurer is authorized to do business
1246	in this state or issued a policy in this state.
1247	(2) DUTY OF GOOD FAITHIn handling claims, an insurer has
1248	a fiduciary duty to its insured and must handle claims in good
1249	faith. The insurer shall comply with the best practice standards
1250	of subsection (4) using the same degree of care and diligence as
1251	a person of ordinary care and prudence would exercise in the
1252	management of his or her own business.
1253	(3) BAD FAITH FAILURE TO SETTLE"Bad faith failure to
1254	settle" means an insurer's failure to settle a claim when, under
1255	all the circumstances, it could and should have done so, had it
1256	acted fairly and honestly toward its insured and with due regard

1257 <u>for the insured's interests.</u>

1258	(4) BEST PRACTICE STANDARDSUpon the earlier of receiving
1259	notice of a claim or, under subsection (6), a demand for
1260	settlement, an insurer must do all of the following:
1261	(a) Assign a duly licensed and appointed insurance adjuster
1262	to investigate the claim and resolve any questions concerning
1263	the existence or extent of the insured's coverage.
1264	(b) Evaluate every claim fairly, honestly, and with due
1265	regard for the interests of its insured, consider the full
1266	extent of the claimant's recoverable damages, and consider the
1267	information in a reasonable and prudent manner.
1268	(c) Request from the insured or claimant additional
1269	relevant information deemed necessary.
1270	(d) Conduct all verbal and written communications with the
1271	utmost honesty and complete candor.
1272	(e) Make reasonable efforts to explain to nonattorneys
1273	matters requiring expertise beyond the level normally expected
1274	of a layperson with no training in insurance or claims-handling
1275	issues.
1276	(f) Save all written communications and note and save all
1277	verbal communications in a reasonable manner.
1278	(g) Provide the insured, upon request, with all
1279	nonprivileged communications related to the insurer's handling
1280	of the claim.
1281	(h) Provide, at the insurer's expense, reasonable
1282	accommodations necessary to communicate effectively with an
1283	insured covered under the Americans with Disabilities Act.
1284	(i) In handling third-party claims, communicate to an
1285	insured:
1286	1. The identity of any other person or entity the insurer

Page 45 of 110

## 406904

1287	knows may be liable;
1288	2. The insurer's activity on and evaluation of the claim;
1289	3. The likelihood and possible extent of an excess
1290	judgment;
1291	4. Steps the insured can take to avoid exposure to an
1292	excess judgment;
1293	5. Requests for examinations under oath and an explanation
1294	of the consequences of an insured's failure to submit to an
1295	examination under oath; and
1296	6. Any demands for settlement under subsection (6) or
1297	settlement offers.
1298	(j) When a loss involves multiple claimants and the
1299	claimants are unwilling to settle cumulatively within the policy
1300	limits and release the insured from further liability, in
1301	addition to fulfilling the requirements of paragraphs (a)-(i),
1302	attempt to minimize the risk of excess judgments against the
1303	insured and settle as many claims as possible within the policy
1304	limits in exchange for a release of the insured from further
1305	liability.
1306	(5) CONDITIONS PRECEDENTIt is a condition precedent to
1307	filing a third-party action for bad faith failure to settle
1308	against an insurer that the claimant must:
1309	(a) Serve a demand for settlement, as provided in
1310	subsection (6), within the insurer's limits of liability in
1311	exchange for a release of further liability against the insured;
1312	and
1313	(b) Obtain a final judgment in excess of the policy limits
1314	against the insured.
1315	(6) DEMAND FOR SETTLEMENTA demand for settlement must do
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## 406904

1316	all of the following:
1317	(a) Identify the:
1318	1. Date and location of loss;
1319	2. Name, address, and date of birth of the claimant;
1320	3. Name of each insured to whom the demand for settlement
1321	is directed; and
1322	4. Legal and factual basis of the claim.
1323	(b) Provide a reasonably detailed description of the
1324	claimant's:
1325	1. Known injuries caused or aggravated by the incident on
1326	which the claim is based;
1327	2. Medical treatment causally related to the incident on
1328	which the claim is based; and
1329	3. Type and amount of known damages incurred and, if any,
1330	the damages the claimant reasonably anticipates incurring in the
1331	future.
1332	(c) State the amount of the demand for settlement.
1333	(d) State whether the demand for settlement is conditioned
1334	on the completion of an examination under oath, as authorized by
1335	subsection (8).
1336	(e) Provide a physical address, an e-mail address, and a
1337	facsimile number for further communications, including, but not
1338	limited to, responses to the demand for settlement.
1339	(f) Release the insured from any further liability upon the
1340	insurer's acceptance of a demand for settlement which is not
1341	withdrawn pursuant to paragraph (8)(e) or paragraph (8)(g), or
1342	accepted pursuant to paragraph (8)(f).
1343	(g) Be served upon the insurer by certified mail at the
1344	address designated by the insurer with the Department of

Page 47 of 110

406904

1345 Financial Services under s. 624.422(2). 1346 (7) LIMITATIONS ON CONDITIONS OF ACCEPTANCE OF A DEMAND.-A 1347 claimant may not place any conditions on acceptance of a demand for settlement other than electing the right to examine the 1348 1349 insured under oath regarding any of the following: 1350 (a) Whether the insured has the ability to satisfy a claim 1351 for damages in excess of the insurer's limits of liability. 1352 (b) Whether any other person or entity may have actual or 1353 potential direct or vicarious liability for the insured's 1354 negligence. 1355 (c) Whether any other insurance exists which may cover some 1356 or all of the damages sustained by the claimant. 1357 (8) EXAMINATION UNDER OATH.-After serving a demand for 1358 settlement, a claimant may examine the insured under oath, on 1359 one occasion for a period of time not to exceed 2 hours, 1360 regarding only the issues in subsection (7). 1361 (a) The claimant may request that the insured bring to the 1362 examination relevant documents in the insured's possession, 1363 custody, or control, including, but not limited to, credit 1364 reports, insurance policies, bank statements, tax returns, 1365 deeds, titles, and other proof of assets or liabilities. 1366 (b) Except as provided in paragraph (7)(b), the claimant 1367 may not examine the insured regarding liability. (c) The claimant, the insurer, and the insured shall 1368 1369 cooperate in scheduling the examination under oath. The insurer 1370 shall notify the insured of the date, time, and location of the 1371 examination under oath. 1372 (d) The examination under oath must occur within 30 days 1373 after the insurer's acceptance of the settlement demand.

Page 48 of 110

406904

1374 (e) The claimant may withdraw the demand for settlement if the insured refuses to submit to an examination under oath. 1375 1376 (f) If the insured refuses to submit to an examination 1377 under oath, the insurer may accept the demand for settlement 1378 without requiring a release of the insured. An insurer that 1379 accepts the demand for settlement pursuant to this paragraph does not have any further duty to defend the insured and may not 1380 1381 be held liable for damages to the insured if the claimant 1382 thereafter obtains an excess judgment against the insured. 1383 (q) Within 7 days after the examination under oath, the 1384 claimant may withdraw the demand for settlement. 1385 (9) SAFE HARBOR.-When one claim arises out of a single 1386 occurrence, an insurer is not liable in a bad faith failure to 1387 settle action if the insurer tenders its policy limits within 60 1388 days after receiving a demand for settlement under subsection 1389 (6). 1390 (a) When competing claims arise out of a single occurrence 1391 and the sum of the competing claims exceeds the policy limits, 1392 an insurer is not liable in a bad faith failure to settle action 1393 if the insurer initiates an interpleader action at policy limits 1394 within 60 days after receiving notice of the competing claims. 1395 If the court finds for one or more of the claimants, the court 1396 must award the claimants their respective pro rata share of the 1397 interpleaded funds. 1398 (b) This subsection does not affect an insurer's duties to 1399 its insured other than duties related to bad faith failure to 1400 settle. 1401 (10) RELEASE. - An insurer that accepts a demand for settlement under subsection (6) shall be entitled to a release 1402

Page 49 of 110

406904

1403 of its insured, except as provided in paragraph (8)(f). (11) BURDEN OF PROOF.-In any third-party action for bad 1404 1405 faith failure to settle, the claimant must prove by the 1406 preponderance of the evidence that the insurer violated its duty 1407 of good faith under subsection (2) and that the insurer in bad 1408 faith failed to settle, as defined in subsection (3). (a) In determining whether an insurer violated its duty of 1409 1410 good faith under subsection (2) and in bad faith failed to 1411 settle, as defined in subsection (3), the trier of fact shall 1412 consider all of the following: 1413 1. Whether the insurer complied with the best practice 1414 standards of subsection (4) using the same degree of care and 1415 diligence as a person of ordinary care and prudence would 1416 exercise in the management of his or her own business. 1417 2. Whether the insurer failed to settle a claim when, under all the circumstances, it could and should have done so, had it 1418 1419 acted fairly and honestly toward its insured and with due regard for the insured's interests. 1420 1421 3. Whether the claimant or insured failed to provide 1422 relevant information to the insurer on a timely basis. 1423 4. Whether the claimant or insured misrepresented material 1424 facts to the insurer or made material omissions of fact to the 1425 insurer. 1426 5. Whether the insured denied liability or requested that 1427 the case be defended after the insurer fully advised the insured 1428 as to the facts and risks. 1429 6. Whether the insurer timely informed the insured of a 1430 demand to settle within the limits of coverage, the right to retain personal counsel, and the risk of litigation. 1431

Page 50 of 110

406904

1432 7. The insurer's willingness to negotiate with the claimant 1433 in anticipation of settlement. 8. The amount of damages the claimant incurred or was 1434 1435 likely to incur in the future under the facts known or 1436 reasonably available at the time of the insurer's response. 1437 9. If applicable, whether there were multiple third-party claimants seeking, in the aggregate, compensation in excess of 1438 1439 the policy limits from the insured; and, if so, whether the 1440 insurer breached its duty to attempt to minimize the magnitude 1441 of possible excess judgments against the insured and to attempt 1442 to settle as many claims as possible within the policy limits in 1443 exchange for a release of the insured from further liability. 1444 10. Additional factors that the court determines to be 1445 relevant. 1446 (b) The trier of fact, in determining whether an insurer in 1447 bad faith failed to settle, must be informed that an excess 1448 judgment occurred but may not be informed of the amount of the 1449 excess judgment. 1450 (12) DAMAGES.-An insurer that is found to have violated its 1451 duty of good faith under subsection (2) and in bad faith failed 1452 to settle, as defined in subsection (3), is liable for the 1453 amount of any excess judgment. No other damages, including but 1454 not limited to punitive damages, may be awarded in a third-party 1455 bad faith failure to settle action. 1456 (13) ENFORCEMENT.-If a judgment creditor has served a 1457 demand for settlement under subsection (6), and the judgment 1458 exceeds the insured's limits of liability, the judgment creditor 1459 must be subrogated to the rights of the insured against the insurer for common law bad faith. 1460

