



Amendment No.

17 Section 2. Paragraph (b) of subsection (10) of section  
18 624.307, Florida Statutes, is amended to read:

19 624.307 General powers; duties.—

20 (10)

21 (b) Any person licensed or issued a certificate of  
22 authority by the department or the office shall respond, in  
23 writing, to the division within 20 days after receipt of a  
24 written request for documents and information from the division  
25 concerning a consumer complaint. The response must address the  
26 issues and allegations raised in the complaint and include any  
27 requested documents concerning the consumer complaint that are  
28 not subject to attorney-client or work-product privilege. The  
29 division may impose an administrative penalty for failure to  
30 comply with this paragraph of up to \$2,500 per violation upon  
31 any entity licensed by the department or the office and \$250 for  
32 the first violation, \$500 for the second violation, and up to  
33 \$1,000 for the third or subsequent violation upon any individual  
34 licensed by the department or the office.

35 Section 3. Subsection (20) of section 624.501, Florida  
36 Statutes, is amended to read:

37 624.501 Filing, license, appointment, and miscellaneous  
38 fees.—The department, commission, or office, as appropriate,  
39 shall collect in advance, and persons so served shall pay to it  
40 in advance, fees, licenses, and miscellaneous charges as  
41 follows:

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Amendment No.

42 ~~(20) Adjusting firm, original or renewal 3-year~~  
43 ~~license.....\$60.00~~

44 Section 4. Subsection (9) of section 626.112, Florida  
45 Statutes, is renumbered as subsection (10), paragraph (d) of  
46 subsection (7) and present subsection (9) are amended, and a new  
47 subsection (9) is added to that section, to read:

48 626.112 License and appointment required; agents, customer  
49 representatives, adjusters, insurance agencies, service  
50 representatives, managing general agents, adjusting firms.-

51 (7)

52 ~~(d) Effective October 1, 2015, the department must~~  
53 ~~automatically convert the registration of an approved registered~~  
54 ~~insurance agency to an insurance agency license.~~

55 (9) (a) An individual, firm, partnership, corporation,  
56 association, or other entity may not act in its own name or  
57 under a trade name, directly or indirectly, as an adjusting firm  
58 unless it complies with s. 626.8696 with respect to possessing  
59 an adjusting firm license for each place of business at which it  
60 engages in an activity that may be performed only by a licensed  
61 insurance adjuster. However, an adjusting firm that is owned and  
62 operated by a single licensed adjuster conducting business in  
63 his or her individual name and not employing or otherwise using  
64 the services of or appointing other licensees is exempt from the  
65 adjusting firm licensing requirements of this paragraph.

66 (b) A branch place of business that is established by a

Amendment No.

67 licensed adjusting firm is considered a branch firm and is not  
68 required to be licensed if:

69 1. It transacts business under the same name and federal  
70 tax identification number as the licensed adjusting firm;

71 2. It has designated with the department a primary  
72 adjuster operating the location as required by s. 626.8695; and

73 3. The address and telephone number of the branch location  
74 have been submitted to the department for inclusion in the  
75 licensing record of the licensed adjusting firm within 30 days  
76 after insurance transactions begin at the branch location.

77 (c) If an adjusting firm is required to be licensed but  
78 fails to file an application for licensure in accordance with  
79 this section, the department shall impose on the firm an  
80 administrative penalty of up to \$10,000.

81 (10)-(9) Any person who knowingly transacts insurance or  
82 otherwise engages in insurance activities in this state without  
83 a license in violation of this section or who knowingly aids or  
84 abets an unlicensed person in transacting insurance or otherwise  
85 engaging in insurance activities in this state without a license  
86 commits a felony of the third degree, punishable as provided in  
87 s. 775.082, s. 775.083, or s. 775.084.

88 Section 5. Subsection (4) is added to section 626.602,  
89 Florida Statutes, to read:

90 626.602 Insurance agency names; disapproval.—The  
91 department may disapprove the use of any true or fictitious

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

92 name, other than the bona fide natural name of an individual, by  
93 any insurance agency on any of the following grounds:

94 (4) The name contains the word "Medicare" or "Medicaid."

95 An agency whose name contains the word "Medicare" or "Medicaid"  
96 but which is licensed as of July 1, 2021, may continue to use  
97 that name until June 30, 2023, as long as the agency's license  
98 remains valid. If the agency's license expires or is suspended  
99 or revoked, the agency may not be relicensed using that name.

100 Licenses containing either of these words automatically expire  
101 on July 1, 2023, unless these words are removed from the name.

102 Section 6. Subsections (16) and (17) are added to section  
103 626.621, Florida Statutes, to read:

104 626.621 Grounds for discretionary refusal, suspension, or  
105 revocation of agent's, adjuster's, customer representative's,  
106 service representative's, or managing general agent's license or  
107 appointment.—The department may, in its discretion, deny an  
108 application for, suspend, revoke, or refuse to renew or continue  
109 the license or appointment of any applicant, agent, adjuster,  
110 customer representative, service representative, or managing  
111 general agent, and it may suspend or revoke the eligibility to  
112 hold a license or appointment of any such person, if it finds  
113 that as to the applicant, licensee, or appointee any one or more  
114 of the following applicable grounds exist under circumstances  
115 for which such denial, suspension, revocation, or refusal is not  
116 mandatory under s. 626.611:

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

117           (16) Taking an action that allows the personal financial  
118 or medical information of a consumer or customer to be made  
119 available or accessible to the general public, regardless of the  
120 format in which the record is stored.