Page 51 of 110



1461 (14) LIMITATION ON MULTIPLE REMEDIES.-A person is not 1462 entitled to a judgment under multiple bad faith remedies, 1463 whether under statute or common law. 1464 Section 36. Paragraphs (i) and (o) of subsection (1) of 1465 section 626.9541, Florida Statutes, are amended to read: 1466 626.9541 Unfair methods of competition and unfair or 1467 deceptive acts or practices defined.-1468 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE 1469 ACTS.-The following are defined as unfair methods of competition 1470 and unfair or deceptive acts or practices: 1471 (i) Unfair claim settlement practices.-1472 1. Attempting to settle claims on the basis of an 1473 application, when serving as a binder or intended to become a 1474 part of the policy, or any other material document which was 1475 altered without notice to, or knowledge or consent of, the 1476 insured; 1477 2. Making a material misrepresentation made to an insured 1478 or any other person having an interest in the proceeds payable 1479 under such contract or policy, for the purpose and with the 1480 intent of effecting settlement of such claims, loss, or damage 1481 under such contract or policy on less favorable terms than those 1482 provided in, and contemplated by, such contract or policy; or 1483 3. Committing or performing with such frequency as to 1484 indicate a general business practice any of the following: 1485 a. Failing to adopt and implement standards for the proper

investigation of claims;

b. Misrepresenting pertinent facts or insurance policy
provisions relating to coverages at issue;

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c. Failing to acknowledge and act promptly upon



1490 communications with respect to claims; 1491 d. Denying claims without conducting reasonable 1492 investigations based upon available information; 1493 e. Failing to affirm or deny full or partial coverage of 1494 claims, and, as to partial coverage, the dollar amount or extent 1495 of coverage, or failing to provide a written statement that the 1496 claim is being investigated, upon the written request of the 1497 insured within 30 days after proof-of-loss statements have been 1498 completed; 1499 f. Failing to promptly provide a reasonable explanation in 1500 writing to the insured of the basis in the insurance policy, in 1501 relation to the facts or applicable law, for denial of a claim 1502 or for the offer of a compromise settlement; 1503 g. Failing to promptly notify the insured of any additional 1504 information necessary for the processing of a claim; or 1505 h. Failing to clearly explain the nature of the requested 1506 information and the reasons why such information is necessary. 1507 i. Failing to pay personal injury protection insurance claims within the time periods required by s. 627.736(4)(b). The 1508 1509 office may order the insurer to pay restitution to a 1510 policyholder, medical provider, or other claimant, including 1511 interest at a rate consistent with the amount set forth in s. 1512 55.03(1), for the time period within which an insurer fails to 1513 pay claims as required by law. Restitution is in addition to any 1514 other penalties allowed by law, including, but not limited to, 1515 the suspension of the insurer's certificate of authority. 1516 4. Failing to pay undisputed amounts of partial or full

1517 benefits owed under first-party property insurance policies
1518 within 90 days after an insurer receives notice of a residential

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1519 property insurance claim, determines the amounts of partial or 1520 full benefits, and agrees to coverage, unless payment of the 1521 undisputed benefits is prevented by an act of God, prevented by 1522 the impossibility of performance, or due to actions by the 1523 insured or claimant that constitute fraud, lack of cooperation, 1524 or intentional misrepresentation regarding the claim for which 1525 benefits are owed.

(o) Illegal dealings in premiums; excess or reduced charges for insurance.-

1. Knowingly collecting any sum as a premium or charge for insurance, which is not then provided, or is not in due course to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as permitted by this code.

1533 2. Knowingly collecting as a premium or charge for 1534 insurance any sum in excess of or less than the premium or 1535 charge applicable to such insurance, in accordance with the 1536 applicable classifications and rates as filed with and approved 1537 by the office, and as specified in the policy; or, in cases when 1538 classifications, premiums, or rates are not required by this 1539 code to be so filed and approved, premiums and charges collected from a Florida resident in excess of or less than those 1540 1541 specified in the policy and as fixed by the insurer. 1542 Notwithstanding any other provision of law, this provision shall 1543 not be deemed to prohibit the charging and collection, by 1544 surplus lines agents licensed under part VIII of this chapter, 1545 of the amount of applicable state and federal taxes, or fees as authorized by s. 626.916(4), in addition to the premium required 1546 by the insurer or the charging and collection, by licensed 1547



agents, of the exact amount of any discount or other such fee charged by a credit card facility in connection with the use of a credit card, as authorized by subparagraph (q)3., in addition to the premium required by the insurer. This subparagraph shall not be construed to prohibit collection of a premium for a universal life or a variable or indeterminate value insurance policy made in accordance with the terms of the contract.

3.a. Imposing or requesting an additional premium for bodily injury liability coverage, property damage liability <u>coverage</u> a policy of motor vehicle liability, personal injury protection, medical payments coverage payment, or collision coverage in a motor vehicle liability insurance policy insurance or any combination thereof or refusing to renew the policy solely because the insured was involved in a motor vehicle accident unless the insurer's file contains information from which the insurer in good faith determines that the insured was substantially at fault in the accident.

b. An insurer which imposes and collects such a surcharge or which refuses to renew such policy shall, in conjunction with the notice of premium due or notice of nonrenewal, notify the named insured that he or she is entitled to reimbursement of such amount or renewal of the policy under the conditions listed below and will subsequently reimburse him or her or renew the policy, if the named insured demonstrates that the operator involved in the accident was:

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(I) Lawfully parked;

(II) Reimbursed by, or on behalf of, a person responsible
for the accident or has a judgment against such person;
(III) Struck in the rear by another vehicle headed in the

COMMITTEE AMENDMENT

Florida Senate - 2021 Bill No. CS for SB 54

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1577 same direction and was not convicted of a moving traffic 1578 violation in connection with the accident;

1579 (IV) Hit by a "hit-and-run" driver, if the accident was 1580 reported to the proper authorities within 24 hours after 1581 discovering the accident;

(V) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;

(VI) Finally adjudicated not to be liable by a court of competent jurisdiction;

(VII) In receipt of a traffic citation which was dismissed or nolle prossed; or

(VIII) Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

1595 c. In addition to the other provisions of this 1596 subparagraph, an insurer may not fail to renew a policy if the 1597 insured has had only one accident in which he or she was at 1598 fault within the current 3-year period. However, an insurer may 1599 nonrenew a policy for reasons other than accidents in accordance 1600 with s. 627.728. This subparagraph does not prohibit nonrenewal 1601 of a policy under which the insured has had three or more 1602 accidents, regardless of fault, during the most recent 3-year 1603 period.

1604 4. Imposing or requesting an additional premium for, or 1605 refusing to renew, a policy for motor vehicle insurance solely

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1606 because the insured committed a noncriminal traffic infraction 1607 as described in s. 318.14 unless the infraction is:

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

b. A violation of s. 316.183, when such violation is a result of exceeding the lawful speed limit by more than 15 miles per hour.

5. Upon the request of the insured, the insurer and licensed agent shall supply to the insured the complete proof of fault or other criteria which justifies the additional charge or cancellation.

6. No insurer shall impose or request an additional premium for motor vehicle insurance, cancel or refuse to issue a policy, or refuse to renew a policy because the insured or the applicant is a handicapped or physically disabled person, so long as such handicap or physical disability does not substantially impair such person's mechanically assisted driving ability.

7. No insurer may cancel or otherwise terminate any insurance contract or coverage, or require execution of a consent to rate endorsement, during the stated policy term for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured with the same exposure at a higher premium rate or continuing an existing contract or coverage with the same exposure at an increased premium.

1632 8. No insurer may issue a nonrenewal notice on any
1633 insurance contract or coverage, or require execution of a
1634 consent to rate endorsement, for the purpose of offering to

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1635 issue, or issuing, a similar or identical contract or coverage 1636 to the same insured at a higher premium rate or continuing an 1637 existing contract or coverage at an increased premium without 1638 meeting any applicable notice requirements.

9. No insurer shall, with respect to premiums charged for motor vehicle insurance, unfairly discriminate solely on the basis of age, sex, marital status, or scholastic achievement.

10. Imposing or requesting an additional premium for motor vehicle comprehensive or uninsured motorist coverage solely because the insured was involved in a motor vehicle accident or was convicted of a moving traffic violation.

11. No insurer shall cancel or issue a nonrenewal notice on any insurance policy or contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.

12. No insurer shall impose or request an additional premium, cancel a policy, or issue a nonrenewal notice on any insurance policy or contract because of any traffic infraction when adjudication has been withheld and no points have been assessed pursuant to s. 318.14(9) and (10). However, this subparagraph does not apply to traffic infractions involving accidents in which the insurer has incurred a loss due to the fault of the insured.

Section 37. Paragraph (a) of subsection (1) of section 626.989, Florida Statutes, is amended to read:

1660 626.989 Investigation by department or Division of 1661 Investigative and Forensic Services; compliance; immunity; 1662 confidential information; reports to division; division 1663 investigator's power of arrest.-

Page 58 of 110

406904

1664 (1) For the purposes of this section: 1665 (a) A person commits a "fraudulent insurance act" if the 1666 person:

1667 1. Knowingly and with intent to defraud presents, causes to 1668 be presented, or prepares with knowledge or belief that it will 1669 be presented, to or by an insurer, self-insurer, self-insurance fund, servicing corporation, purported insurer, broker, or any 1670 1671 agent thereof, any written statement as part of, or in support 1672 of, an application for the issuance of, or the rating of, any 1673 insurance policy, or a claim for payment or other benefit 1674 pursuant to any insurance policy, which the person knows to 1675 contain materially false information concerning any fact 1676 material thereto or if the person conceals, for the purpose of 1677 misleading another, information concerning any fact material 1678 thereto.

2. Knowingly submits:

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1680 a. A false, misleading, or fraudulent application or other 1681 document when applying for licensure as a health care clinic, 1682 seeking an exemption from licensure as a health care clinic, or 1683 demonstrating compliance with part X of chapter 400 with an 1684 intent to use the license, exemption from licensure, or 1685 demonstration of compliance to provide services or seek 1686 reimbursement under a motor vehicle liability insurance policy's 1687 medical payments coverage the Florida Motor Vehicle No-Fault 1688 <del>Law</del>.

b. A claim for payment or other benefit <u>under medical</u>
 payments coverage, pursuant to a personal injury protection
 insurance policy under the Florida Motor Vehicle No-Fault Law if
 the person knows that the payee knowingly submitted a false,

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1693 misleading, or fraudulent application or other document when 1694 applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or 1695 1696 demonstrating compliance with part X of chapter 400.

Section 38. Subsection (1) of section 627.06501, Florida Statutes, is amended to read:

627.06501 Insurance discounts for certain persons completing driver improvement course.-

(1) Any rate, rating schedule, or rating manual for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office may provide for an appropriate reduction in premium charges as to such coverages if when the principal operator on the covered vehicle has successfully completed a driver improvement course approved and certified by the Department of Highway Safety and Motor Vehicles which is 1709 effective in reducing crash or violation rates, or both, as determined pursuant to s. 318.1451(5). Any discount, not to 1711 exceed 10 percent, used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

Section 39. Subsection (15) is added to section 627.0651, Florida Statutes, to read:

627.0651 Making and use of rates for motor vehicle insurance.-

(15) Initial rate filings for motor vehicle liability policies which are submitted to the office on or after January 1, 2022, must reflect the financial responsibility requirements in s. 324.022 then in effect and may be approved only through the file and use process under s. 627.0651(1)(a).

Page 60 of 110

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1722Section 40. Subsection (1) of section 627.0652, Florida1723Statutes, is amended to read:

627.0652 Insurance discounts for certain persons completing safety course.-

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

Section 41. Subsections (1), (3), and (6) of section 627.0653, Florida Statutes, are amended to read:

627.0653 Insurance discounts for specified motor vehicle equipment.-

(1) Any rates, rating schedules, or rating manuals for the liability, <u>medical payments</u> <del>personal injury protection</del>, and collision coverages of a motor vehicle insurance policy filed with the office <u>must</u> <del>shall</del> provide a premium discount if the insured vehicle is equipped with factory-installed, four-wheel antilock brakes.

(3) Any rates, rating schedules, or rating manuals for personal injury protection coverage and medical payments coverage, if offered, of a motor vehicle insurance policy filed with the office <u>must</u> shall provide a premium discount if the insured vehicle is equipped with one or more air bags <u>that</u> which

Page 61 of 110



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(6) The Office of Insurance Regulation may approve a premium discount to any rates, rating schedules, or rating manuals for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office if the insured vehicle is equipped with an automated driving system or electronic vehicle collision avoidance technology that is factory installed or a retrofitted system and that complies with National Highway Traffic Safety Administration standards.

Section 42. Section 627.4132, Florida Statutes, is amended to read:

1763 627.4132 Stacking of coverages prohibited.-If an insured or named insured is protected by any type of motor vehicle 1765 insurance policy for bodily injury and property damage 1766 liability, personal injury protection, or other coverage, the policy must shall provide that the insured or named insured is 1767 protected only to the extent of the coverage she or he has on 1769 the vehicle involved in the accident. However, if none of the 1770 insured's or named insured's vehicles are is involved in the 1771 accident, coverage is available only to the extent of coverage 1772 on any one of the vehicles with applicable coverage. Coverage on 1773 any other vehicles may shall not be added to or stacked upon 1774 that coverage. This section does not apply:

1775 (1) Apply to uninsured motorist coverage that which is 1776 separately governed by s. 627.727.

(2)  $\pm$  Reduce the coverage available by reason of insurance policies insuring different named insureds.

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Section 43. Subsection (1) of section 627.4137, Florida



1780 Statutes, is amended to read: 1781 627.4137 Disclosure of certain information required.-1782 (1) Each insurer which does or may provide liability 1783 insurance coverage to pay all or a portion of any claim which 1784 might be made shall provide, within 30 days of the written request of the claimant or the claimant's attorney, a statement, 1785 under oath, of a corporate officer or the insurer's claims 1786 1787 manager or superintendent setting forth the following 1788 information with regard to each known policy of insurance, 1789 including excess or umbrella insurance: 1790 (a) The name of the insurer. 1791 (b) The name of each insured. 1792 (c) The limits of the liability coverage. 1793 (d) A statement of any policy or coverage defense which 1794 such insurer reasonably believes is available to such insurer at 1795 the time of filing such statement. 1796 (e) A copy of the policy. 1797 1798 In addition, the insured, or her or his insurance agent, upon 1799 written request of the claimant or the claimant's attorney, 1800 shall disclose the name and coverage of each known insurer to 1801 the claimant and shall forward such request for information as 1802 required by this subsection to all affected insurers. The 1803 insurer shall then supply the information required in this 1804 subsection to the claimant within 30 days of receipt of such 1805 request. If an insurer fails to timely comply with this section, 1806 the claimant may file an action in a court of competent 1807 jurisdiction to enforce this section. If the court determines that the insurer violated this section, the claimant is entitled 1808

Page 63 of 110



1809 to an award of reasonable attorney fees and costs to be paid by 1810 the insurer. 1811 Section 44. Section 627.7263, Florida Statutes, is amended 1812 to read: 1813 627.7263 Rental and leasing driver's insurance to be 1814 primary; exception.-(1) The valid and collectible liability insurance and 1815 1816 medical payments coverage or personal injury protection 1817 insurance providing coverage for the lessor of a motor vehicle 1818 for rent or lease is primary unless otherwise stated in at least 1819 10-point type on the face of the rental or lease agreement. Such 1820 insurance is primary for the limits of liability and personal 1821 injury protection coverage as required by s. 324.021(7) and the 1822 medical payments coverage limit specified under s. 627.7265 ss. 1823 324.021(7) and 627.736. 1824 (2) If the lessee's coverage is to be primary, the rental 1825 or lease agreement must contain the following language, in at 1826 least 10-point type: 1827 1828 "The valid and collectible liability insurance and medical 1829 payments coverage personal injury protection insurance of an any 1830 authorized rental or leasing driver is primary for the limits of 1831 liability and personal injury protection coverage required under section 324.021(7), Florida Statutes, and the medical payments 1832 1833 coverage limit specified under section 627.7265 by ss. 1834 324.021(7) and 627.736, Florida Statutes." 1835 Section 45. Section 627.7265, Florida Statutes, is created 1836 to read: 1837 627.7265 Motor vehicle insurance; medical payments

Page 64 of 110

COMMITTEE AMENDMENT

Florida Senate - 2021 Bill No. CS for SB 54

## 406904

1838 coverage.-1839 (1) Medical payments coverage must protect the named insured, resident relatives, persons operating the insured motor 1840 1841 vehicle, passengers in the insured motor vehicle, and persons 1842 who are struck by the insured motor vehicle and suffer bodily 1843 injury while not an occupant of a self-propelled motor vehicle at a limit of at least \$5,000 for medical expense incurred due 1844 to bodily injury, sickness, or disease arising out of the 1845 ownership, maintenance, or use of a motor vehicle. Medical 1846 1847 payments coverage must pay for reasonable expenses for necessary medical, diagnostic, and rehabilitative services that are 1848 1849 lawfully provided, supervised, ordered, or prescribed by a 1850 physician licensed under chapter 458 or chapter 459, by a 1851 dentist licensed under chapter 466, or by a chiropractic 1852 physician licensed under chapter 460 or that are provided in a 1853 hospital or in a facility that owns, or is wholly owned by, a 1854 hospital. The coverage must provide an additional death benefit 1855 of at least \$5,000. 1856 (a) Before issuing a motor vehicle liability insurance 1857 policy that is furnished as proof of financial responsibility 1858 under s. 324.031, the insurer must offer medical payments 1859 coverage at limits of \$5,000 and \$10,000. The insurer may also 1860 offer medical payments coverage at any limit greater than 1861 \$5,000. 1862 (b) The medical payments coverage must be offered with an 1863 option with no deductible. The insurer may also offer medical 1864 payments coverage with a deductible not to exceed \$500. 1865 (c) This section may not be construed to limit any other 1866 coverage made available by an insurer.

Page 65 of 110

406904

1867 (2) Upon receiving notice of an accident that is 1868 potentially covered by medical payments coverage benefits, the 1869 insurer must reserve \$5,000 of medical payments coverage 1870 benefits for payment to physicians licensed under chapter 458 or 1871 chapter 459 or dentists licensed under chapter 466 who provide 1872 emergency services and care, as defined in s. 395.002, or who provide hospital inpatient care. The amount required to be held 1873 1874 in reserve may be used only to pay claims from such physicians or dentists until 30 days after the date the insurer receives 1875 1876 notice of the accident. After the 30-day period, any amount of 1877 the reserve for which the insurer has not received notice of 1878 such claims may be used by the insurer to pay other claims. This 1879 subsection does not require an insurer to establish a claim 1880 reserve for insurance accounting purposes. 1881 (3) An insurer providing medical payments coverage benefits 1882 may not: 1883 (a) Seek a lien on any recovery in tort by judgment, 1884 settlement, or otherwise for medical payments coverage benefits, regardless of whether suit has been filed or settlement has been 1885 1886 reached without suit; or 1887 (b) Bring a cause of action against a person to whom or for 1888 whom medical payments coverage benefits were paid, except when 1889 medical payments coverage benefits were paid by reason of fraud 1890 committed by that person. 1891 (4) An insurer providing medical payments coverage may 1892 include provisions in its policy allowing for subrogation for 1893 medical payments coverage benefits paid if the expenses giving 1894 rise to the payments were caused by the wrongful act or omission of another who is not also an insured under the policy paying 1895

Page 66 of 110



1896 the medical payments coverage benefits. However, this 1897 subrogation right is inferior to the rights of the injured 1898 insured and is available only after all the insured's damages 1899 are recovered and the insured is made whole. An insured who 1900 obtains a recovery from a third party of the full amount of the 1901 damages sustained and delivers a release or satisfaction that 1902 impairs a medical payments insurer's subrogation right is liable 1903 to the insurer for repayment of medical payments coverage 1904 benefits less any expenses of acquiring the recovery, including 1905 a prorated share of attorney fees and costs, and shall hold that 1906 net recovery in trust to be delivered to the medical payments 1907 insurer. The insurer may not include any provision in its policy 1908 allowing for subrogation for any death benefit paid.

Section 46. Subsections (1) and (7) of section 627.727, Florida Statutes, are amended to read:

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

1913 (1) A No motor vehicle liability insurance policy that 1914 which provides bodily injury liability coverage may not shall be 1915 delivered or issued for delivery in this state with respect to 1916 any specifically insured or identified motor vehicle registered 1917 or principally garaged in this state, unless uninsured motor 1918 vehicle coverage is provided therein or supplemental thereto for 1919 the protection of persons insured thereunder who are legally 1920 entitled to recover damages from owners or operators of 1921 uninsured motor vehicles because of bodily injury, sickness, or 1922 disease, including death, resulting therefrom. However, the coverage required under this section is not applicable if when, 1923 or to the extent that, an insured named in the policy makes a 1924

Page 67 of 110

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1925 written rejection of the coverage on behalf of all insureds 1926 under the policy. If When a motor vehicle is leased for a period 1927 of 1 year or longer and the lessor of such vehicle, by the terms 1928 of the lease contract, provides liability coverage on the leased 1929 vehicle, the lessee of such vehicle has shall have the sole 1930 privilege to reject uninsured motorist coverage or to select 1931 lower limits than the bodily injury liability limits, regardless 1932 of whether the lessor is qualified as a self-insurer pursuant to 1933 s. 324.171. Unless an insured, or a lessee having the privilege 1934 of rejecting uninsured motorist coverage, requests such coverage 1935 or requests higher uninsured motorist limits in writing, the 1936 coverage or such higher uninsured motorist limits need not be 1937 provided in or supplemental to any other policy that which 1938 renews, extends, changes, supersedes, or replaces an existing 1939 policy with the same bodily injury liability limits when an 1940 insured or lessee had rejected the coverage. When an insured or lessee has initially selected limits of uninsured motorist 1941 1942 coverage lower than her or his bodily injury liability limits, 1943 higher limits of uninsured motorist coverage need not be provided in or supplemental to any other policy that which 1944 renews, extends, changes, supersedes, or replaces an existing 1945 policy with the same bodily injury liability limits unless an 1946 1947 insured requests higher uninsured motorist coverage in writing. 1948 The rejection or selection of lower limits must shall be made on 1949 a form approved by the office. The form must shall fully advise 1950 the applicant of the nature of the coverage and must shall state 1951 that the coverage is equal to bodily injury liability limits unless lower limits are requested or the coverage is rejected. 1952 The heading of the form must shall be in 12-point bold type and 1953



1954 must shall state: "You are electing not to purchase certain valuable coverage that which protects you and your family or you 1955 1956 are purchasing uninsured motorist limits less than your bodily 1957 injury liability limits when you sign this form. Please read 1958 carefully." If this form is signed by a named insured, it will 1959 be conclusively presumed that there was an informed, knowing 1960 rejection of coverage or election of lower limits on behalf of 1961 all insureds. The insurer shall notify the named insured at 1962 least annually of her or his options as to the coverage required 1963 by this section. Such notice must shall be part of, and attached 1964 to, the notice of premium, must shall provide for a means to 1965 allow the insured to request such coverage, and must shall be 1966 given in a manner approved by the office. Receipt of this notice 1967 does not constitute an affirmative waiver of the insured's right 1968 to uninsured motorist coverage if where the insured has not signed a selection or rejection form. The coverage described 1969 1970 under this section must shall be over and above, but may shall 1971 not duplicate, the benefits available to an insured under any 1972 workers' compensation law, personal injury protection benefits, 1973 disability benefits law, or similar law; under any automobile 1974 medical payments expense coverage; under any motor vehicle 1975 liability insurance coverage; or from the owner or operator of 1976 the uninsured motor vehicle or any other person or organization 1977 jointly or severally liable together with such owner or operator 1978 for the accident, ; and such coverage must shall cover the 1979 difference, if any, between the sum of such benefits and the 1980 damages sustained, up to the maximum amount of such coverage provided under this section. The amount of coverage available 1981 under this section may shall not be reduced by a setoff against 1982

Page 69 of 110

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1983 any coverage, including liability insurance. Such coverage <u>does</u> 1984 shall not inure directly or indirectly to the benefit of any 1985 workers' compensation or disability benefits carrier or any 1986 person or organization qualifying as a self-insurer under any 1987 workers' compensation or disability benefits law or similar law.

(7) The legal liability of an uninsured motorist coverage insurer <u>includes</u> does not include damages in tort for pain, suffering, <u>disability or physical impairment</u>, <u>disfigurement</u>, mental anguish, <u>and</u> inconvenience, <u>and the loss of capacity for</u> <u>the enjoyment of life experienced in the past and to be</u> <u>experienced in the future</u> <del>unless the injury or disease is</del> <u>described in one or more of paragraphs (a)-(d) of s. 627.737(2)</u>.

Section 47. Section 627.7275, Florida Statutes, is amended to read:

627.7275 Motor vehicle liability.-

(1) A motor vehicle insurance policy providing personal injury protection as set forth in s. 627.736 may not be delivered or issued for delivery in this state <u>for a</u> with respect to any specifically insured or identified motor vehicle registered or principally garaged in this state <u>must provide</u> <u>bodily injury liability coverage and</u> <del>unless the policy also</del> <del>provides coverage for</del> property damage liability <u>coverage</u> as required <u>under by</u> s. 324.022.

2006 (2)(a) Insurers writing motor vehicle insurance in this 2007 state shall make available, subject to the insurers' usual 2008 underwriting restrictions:

2009 1. Coverage under policies as described in subsection (1) 2010 to an applicant for private passenger motor vehicle insurance 2011 coverage who is seeking the coverage in order to reinstate the

406904

2012 applicant's driving privileges in this state if the driving 2013 privileges were revoked or suspended pursuant to s. 316.646 or 2014 s. 324.0221 due to the failure of the applicant to maintain 2015 required security.

2016 2. Coverage under policies as described in subsection (1), 2017 which includes bodily injury also provides liability coverage 2018 and property damage liability coverage, for bodily injury, 2019 death, and property damage arising out of the ownership, 2020 maintenance, or use of the motor vehicle in an amount not less 2021 than the minimum limits required under described in s. 324.021(7) or s. 324.023 and which conforms to the requirements 2022 2023 of s. 324.151, to an applicant for private passenger motor 2024 vehicle insurance coverage who is seeking the coverage in order 2025 to reinstate the applicant's driving privileges in this state 2026 after such privileges were revoked or suspended under s. 316.193 2027 or s. 322.26(2) for driving under the influence.

3. Coverage that provides bodily injury liability coverage and property damage liability coverage in the amounts specified in s. 324.022(1)(c). An insurer may only deliver or issue for delivery a policy providing such coverage to an applicant or insured who, before the issuance or renewal of the policy, represents to the insurer in writing or electronically that such person:

a. Has a household income that is 200 percent or less of the most current federal poverty guidelines established by the United States Department of Health and Human Services. An insurer must, before accepting such representation, provide written or electronic notice to the applicant or insured regarding the dollar amounts that constitute a household income

Page 71 of 110

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406904

2041 that is 200 percent of the most current federal poverty 2042 guidelines. An insurer is not required to verify the veracity of the applicant's or insured's representation. However, an insurer 2043 2044 may not deny or exclude liability coverage under the policy 2045 solely because such representation of the applicant or insured 2046 was false. 2047 b. Meets the definition of a full-time student in a 2048 secondary education program under s. 1011.61(1)(a), or meets the 2049 definition of a full-time student in a postsecondary education 2050 program under s. 1009.40. An insurer must, before accepting such 2051 representation, provide written or electronic notice to the 2052 applicant or insured regarding the number of educational hours 2053 that meet the definition of a full-time student. An insurer is 2054 not required to verify the veracity of the applicant's or 2055 insured's representation. However, an insurer may not deny or 2056 exclude liability coverage under the policy solely because such 2057 representation of the applicant or insured was false. 2058 (b) The policies described in subparagraphs (a)1. and (a)2. 2059 must paragraph (a) shall be issued for at least 6 months and, as 2060 to the minimum coverages required under this section, may not be

2061 canceled by the insured for any reason or by the insurer after 2062 60 days, during which period the insurer is completing the 2063 underwriting of the policy. After the insurer has completed 2064 underwriting the policy, the insurer shall notify the Department 2065 of Highway Safety and Motor Vehicles that the policy is in full 2066 force and effect and is not cancelable for the remainder of the 2067 policy period. A premium must shall be collected and the 2068 coverage is in effect for the 60-day period during which the insurer is completing the underwriting of the policy, whether or 2069

Page 72 of 110

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2070 not the person's driver license, motor vehicle tag, and motor 2071 vehicle registration are in effect. Once the noncancelable 2072 provisions of the policy become effective, the <u>bodily injury</u> 2073 <u>liability and property damage liability</u> coverages for <u>bodily</u> 2074 <u>injury, property damage, and personal injury protection</u> may not 2075 be reduced below the minimum limits required under s. 324.021 or 2076 s. 324.023 during the policy period.

(c) This subsection controls to the extent of any conflict with any other section.

(d) An insurer issuing a policy subject to this section may cancel the policy if, during the policy term, the named insured, or any other operator who resides in the same household or customarily operates an automobile insured under the policy, has his or her driver license suspended or revoked.

(e) This subsection does not require an insurer to offer a policy of insurance to an applicant if such offer would be inconsistent with the insurer's underwriting guidelines and procedures.

Section 48. Effective upon this act becoming a law, section 627.7278, Florida Statutes, is created to read:

627.7278 Applicability and construction; notice to policyholders.-

(1) As used in this section, the term "minimum security requirements" means security that enables a person to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle, in the amounts required by s. 324.022(1), as amended by this act. (2) Effective January 1, 2022: (a) Motor vehicle insurance policies issued or renewed on

Page 73 of 110

406904

2099	or after that date may not include personal injury protection.
2100	(b) All persons subject to s. 324.022, s. 324.032, s.
2101	627.7415, or s. 627.742 must maintain at least minimum security
2102	requirements.
2103	(c) Any new or renewal motor vehicle insurance policy
2104	delivered or issued for delivery in this state must provide
2105	coverage that complies with minimum security requirements.
2106	(d) An existing motor vehicle insurance policy issued
2107	before that date which provides personal injury protection and
2108	property damage liability coverage that meets the requirements
2109	of s. 324.022 on December 31, 2021, but which does not meet
2110	minimum security requirements on or after January 1, 2022, is
2111	deemed to meet minimum security requirements until such policy
2112	is renewed, nonrenewed, or canceled on or after January 1, 2022.
2113	Sections 627.730-627.7405, 400.9905, 400.991, 456.057, 456.072,
2114	627.7263, 627.727, 627.748, 627.9541(1)(i), and 817.234, Florida
2115	Statutes 2020, remain in full force and effect for motor vehicle
2116	accidents covered under a policy issued under the Florida Motor
2117	Vehicle No-Fault Law before January 1, 2022, until the policy is
2118	renewed, nonrenewed, or canceled.
2119	(3) Each insurer shall allow each insured who has a new or
2120	renewal policy providing personal injury protection which
2121	becomes effective before January 1, 2022, and whose policy does
2122	not meet minimum security requirements on or after January 1,
2123	2022, to change coverages so as to eliminate personal injury
2124	protection and obtain coverage providing minimum security
2125	requirements, which shall be effective on or after January 1,
2126	2022. The insurer is not required to provide coverage complying
2127	with minimum security requirements in such policies if the
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Page 74 of 110

406904

2128	insured does not pay the required premium, if any, by January 1,
2129	2022, or such later date as the insurer may allow. The insurer
2130	also shall offer each insured medical payments coverage pursuant
2131	to s. 627.7265. Any reduction in the premium must be refunded by
2132	the insurer. The insurer may not impose on the insured an
2133	additional fee or charge that applies solely to a change in
2134	coverage; however, the insurer may charge an additional required
2135	premium that is actuarially indicated.
2136	(4) By September 1, 2021, each motor vehicle insurer shall
2137	provide notice of this section to each motor vehicle
2138	policyholder who is subject to this section. The notice is
2139	subject to approval by the office and must clearly inform the
2140	policyholder that:
2141	(a) The Florida Motor Vehicle No-Fault Law is repealed
2142	effective January 1, 2022, and that on or after that date, the
2143	insured is no longer required to maintain personal injury
2144	protection insurance coverage, that personal injury protection
2145	coverage is no longer available for purchase in this state, and
2146	that all new or renewal policies issued on or after that date
2147	will not contain that coverage.
2148	(b) Effective January 1, 2022, a person subject to the
2149	financial responsibility requirements of s. 324.022 must
2150	maintain minimum security requirements that enable the person to
2151	respond to damages for liability on account of accidents arising
2152	out of the use of a motor vehicle in the following amounts:
2153	1. Twenty-five thousand dollars for bodily injury to, or
2154	the death of, one person in any one crash and, subject to such
2155	limits for one person, in the amount of \$50,000 for bodily
2156	injury to, or the death of, two or more persons in any one

Page 75 of 110

## 406904

2157	crash; and
2158	2. Ten thousand dollars for damage to, or destruction of,
2159	the property of others in any one crash.
2160	(c) Persons subject to the financial responsibility
2161	requirements of s. 324.022 who have a household income of 200
2162	percent or less of the federal poverty guidelines or who are
2163	full-time secondary or postsecondary students may instead
2164	maintain minimum security requirements that enable the person to
2165	respond to damages for liability on account of accidents arising
2166	out of the use of a motor vehicle in the following amounts:
2167	1. Fifteen thousand dollars for bodily injury to, or the
2168	death of, one person in any one crash and, subject to such
2169	limits for one person, in the amount of \$30,000 for bodily
2170	injury to, or the death of, two or more persons in any one
2171	crash; and
2172	2. Ten thousand dollars for damage to, or destruction of,
2173	the property of others in any one crash.
2174	(d) Bodily injury liability coverage protects the insured,
2175	up to the coverage limits, against loss if the insured is
2176	legally responsible for the death of or bodily injury to others
2177	in a motor vehicle accident.
2178	(e) Effective January 1, 2022, each policyholder of motor
2179	vehicle liability insurance purchased as proof of financial
2180	responsibility must be offered medical payments coverage
2181	benefits that comply with s. 627.7265. The insurer must offer
2182	medical payments coverage at limits of \$5,000 and \$10,000
2183	without a deductible. The insurer may also offer medical
2184	payments coverage at other limits greater than \$5,000, and may
2185	offer coverage with a deductible of up to \$500. Medical payments

Page 76 of 110



2186 coverage pays covered medical expenses, up to the limits of such coverage, for injuries sustained in a motor vehicle crash by the 2187 2188 named insured, resident relatives, persons operating the insured 2189 motor vehicle, passengers in the insured motor vehicle, and 2190 persons who are struck by the insured motor vehicle and suffer 2191 bodily injury while not an occupant of a self-propelled motor vehicle as provided in s. 627.7265. Medical payments coverage 2192 2193 pays for reasonable expenses for necessary medical, diagnostic, 2194 and rehabilitative services that are lawfully provided, 2195 supervised, ordered, or prescribed by a physician licensed under 2196 chapter 458 or chapter 459, by a dentist licensed under chapter 2197 466, or by a chiropractic physician licensed under chapter 460 2198 or that are provided in a hospital or in a facility that owns, 2199 or is wholly owned by, a hospital. Medical payments coverage 2200 also provides a death benefit of at least \$5,000. 2201 (f) The policyholder may obtain uninsured and underinsured 2202 motorist coverage, which provides benefits, up to the limits of 2203 such coverage, to a policyholder or other insured entitled to 2204 recover damages for bodily injury, sickness, disease, or death 2205 resulting from a motor vehicle accident with an uninsured or 2206 underinsured owner or operator of a motor vehicle. 2207 (g) If the policyholder's new or renewal motor vehicle insurance policy is effective before January 1, 2022, and 2208 2209 contains personal injury protection and property damage 2210 liability coverage as required by state law before January 1, 2211 2022, but does not meet minimum security requirements on or 2212 after January 1, 2022, the policy is deemed to meet minimum

2213 security requirements until it is renewed, nonrenewed, or

2214 canceled on or after January 1, 2022.

Page 77 of 110

406904

2215	(h) A policyholder whose new or renewal policy becomes
2216	effective before January 1, 2022, but does not meet minimum
2217	security requirements on or after January 1, 2022, may change
2218	coverages under the policy so as to eliminate personal injury
2219	protection and to obtain coverage providing minimum security
2220	requirements, including bodily injury liability coverage, which
2221	are effective on or after January 1, 2022.
2222	(i) If the policyholder has any questions, he or she should
2223	contact the person named at the telephone number provided in the
2224	notice.
2225	Section 49. Paragraph (a) of subsection (1) of section
2226	627.728, Florida Statutes, is amended to read:
2227	627.728 Cancellations; nonrenewals
2228	(1) As used in this section, the term:
2229	(a) "Policy" means the bodily injury and property damage
2230	liability, personal injury protection, medical payments,
2231	comprehensive, collision, and uninsured motorist coverage
2232	portions of a policy of motor vehicle insurance delivered or
2233	issued for delivery in this state:
2234	1. Insuring a natural person as named insured or one or
2235	more related individuals <u>who are residents</u> <del>resident</del> of the same
2236	household; and
2237	2. Insuring only a motor vehicle of the private passenger
2238	type or station wagon type which is not used as a public or
2239	livery conveyance for passengers or rented to others; or
2240	insuring any other four-wheel motor vehicle having a load
2241	capacity of 1,500 pounds or less which is not used in the
2242	occupation, profession, or business of the insured other than
2243	farming; other than any policy issued under an automobile

Florida Senate - 2021 Bill No. CS for SB 54

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2244 insurance assigned risk plan or covering garage, automobile 2245 sales agency, repair shop, service station, or public parking 2246 place operation hazards.

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

Section 50. Section 627.7288, Florida Statutes, is amended to read:

627.7288 Comprehensive coverage; <u>deductibles for</u> <del>deductible</del> not to apply to motor vehicle glass.-

(1) Authorized insurers must offer motor vehicle insurance that does not apply any The deductible provisions of the any policy of motor vehicle insurance, delivered or issued in this state by an authorized insurer, providing to comprehensive coverage or combined additional coverage that is shall not be applicable to damage to the windshield of any motor vehicle covered under such policy.

(2) An insurer may also offer, for an actuarially reasonable premium credit or discount, a separate deductible no greater than \$200 for damage to the windshield of any motor vehicle covered under a motor vehicle insurance policy delivered or issued by the insurer in this state.

Section 51. Subsection (1), paragraph (a) of subsection (5), and subsections (6) and (7) of section 627.7295, Florida Statutes, are amended to read:

627.7295 Motor vehicle insurance contracts.-

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

(a) "Policy" means a motor vehicle insurance policy that

Page 79 of 110

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2273 provides bodily injury liability personal injury protection coverage and, property damage liability coverage, or both. 2274

(b) "Binder" means a binder that provides motor vehicle bodily injury liability coverage personal injury protection and property damage liability coverage.

(5) (a) A licensed general lines agent may charge a per-2279 policy fee of up to not to exceed \$10 to cover the administrative costs of the agent associated with selling the motor vehicle insurance policy if the policy covers only bodily injury liability coverage personal injury protection coverage as 2283 provided by s. 627.736 and property damage liability coverage as provided by s. 627.7275 and if no other insurance is sold or issued in conjunction with or collateral to the policy. The fee 2286 is not considered part of the premium.

(6) If a motor vehicle owner's driver license, license plate, and registration have previously been suspended pursuant to s. 316.646 or s. 627.733, an insurer may cancel a new policy only as provided in s. 627.7275.

2291 (7) A policy of private passenger motor vehicle insurance 2292 or a binder for such a policy may be initially issued in this 2293 state only if, before the effective date of such binder or 2294 policy, the insurer or agent has collected from the insured an 2295 amount equal to at least 1 month's premium. An insurer, agent, 2296 or premium finance company may not, directly or indirectly, take 2297 any action that results resulting in the insured paying having 2298 paid from the insured's own funds an amount less than the 1 2299 month's premium required by this subsection. This subsection applies without regard to whether the premium is financed by a 2300 premium finance company or is paid pursuant to a periodic 2301



payment plan of an insurer or an insurance agent.
 (a) This subsection does not apply:

<u>1.</u> If an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group. This subsection does not apply

<u>2.</u> To an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents. This subsection does not apply

<u>3.</u> If all policy payments are paid pursuant to a payroll deduction plan, an automatic electronic funds transfer payment plan from the policyholder, or a recurring credit card or debit card agreement with the insurer.

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(b) This subsection and subsection (4) do not apply if:

<u>1.</u> All policy payments to an insurer are paid pursuant to an automatic electronic funds transfer payment plan from an agent, a managing general agent, or a premium finance company and if the policy includes, at a minimum, <u>bodily injury</u> <u>liability coverage and personal injury protection pursuant to ss. 627.730-627.7405; motor vehicle property damage liability</u> <u>coverage</u> pursuant to s. 627.7275; <u>or</u> and bodily injury liability <u>in at least the amount of \$10,000 because of bodily injury to,</u> or death of, one person in any one accident and in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident. This subsection and subsection (4) do not apply if

28 <u>2.</u> An insured has had a policy in effect for at least 6 29 months, the insured's agent is terminated by the insurer that 30 issued the policy, and the insured obtains coverage on the

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2331 policy's renewal date with a new company through the terminated 2332 agent.

2333 Section 52. Section 627.7415, Florida Statutes, is amended 2334 to read:

2335 627.7415 Commercial motor vehicles; additional liability 2336 insurance coverage.-Beginning January 1, 2022, commercial motor vehicles, as defined in s. 207.002 or s. 320.01, operated upon 2337 the roads and highways of this state must shall be insured with 2339 the following minimum levels of combined bodily liability 2340 insurance and property damage liability insurance in addition to 2341 any other insurance requirements:

(1) Sixty Fifty thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 26,000 pounds or more, but less than 35,000 pounds.

(2) One hundred twenty thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 35,000 pounds or more, but less than 44,000 pounds.

(3) Three hundred thousand dollars per occurrence for a commercial motor vehicle with a gross vehicle weight of 44,000 pounds or more.

(4) All commercial motor vehicles subject to regulations of the United States Department of Transportation, 49 C.F.R. part 387, subpart A, and as may be hereinafter amended, shall be insured in an amount equivalent to the minimum levels of financial responsibility as set forth in such regulations.

A violation of this section is a noncriminal traffic infraction, punishable as a nonmoving violation as provided in chapter 318.

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2360	Section 53. Section 627.747, Florida Statutes, is created
2361	to read:
2362	627.747 Named driver exclusion
2363	(1) A private passenger motor vehicle policy may exclude an
2364	identified individual from the following coverages while the
2365	identified individual is operating a motor vehicle, provided
2366	that the identified individual is specifically excluded by name
2367	on the declarations page or by endorsement, and the policyholder
2368	consents in writing to the exclusion:
2369	(a) Property damage liability coverage.
2370	(b) Bodily injury liability coverage.
2371	(c) Uninsured motorist coverage for any damages sustained
2372	by the identified excluded individual, if the policyholder has
2373	purchased such coverage.
2374	(d) Any coverage the policyholder is not required by law to
2375	purchase.
2376	(2) A private passenger motor vehicle policy may not
2377	exclude coverage when:
2378	(a) The identified excluded individual is injured while not
2379	operating a motor vehicle;
2380	(b) The exclusion is unfairly discriminatory under the
2381	Florida Insurance Code, as determined by the office; or
2382	(c) The exclusion is inconsistent with the underwriting
2383	rules filed by the insurer pursuant to s. 627.0651(13)(a).
2384	Section 54. Paragraphs (b), (c), and (g) of subsection (7),
2385	paragraphs (a) and (b) of subsection (8), and paragraph (b) of
2386	subsection (16) of section 627.748, Florida Statutes, are
2387	amended to read:
2388	627.748 Transportation network companies

Page 83 of 110



2389	(7) TRANSPORTATION NETWORK COMPANY AND TNC DRIVER INSURANCE
2390	REQUIREMENTS
2391	(b) The following automobile insurance requirements apply
2392	while a participating TNC driver is logged on to the digital
2393	network but is not engaged in a prearranged ride:
2394	1. Automobile insurance that provides:
2395	a. A primary automobile liability coverage of at least
2396	\$50,000 for death and bodily injury per person, \$100,000 for
2397	death and bodily injury per incident, and \$25,000 for property
2398	damage; and
2399	b. Personal injury protection benefits that meet the
2400	minimum coverage amounts required under ss. 627.730-627.7405;
2401	and
2402	c. Uninsured and underinsured vehicle coverage as required
2403	by s. 627.727.
2404	2. The coverage requirements of this paragraph may be
2405	satisfied by any of the following:
2406	a. Automobile insurance maintained by the TNC driver or the
2407	TNC vehicle owner;
2408	b. Automobile insurance maintained by the TNC; or
2409	c. A combination of sub-subparagraphs a. and b.
2410	(c) The following automobile insurance requirements apply
2411	while a TNC driver is engaged in a prearranged ride:
2412	1. Automobile insurance that provides:
2413	a. A primary automobile liability coverage of at least \$1
2414	million for death, bodily injury, and property damage; and
2415	b. Personal injury protection benefits that meet the
2416	minimum coverage amounts required of a limousine under ss.
2417	<del>627.730-627.7405; and</del>

Page 84 of 110

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2418 c. Uninsured and underinsured vehicle coverage as required by s. 627.727. 2419 2420 2. The coverage requirements of this paragraph may be 2421 satisfied by any of the following: 2422 a. Automobile insurance maintained by the TNC driver or the 2423 TNC vehicle owner; 2424 b. Automobile insurance maintained by the TNC; or 2425 c. A combination of sub-subparagraphs a. and b. 2426 (g) Insurance satisfying the requirements under this 2427 subsection is deemed to satisfy the financial responsibility 2428 requirement for a motor vehicle under chapter 324 and the 2429 security required under s. 627.733 for any period when the TNC 2430 driver is logged onto the digital network or engaged in a 2431 prearranged ride. 2432 (8) TRANSPORTATION NETWORK COMPANY AND INSURER; DISCLOSURE; 2433 EXCLUSIONS.-2434 (a) Before a TNC driver is allowed to accept a request for 2435 a prearranged ride on the digital network, the TNC must disclose 2436 in writing to the TNC driver: 2437 1. The insurance coverage, including the types of coverage 2438 and the limits for each coverage, which the TNC provides while 2439 the TNC driver uses a TNC vehicle in connection with the TNC's 2440 digital network. 2441 2. That the TNC driver's own automobile insurance policy 2442 might not provide any coverage while the TNC driver is logged on 2443 to the digital network or is engaged in a prearranged ride, 2444 depending on the terms of the TNC driver's own automobile 2445 insurance policy. 3. That the provision of rides for compensation which are 2446



2447 not prearranged rides subjects the driver to the coverage 2448 requirements imposed under s. 324.032(1) and (2) and that 2449 failure to meet such coverage requirements subjects the TNC 2450 driver to penalties provided in s. 324.221, up to and including 2451 a misdemeanor of the second degree.

2452 (b)1. An insurer that provides an automobile liability insurance policy under this part may exclude any and all 2453 2454 coverage afforded under the policy issued to an owner or 2455 operator of a TNC vehicle while driving that vehicle for any 2456 loss or injury that occurs while a TNC driver is logged on to a 2457 digital network or while a TNC driver provides a prearranged 2458 ride. Exclusions imposed under this subsection are limited to 2459 coverage while a TNC driver is logged on to a digital network or 2460 while a TNC driver provides a prearranged ride. This right to 2461 exclude all coverage may apply to any coverage included in an 2462 automobile insurance policy, including, but not limited to:

a. Liability coverage for bodily injury and property damage;

b. Uninsured and underinsured motorist coverage;

c. Medical payments coverage;

- d. Comprehensive physical damage coverage; and
- e. Collision physical damage coverage; and

f. Personal injury protection.

2470 2. The exclusions described in subparagraph 1. apply 2471 notwithstanding any requirement under chapter 324. These 2472 exclusions do not affect or diminish coverage otherwise 2473 available for permissive drivers or resident relatives under the 2474 personal automobile insurance policy of the TNC driver or owner 2475 of the TNC vehicle who are not occupying the TNC vehicle at the

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2476 time of loss. This section does not require that a personal 2477 automobile insurance policy provide coverage while the TNC 2478 driver is logged on to a digital network, while the TNC driver 2479 is engaged in a prearranged ride, or while the TNC driver 2480 otherwise uses a vehicle to transport riders for compensation.

3. This section must not be construed to require an insurer to use any particular policy language or reference to this section in order to exclude any and all coverage for any loss or injury that occurs while a TNC driver is logged on to a digital network or while a TNC driver provides a prearranged ride.

4. This section does not preclude an insurer from providing primary or excess coverage for the TNC driver's vehicle by contract or endorsement.

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(16) LUXURY GROUND TRANSPORTATION NETWORK COMPANIES.-

(b) An entity may elect, upon written notification to the department, to be regulated as a luxury ground TNC. A luxury ground TNC must:

1. Comply with all of the requirements of this section applicable to a TNC, including subsection (17), which do not conflict with subparagraph 2. or which do not prohibit the company from connecting riders to drivers who operate for-hire vehicles as defined in s. 320.01(15), including limousines and luxury sedans and excluding taxicabs.

2. Maintain insurance coverage as required by subsection (7). However, if a prospective luxury ground TNC satisfies 2501 minimum financial responsibility through compliance with s. 2502 324.032(3) s. 324.032(2) by using self-insurance when it gives 2503 the department written notification of its election to be regulated as a luxury ground TNC, the luxury ground TNC may use

Page 87 of 110

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2505 self-insurance to meet the insurance requirements of subsection (7), so long as such self-insurance complies with s. 324.032(3) 2506 2507 s. 324.032(2) and provides the limits of liability required by 2508 subsection (7).

2509 Section 55. Paragraph (a) of subsection (2) of section 2510 627.749, Florida Statutes, is amended to read:

627.749 Autonomous vehicles; insurance requirements.-

(2) INSURANCE REQUIREMENTS.-

(a) A fully autonomous vehicle with the automated driving system engaged while logged on to an on-demand autonomous vehicle network or engaged in a prearranged ride must be covered 2516 by a policy of automobile insurance which provides:

1. Primary liability coverage of at least \$1 million for death, bodily injury, and property damage.

2. Personal injury protection benefits that meet the minimum coverage amounts required under ss. 627.730-627.7405.

3. Uninsured and underinsured vehicle coverage as required by s. 627.727.

Section 56. Section 627.8405, Florida Statutes, is amended to read:

627.8405 Prohibited acts; financing companies.-A No premium finance company shall, in a premium finance agreement or other agreement, may not finance the cost of or otherwise provide for the collection or remittance of dues, assessments, fees, or other periodic payments of money for the cost of:

2530 (1) A membership in an automobile club. The term "automobile club" means a legal entity that which, in 2531 2532 consideration of dues, assessments, or periodic payments of 2533 money, promises its members or subscribers to assist them in

Page 88 of 110



2534 matters relating to the ownership, operation, use, or 2535 maintenance of a motor vehicle; however, the term this definition of "automobile club" does not include persons, 2536 2537 associations, or corporations which are organized and operated 2538 solely for the purpose of conducting, sponsoring, or sanctioning 2539 motor vehicle races, exhibitions, or contests upon racetracks, 2540 or upon racecourses established and marked as such for the 2541 duration of such particular events. As used in this subsection, 2542 the term words "motor vehicle" has used herein have the same 2543 meaning as defined in chapter 320.

(2) An accidental death and dismemberment policy sold in combination with a <u>policy providing only bodily injury liability</u> <u>coverage</u> <u>personal injury protection</u> and property damage liability coverage <del>only policy</del>.

(3) Any product not regulated under the provisions of this insurance code.

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

Section 57. Subsection (1) of section 627.915, Florida Statutes, is amended to read:

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627.915 Insurer experience reporting.-

(1) Each insurer transacting private passenger automobile insurance in this state shall report certain information annually to the office. The information will be due on or before July 1 of each year. The information <u>must shall</u> be divided into

Florida Senate - 2021 Bill No. CS for SB 54



2563 the following categories: bodily injury liability; property 2564 damage liability; uninsured motorist; personal injury protection 2565 benefits; medical payments; and comprehensive and collision. The 2566 information given must shall be on direct insurance writings in 2567 the state alone and shall represent total limits data. The 2568 information set forth in paragraphs (a) - (f) is applicable to 2569 voluntary private passenger and Joint Underwriting Association 2570 private passenger writings and must shall be reported for each 2571 of the latest 3 calendar-accident years, with an evaluation date 2572 of March 31 of the current year. The information set forth in 2573 paragraphs (g)-(j) is applicable to voluntary private passenger 2574 writings and must shall be reported on a calendar-accident year 2575 basis ultimately seven times at seven different stages of 2576 development. 2577 (a) Premiums earned for the latest 3 calendar-accident 2578 years. 2579 (b) Loss development factors and the historic development 2580 of those factors. 2581 (c) Policyholder dividends incurred. 2582 (d) Expenses for other acquisition and general expense. 2583 (e) Expenses for agents' commissions and taxes, licenses, 2584 and fees. 2585 (f) Profit and contingency factors as utilized in the 2586 insurer's automobile rate filings for the applicable years. 2587 (g) Losses paid. 2588 (h) Losses unpaid. 2589 (i) Loss adjustment expenses paid.

2590 (j) Loss adjustment expenses unpaid.

2591 Section 58. Subsections (2) and (3) of section 628.909,

Page 90 of 110

Florida Senate - 2021 Bill No. CS for SB 54



2592	Florida Statutes, are amended to read:
2593	628.909 Applicability of other laws
2594	(2) The following provisions of the Florida Insurance Code
2595	apply to captive insurance companies <u>that</u> who are not industrial
2596	insured captive insurance companies to the extent that such
2597	provisions are not inconsistent with this part:
2598	(a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
2599	624.40851, 624.4095, 624.411, 624.425, and 624.426.
2600	(b) Chapter 625, part II.
2601	(c) Chapter 626, part IX.
2602	(d) Sections 627.730-627.7405, when no-fault coverage is
2603	provided.
2604	<del>(e)</del> Chapter 628.
2605	(3) The following provisions of the Florida Insurance Code
2606	shall apply to industrial insured captive insurance companies to
2607	the extent that such provisions are not inconsistent with this
2608	part:
2609	(a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
2610	624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).
2611	(b) Chapter 625, part II, if the industrial insured captive
2612	insurance company is incorporated in this state.
2613	(c) Chapter 626, part IX.
2614	(d) Sections 627.730-627.7405 when no-fault coverage is
2615	provided.
2616	<del>(e)</del> Chapter 628, except for ss. 628.341, 628.351, and
2617	628.6018.
2618	Section 59. Subsections (2), (6), and (7) of section
2619	705.184, Florida Statutes, are amended to read:
2620	705.184 Derelict or abandoned motor vehicles on the

Page 91 of 110

Florida Senate - 2021 Bill No. CS for SB 54

premises of public-use airports.-



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(2) The airport director or the director's designee shall contact the Department of Highway Safety and Motor Vehicles to notify that department that the airport has possession of the abandoned or derelict motor vehicle and to determine the name and address of the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and any person who has filed a lien on the motor vehicle. Within 7 business days after receipt of the information, the director or the director's designee shall send notice by certified mail, return receipt requested, to the owner 2632 of the motor vehicle, the insurance company insuring the motor 2633 vehicle, notwithstanding the provisions of s. 627.736, and all 2634 persons of record claiming a lien against the motor vehicle. The 2635 notice must shall state the fact of possession of the motor 2636 vehicle, that charges for reasonable towing, storage, and 2637 parking fees, if any, have accrued and the amount thereof, that 2638 a lien as provided in subsection (6) will be claimed, that the 2639 lien is subject to enforcement pursuant to law, that the owner 2640 or lienholder, if any, has the right to a hearing as set forth 2641 in subsection (4), and that any motor vehicle which, at the end 2642 of 30 calendar days after receipt of the notice, has not been 2643 removed from the airport upon payment in full of all accrued 2644 charges for reasonable towing, storage, and parking fees, if 2645 any, may be disposed of as provided in s. 705.182(2)(a), (b), 2646 (d), or (e), including, but not limited to, the motor vehicle 2647 being sold free of all prior liens after 35 calendar days after 2648 the time the motor vehicle is stored if any prior liens on the motor vehicle are more than 5 years of age or after 50 calendar 2649



2650 days after the time the motor vehicle is stored if any prior 2651 liens on the motor vehicle are 5 years of age or less.

2652 (6) The airport pursuant to this section or, if used, a 2653 licensed independent wrecker company pursuant to s. 713.78 shall have a lien on an abandoned or derelict motor vehicle for all 2654 reasonable towing, storage, and accrued parking fees, if any, 2655 2656 except that no storage fee may shall be charged if the motor 2657 vehicle is stored less than 6 hours. As a prerequisite to 2658 perfecting a lien under this section, the airport director or 2659 the director's designee must serve a notice in accordance with 2660 subsection (2) on the owner of the motor vehicle, the insurance 2661 company insuring the motor vehicle, notwithstanding the 2662 provisions of s. 627.736, and all persons of record claiming a 2663 lien against the motor vehicle. If attempts to notify the owner, 2664 the insurance company insuring the motor vehicle, 2665 notwithstanding the provisions of s. 627.736, or lienholders are 2666 not successful, the requirement of notice by mail shall be 2667 considered met. Serving of the notice does not dispense with 2668 recording the claim of lien.

(7)(a) For the purpose of perfecting its lien under this section, the airport shall record a claim of lien which <u>states</u> shall state:

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1. The name and address of the airport.

2. The name of the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle.

2677 3. The costs incurred from reasonable towing, storage, and 2678 parking fees, if any.

Page 93 of 110



2679	4. A description of the motor vehicle sufficient for
2680	identification.
2681	(b) The claim of lien must <del>shall</del> be signed and sworn to or
2682	affirmed by the airport director or the director's designee.
2683	(c) The claim of lien is <del>shall be</del> sufficient if it is in
2684	substantially the following form:
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2686	CLAIM OF LIEN
2687	State of
2688	County of
2689	Before me, the undersigned notary public, personally appeared
2690	, who was duly sworn and says that he/she is the
2691	of; whose address is; and that the
2692	following described motor vehicle:
2693	(Description of motor vehicle)
2694	owned by, whose address is, has accrued
2695	\$ in fees for a reasonable tow, for storage, and for
2696	parking, if applicable; that the lienor served its notice to the
2697	owner, the insurance company insuring the motor vehicle
2698	notwithstanding the provisions of s. 627.736, Florida Statutes,
2699	and all persons of record claiming a lien against the motor
2700	vehicle on,(year), by
2701	(Signature)
2702	Sworn to (or affirmed) and subscribed before me this day of
2703	,(year), by(name of person making statement)
2704	(Signature of Notary Public)(Print, Type, or Stamp
2705	Commissioned name of Notary Public)
2706	Personally KnownOR Producedas identification.
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However, the negligent inclusion or omission of any information in this claim of lien which does not prejudice the owner does not constitute a default that operates to defeat an otherwise valid lien.

2712 (d) The claim of lien must shall be served on the owner of 2713 the motor vehicle, the insurance company insuring the motor 2714 vehicle, notwithstanding the provisions of s. 627.736, and all 2715 persons of record claiming a lien against the motor vehicle. If 2716 attempts to notify the owner, the insurance company insuring the 2717 motor vehicle notwithstanding the provisions of s. 627.736, or 2718 lienholders are not successful, the requirement of notice by 2719 mail shall be considered met. The claim of lien must shall be so 2720 served before recordation.

(e) The claim of lien <u>must</u> shall be recorded with the clerk of court in the county where the airport is located. The recording of the claim of lien shall be constructive notice to all persons of the contents and effect of such claim. The lien <u>attaches</u> shall attach at the time of recordation and <u>takes</u> shall take priority as of that time.

Section 60. Subsection (4) of section 713.78, Florida Statutes, is amended to read:

2729 713.78 Liens for recovering, towing, or storing vehicles 2730 and vessels.—

(4) (a) A person regularly engaged in the business of recovering, towing, or storing vehicles or vessels who comes into possession of a vehicle or vessel pursuant to subsection (2), and who claims a lien for recovery, towing, or storage services, shall give notice, by certified mail, to the registered owner, the insurance company insuring the vehicle

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2737 notwithstanding s. 627.736, and all persons claiming a lien 2738 thereon, as disclosed by the records in the Department of 2739 Highway Safety and Motor Vehicles or as disclosed by the records 2740 of any corresponding agency in any other state in which the 2741 vehicle is identified through a records check of the National 2742 Motor Vehicle Title Information System or an equivalent 2743 commercially available system as being titled or registered.

(b) Whenever a law enforcement agency authorizes the removal of a vehicle or vessel or whenever a towing service, garage, repair shop, or automotive service, storage, or parking place notifies the law enforcement agency of possession of a vehicle or vessel pursuant to s. 715.07(2)(a)2., the law enforcement agency of the jurisdiction where the vehicle or vessel is stored shall contact the Department of Highway Safety and Motor Vehicles, or the appropriate agency of the state of registration, if known, within 24 hours through the medium of electronic communications, giving the full description of the vehicle or vessel. Upon receipt of the full description of the vehicle or vessel, the department shall search its files to determine the owner's name, the insurance company insuring the vehicle or vessel, and whether any person has filed a lien upon the vehicle or vessel as provided in s. 319.27(2) and (3) and notify the applicable law enforcement agency within 72 hours. The person in charge of the towing service, garage, repair shop, or automotive service, storage, or parking place shall obtain such information from the applicable law enforcement agency within 5 days after the date of storage and shall give notice pursuant to paragraph (a). The department may release the insurance company information to the requestor notwithstanding



2766 <del>s. 627.736</del>.

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(c) The notice of lien must be sent by certified mail to the registered owner, the insurance company insuring the vehicle notwithstanding s. 627.736, and all other persons claiming a lien thereon within 7 business days, excluding Saturday and Sunday, after the date of storage of the vehicle or vessel. However, in no event shall the notice of lien be sent less than 30 days before the sale of the vehicle or vessel. The notice must state:

1. If the claim of lien is for a vehicle, the last 8 digits of the vehicle identification number of the vehicle subject to the lien, or, if the claim of lien is for a vessel, the hull identification number of the vessel subject to the lien, clearly printed in the delivery address box and on the outside of the envelope sent to the registered owner and all other persons claiming an interest therein or lien thereon.

2. The name, physical address, and telephone number of the lienor, and the entity name, as registered with the Division of Corporations, of the business where the towing and storage occurred, which must also appear on the outside of the envelope sent to the registered owner and all other persons claiming an interest in or lien on the vehicle or vessel.

3. The fact of possession of the vehicle or vessel.

4. The name of the person or entity that authorized the lienor to take possession of the vehicle or vessel.

5. That a lien as provided in subsection (2) is claimed.6. That charges have accrued and include an itemized statement of the amount thereof.

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7. That the lien is subject to enforcement under law and

Page 97 of 110

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2795 that the owner or lienholder, if any, has the right to a hearing 2796 as set forth in subsection (5).

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

9. The address at which the vehicle or vessel is physically located.

(d) The notice of lien may not be sent to the registered owner, the insurance company insuring the vehicle or vessel, and all other persons claiming a lien thereon less than 30 days before the sale of the vehicle or vessel.

2810 (e) If attempts to locate the name and address of the owner 2811 or lienholder prove unsuccessful, the towing-storage operator 2812 shall, after 7 business days, excluding Saturday and Sunday, 2813 after the initial tow or storage, notify the public agency of 2814 jurisdiction where the vehicle or vessel is stored in writing by 2815 certified mail or acknowledged hand delivery that the towing-2816 storage company has been unable to locate the name and address 2817 of the owner or lienholder and a physical search of the vehicle 2818 or vessel has disclosed no ownership information and a good 2819 faith effort has been made, including records checks of the 2820 Department of Highway Safety and Motor Vehicles database and the 2821 National Motor Vehicle Title Information System or an equivalent 2822 commercially available system. For purposes of this paragraph and subsection (9), the term "good faith effort" means that the 2823



2824 following checks have been performed by the company to establish 2825 the prior state of registration and for title:

1. A check of the department's database for the owner and any lienholder.

2. A check of the electronic National Motor Vehicle Title Information System or an equivalent commercially available system to determine the state of registration when there is not a current registration record for the vehicle or vessel on file with the department.

3. A check of the vehicle or vessel for any type of tag, tag record, temporary tag, or regular tag.

4. A check of the law enforcement report for a tag number or other information identifying the vehicle or vessel, if the vehicle or vessel was towed at the request of a law enforcement officer.

5. A check of the trip sheet or tow ticket of the tow truck operator to determine whether a tag was on the vehicle or vessel at the beginning of the tow, if a private tow.

6. If there is no address of the owner on the impound report, a check of the law enforcement report to determine whether an out-of-state address is indicated from driver license information.

2846 7. A check of the vehicle or vessel for an inspection 2847 sticker or other stickers and decals that may indicate a state 2848 of possible registration.

2849 8. A check of the interior of the vehicle or vessel for any 2850 papers that may be in the glove box, trunk, or other areas for a 2851 state of registration.

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9. A check of the vehicle for a vehicle identification

Florida Senate - 2021 Bill No. CS for SB 54

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2853 number. 10. A check of the vessel for a vessel registration number. 2854 11. A check of the vessel hull for a hull identification 2855 2856 number which should be carved, burned, stamped, embossed, or 2857 otherwise permanently affixed to the outboard side of the 2858 transom or, if there is no transom, to the outmost seaboard side 2859 at the end of the hull that bears the rudder or other steering 2860 mechanism. Section 61. Section 768.852, Florida Statutes, is created 2861 2862 to read: 2863 768.852 Limitation on damages due to operating a motor 2864 vehicle while uninsured.-2865 (1) Except as provided in subsection (2), if a person 2866 suffers an injury or death while operating a motor vehicle and 2867 the person knew or should have known that he or she was not in 2868 compliance with applicable laws requiring the maintenance of 2869 insurance coverage or other forms of financial responsibility, 2870 the person or the person's personal representative may recover 2871 damages only for personal injury or wrongful death, and the 2872 amount of damages recovered may not exceed the minimum financial 2873 responsibility required under s. 324.022(1)(a)1. 2874 (2) The limitation on damages in subsection (1) does not 2875 apply if the person who is liable for the personal injury or 2876 wrongful death: 2877 (a) Was driving while under the influence of an alcoholic 2878 beverage, inhalant, or controlled substance; 2879 (b) Acted intentionally, recklessly, or with gross 2880 negligence; 2881 (c) Fled from the scene of the accident; or

Page 100 of 110

406904

2882	(d) Was acting in furtherance of an offense or in immediate
2883	flight from an offense that constitutes a felony at the time of
2884	the accident.
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2887	And the title is amended as follows:
2888	Delete lines 30 - 252
2889	and insert:
2890	legislative intent; amending s. 324.021, F.S.;
2891	revising definitions of the terms "motor vehicle" and
2892	"proof of financial responsibility"; revising minimum
2893	coverage requirements for proof of financial
2894	responsibility for specified motor vehicles; defining
2895	the term "for-hire passenger transportation vehicle";
2896	conforming provisions to changes made by the act;
2897	amending s. 324.022, F.S.; revising minimum liability
2898	coverage requirements for motor vehicle owners or
2899	operators; revising authorized methods for meeting
2900	such requirements; providing alternative minimum
2901	liability insurance coverage requirements for certain
2902	motor vehicle owners or operators; deleting a
2903	provision relating to an insurer's duty to defend
2904	certain claims; revising the vehicles that are
2905	excluded from the definition of the term "motor
2906	vehicle"; providing security requirements for certain
2907	excluded vehicles; specifying circumstances when
2908	motorcycles are subject to financial responsibility
2909	requirements; conforming provisions to changes made by
2910	the act; conforming cross-references; amending s.

Page 101 of 110



2911 324.0221, F.S.; revising coverages that subject a 2912 policy to certain insurer reporting and notice requirements; conforming provisions to changes made by 2913 2914 the act; creating s. 324.0222, F.S.; providing that 2915 driver license or registration suspensions for failure 2916 to maintain required security which were in effect 2917 before a specified date remain in full force and 2918 effect; providing that such suspended licenses or 2919 registrations may be reinstated as provided in a 2920 specified section; amending s. 324.023, F.S.; 2921 conforming cross-references; making technical changes; 2922 amending s. 324.031, F.S.; specifying a method of 2923 proving financial responsibility; revising the amount 2924 of a certificate of deposit required to elect a 2925 certain method of proof of financial responsibility; 2926 revising excess liability coverage requirements for a 2927 person electing to use such method; amending s. 2928 324.032, F.S.; revising financial responsibility 2929 requirements for owners or lessees of for-hire 2930 passenger transportation vehicles; amending s. 2931 324.051, F.S.; specifying that motor vehicles include 2932 motorcycles for purposes of the section; making 2933 technical changes; amending ss. 324.071, and 324.091, F.S.; making technical changes; amending s. 324.151, 2934 2935 F.S.; revising requirements for motor vehicle 2936 liability insurance policies relating to coverage, and 2937 exclusion from coverage, for certain drivers and 2938 vehicles; defining terms; conforming provisions to changes made by the act; making technical changes; 2939

Florida Senate - 2021 Bill No. CS for SB 54



2940 amending s. 324.161, F.S.; revising requirements for a 2941 certificate of deposit that is required if a person elects a certain method of proving financial 2942 2943 responsibility; amending s. 324.171, F.S.; revising 2944 the minimum net worth requirements to qualify certain 2945 persons as self-insurers; conforming provisions to 2946 changes made by the act; amending s. 324.251, F.S.; 2947 revising the short title and an effective date; 2948 amending s. 400.9905, F.S.; revising the definition of the term "clinic"; amending ss. 400.991 and 400.9935, 2949 2950 F.S.; conforming provisions to changes made by the 2951 act; amending s. 409.901, F.S.; revising the 2952 definition of the term "third-party benefit"; amending 2953 s. 409.910, F.S.; revising the definition of the term 2954 "medical coverage"; amending s. 456.057, F.S.; 2955 conforming a provision to changes made by the act; 2956 amending s. 456.072, F.S.; revising specified grounds 2957 for discipline for certain health professions; 2958 defining the term "upcoded"; amending s. 559.920, 2959 F.S.; prohibiting certain practices by motor vehicle 2960 repair shops or motor vehicle glass repair facilities 2961 with respect to the replacement or repair of motor 2962 vehicle windshields; amending s. 624.155, F.S.; 2963 providing an exception to the circumstances under 2964 which a person who is damaged may bring a civil action 2965 against an insurer; adding a cause of action against 2966 insurers in certain circumstances; providing that a 2967 person is not entitled to judgments under multiple bad faith remedies; creating s. 624.156, F.S.; providing 2968

Page 103 of 110



2969 that the section applies to bad faith failure to 2970 settle actions against any insurer brought by a third 2971 party for a loss arising out of the ownership, 2972 maintenance, or use of a motor vehicle under specified 2973 circumstances; providing that insurers have a duty of 2974 good faith; defining the term "bad faith failure to 2975 settle"; specifying best practice standards for 2976 insurers upon receiving notice of a claim or a demand 2977 for settlement; specifying certain requirements for 2978 insurer communications to an insured in handling 2979 third-party claims; specifying requirements for the 2980 insurer when a loss involves multiple claimants under 2981 certain conditions; specifying conditions precedent 2982 for claimants filing third-party bad faith failure to 2983 settle actions; specifying requirements for 2984 information that must be included in a demand for 2985 settlement; requiring a demand for settlement to 2986 release the insured from liability under certain 2987 conditions; requiring the demand for settlement be 2988 served upon the insurer at the address designated with 2989 the Department of Financial Services; prohibiting 2990 claimants from placing conditions on acceptance of a 2991 demand for settlement other than electing the right to 2992 examine the insured under oath regarding certain 2993 information; authorizing claimants to examine insureds 2994 under oath under certain conditions; authorizing the 2995 claimant to request the insured bring relevant 2996 documents to the examination under oath; prohibiting 2997 the claimant from examining the insured under oath



2998 regarding liability; providing an exception; requiring 2999 the claimant, insurer, and insured to cooperate in 3000 scheduling the examination under oath; specifying the 3001 timeframe within which the examination must take 3002 place; authorizing the claimant to withdraw the demand 3003 for settlement if the insured refuses to submit to an 3004 examination under oath; authorizing an insurer to accept a demand for settlement if the insured refuses 3005 3006 to submit to an examination under oath; absolving an 3007 insurer of a duty to defend and of liability under 3008 certain circumstances; specifying the timeframe within 3009 which a claimant may withdraw a demand for settlement; 3010 providing that insurers may not be held liable in 3011 certain third-party bad faith failure to settle 3012 actions if they tender policy limits within a certain 3013 timeframe; providing that insurers may not be held 3014 liable in third-party bad faith failure to settle actions involving multiple claimants if such insurers 3015 3016 file an interpleader action within a certain time 3017 frame; specifying that certain provisions providing 3018 that insurers may not be held liable for a bad faith 3019 failure to settle do not affect certain other duties 3020 of such insurers; specifying that insurers that accept 3021 demands for settlement are entitled to releases of 3022 their insureds; providing an exception; requiring claimants to prove in any third-party bad faith 3023 3024 failure to settle action by a preponderance of the 3025 evidence that the insurer violated its duty of good 3026 faith and in bad faith failed to settle; specifying

Page 105 of 110



3027 factors for the trier of fact to consider in 3028 determining whether an insurer violated its duty of 3029 good faith and in bad faith failed to settle; 3030 requiring the trier of fact to be informed of an 3031 excess judgment; prohibiting disclosure of certain 3032 judgment information to the trier of fact; limiting 3033 damages in third-party bad faith failure to settle 3034 actions; providing that judgment creditors must be 3035 subrogated to the rights of the insured under certain 3036 circumstances; prohibiting multiple bad faith 3037 remedies; amending s. 626.9541, F.S.; conforming a 3038 provision to changes made by the act; revising the 3039 type of insurance coverage applicable to a certain 3040 prohibited act; amending s. 626.989, F.S.; revising 3041 the definition of the term "fraudulent insurance act"; 3042 amending s. 627.06501, F.S.; revising coverages that 3043 may provide for a reduction in motor vehicle insurance 3044 policy premium charges under certain circumstances; 3045 amending s. 627.0651, F.S.; specifying requirements 3046 for initial rate filings for motor vehicle liability 3047 policies submitted to the Office of Insurance 3048 Regulation beginning on a specified date; amending s. 3049 627.0652, F.S.; revising coverages that must provide a 3050 premium charge reduction under certain circumstances; 3051 amending s. 627.0653, F.S.; revising coverages subject 3052 to premium discounts for specified motor vehicle 3053 equipment; amending s. 627.4132, F.S.; revising 3054 coverages that are subject to a stacking prohibition; amending s. 627.4137, F.S.; requiring that insurers 3055

Page 106 of 110



3056 disclose certain information at the request of a 3057 claimant's attorney; authorizing a claimant to file an action under certain circumstances; providing for the 3058 3059 award of reasonable attorney fees and costs under 3060 certain circumstances; amending s. 627.7263, F.S.; 3061 revising coverages that are deemed primary, except 3062 under certain circumstances, for the lessor of a motor 3063 vehicle for lease or rent; revising a notice that is 3064 required if the lessee's coverage is to be primary; 3065 creating s. 627.7265, F.S.; specifying persons whom 3066 medical payments coverage must protect; requiring 3067 medical payments coverage to cover reasonable expenses 3068 for certain medical services provided by specified 3069 providers and facilities and to provide a death 3070 benefit; specifying the minimum medical expense and 3071 death benefit limits; specifying coverage options an 3072 insurer is required or authorized to offer; providing 3073 construction relating to limits on certain other 3074 coverages; requiring insurers, upon receiving certain notice of an accident, to hold a specified reserve for 3075 3076 certain purposes for a certain timeframe; providing 3077 that the reserve requirement does not require insurers 3078 to establish a claim reserve for accounting purposes; 3079 specifying that an insurer providing medical payments 3080 coverage benefits may not seek a lien on a certain 3081 recovery and may not bring a certain cause of action; 3082 authorizing insurers to include policy provisions 3083 allowing for subrogation, under certain circumstances, 3084 for medical payments benefits paid; providing

Page 107 of 110



3085 construction; specifying a requirement for an insured 3086 for repayment of medical payments benefits under 3087 certain circumstances; prohibiting insurers from 3088 including policy provisions allowing for subrogation 3089 for death benefits paid; amending s. 627.727, F.S.; 3090 revising the legal liability of an uninsured motorist 3091 coverage insurer; conforming provisions to changes 3092 made by the act; amending s. 627.7275, F.S.; revising 3093 required coverages for a motor vehicle insurance 3094 policy; specifying that insurers must make certain 3095 coverages available under certain circumstances; 3096 requiring insurers to make certain notices to certain 3097 persons; specifying that insurers need not verify the 3098 veracity of certain representations made by an 3099 applicant or insured; prohibiting insurers from 3100 denying or excluding certain coverages in certain 3101 circumstances; conforming provisions to changes made 3102 by the act; creating s. 627.7278, F.S.; defining the 3103 term "minimum security requirements"; providing 3104 requirements, applicability, and construction relating 3105 to motor vehicle insurance policies as of a certain date; requiring insurers to allow certain insureds to 3106 3107 make certain coverage changes, subject to certain 3108 conditions; requiring an insurer to provide, by a 3109 specified date, a specified notice to policyholders 3110 relating to requirements under the act; amending s. 3111 627.728, F.S.; conforming a provision to changes made 3112 by the act; making technical changes; amending s. 627.7288, F.S.; providing that insurers must offer 3113

Page 108 of 110



3114 policies providing certain coverages for windshield 3115 loss without a deductible; providing that insurers may 3116 offer certain deductibles for windshield loss for an 3117 appropriate premium discount or credit; amending s. 3118 627.7295, F.S.; revising the definitions of the terms 3119 "policy" and "binder"; revising the coverages of a 3120 motor vehicle insurance policy for which a licensed 3121 general lines agent may charge a specified fee; 3122 conforming provisions to changes made by the act; 3123 amending s. 627.7415, F.S.; revising additional 3124 liability insurance requirements for commercial motor 3125 vehicles; creating s. 627.747, F.S.; providing that 3126 private passenger motor vehicle policies may exclude 3127 certain identified individuals from specified 3128 coverages under certain circumstances; providing that 3129 such policies may not exclude coverage under certain 3130 circumstances; amending s. 627.748, F.S.; revising 3131 insurance requirements for transportation network 3132 company drivers; conforming provisions to changes made 3133 by the act; amending s. 627.749, F.S.; conforming a 3134 provision to changes made by the act; amending s. 3135 627.8405, F.S.; revising coverages in a policy sold in 3136 combination with an accidental death and dismemberment 3137 policy which a premium finance company may not 3138 finance; revising rulemaking authority of the 3139 Financial Services Commission; amending ss. 627.915, 3140 628.909, 705.184, and 713.78, F.S.; conforming provisions to changes made by the act; making 3141 technical changes; creating s. 768.852, F.S.; 3142

Page 109 of 110



3143 providing that when certain persons do not comply with 3144 certain insurance or financial responsibility 3145 requirements, such persons or their personal 3146 representatives may not obtain recovery in excess of 3147 certain amounts for the person's bodily injuries or 3148 death; providing exceptions; amending s. 817.234, 3149 F.S.; revising