121           (17) Initiating in-person or telephone solicitation after  
122 9 p.m. or before 8 a.m. local time of the prospective customer  
123 unless requested by the prospective customer.

124           Section 7. Section 626.782, Florida Statutes, is amended  
125 to read:

126           626.782 "Industrial class insurer" defined.—An "industrial  
127 class insurer" is an insurer collecting premiums on policies of  
128 ~~writing~~ industrial life insurance, as defined in s. 627.502,  
129 written before July 1, 2021, and as to such insurance, operates  
130 under a system of collecting a debit by its agent.

131           Section 8. Section 626.783, Florida Statutes, is amended  
132 to read:

133           626.783 "Ordinary-combination class insurer" defined.—An  
134 "ordinary-combination class insurer" is an insurer writing ~~both~~  
135 ordinary class insurance and collecting premiums on existing  
136 industrial life ~~class~~ insurance.

137           Section 9. Section 626.796, Florida Statutes, is repealed.

138           Section 10. Subsections (6), (11), and (19) of section  
139 626.854, Florida Statutes, are amended, and subsections (20) and  
140 (21) are added to that section, to read:

Amendment No.

141 626.854 "Public adjuster" defined; prohibitions.—The  
142 Legislature finds that it is necessary for the protection of the  
143 public to regulate public insurance adjusters and to prevent the  
144 unauthorized practice of law.

145 (6) An insured or claimant may cancel a public adjuster's  
146 contract to adjust a claim without penalty or obligation within  
147 10 calendar ~~3 business~~ days after the date on which the contract  
148 is executed ~~or within 3 business days after the date on which~~  
149 ~~the insured or claimant has notified the insurer of the claim,~~  
150 ~~whichever is later.~~ The public adjuster's contract must contain  
151 the following language in minimum 18-point bold type: "You, the  
152 insured, may cancel this contract for any reason without penalty  
153 or obligation to you within 10 days after the date of this  
154 contract by providing notice to (name of public adjuster) ,  
155 submitted in writing and sent by certified mail, return receipt  
156 requested, or other form of mailing that provides proof thereof,  
157 at the address specified in the contract." ~~disclose to the~~  
158 ~~insured or claimant his or her right to cancel the contract and~~  
159 ~~advise the insured or claimant that notice of cancellation must~~  
160 ~~be submitted in writing and sent by certified mail, return~~  
161 ~~receipt requested, or other form of mailing that provides proof~~  
162 ~~thereof, to the public adjuster at the address specified in the~~  
163 ~~contract; provided, during any state of emergency as declared by~~  
164 ~~the Governor and for 1 year after the date of loss, the insured~~  
165 ~~or claimant has 5 business days after the date on which the~~

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

166 ~~contract is executed to cancel a public adjuster's contract.~~

167 (11) Each public adjuster must provide to the claimant or  
168 insured a written estimate of the loss to assist in the  
169 submission of a proof of loss or any other claim for payment of  
170 insurance proceeds within 60 days after the date of the public  
171 adjuster's contract. The written estimate must include an  
172 itemized, per-unit estimate of the repairs, including itemized  
173 information on equipment, materials, labor, and supplies, in  
174 accordance with accepted industry standards. The public adjuster  
175 shall retain such written estimate for at least 5 years and  
176 shall make the estimate available to the claimant or insured,  
177 the insurer, and the department upon request.

178 (19) Except as otherwise provided in this chapter, no  
179 person, except an attorney at law or a licensed public adjuster,  
180 may for money, commission, or any other thing of value, directly  
181 or indirectly:

182 (a) Prepare, complete, or file an insurance claim for an  
183 insured or a third-party claimant;

184 (b) Act on behalf of or aid an insured or a third-party  
185 claimant in negotiating for or effecting the settlement of a  
186 claim for loss or damage covered by an insurance contract;

187 (c) Offer to initiate or negotiate a claim on behalf of an  
188 insured;

189 (d)-(e) Advertise services that require a license for  
190 employment as a public adjuster; or

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Published On: 4/18/2021 5:53:34 PM



Amendment No.

191 ~~(e)-(d)~~ Solicit, investigate, or adjust a claim on behalf  
192 of a public adjuster, an insured, or a third-party claimant.

193 (20) The department may take administrative actions and  
194 impose fines not to exceed \$10,000 per violation, against any  
195 persons performing claims adjusting, soliciting, or any other  
196 services under this section without the required licensure under  
197 s. 626.112 or this section. The department shall adopt rules to  
198 implement this section.

199 (21) A public adjuster, public adjuster apprentice, or  
200 public adjusting firm that solicits a claim and does not enter  
201 into a lawful contract with an insured or third-party claimant  
202 pursuant to paragraph (10) (a) may not charge an insured or  
203 third-party claimant or receive payment by any other source for  
204 any type of service related to the insured's or third-party  
205 claimant's claim.

206 Section 11. Effective January 1, 2022, subsection (3) of  
207 section 626.916, Florida Statutes, is amended, and paragraph (f)  
208 is added to subsection (1) of that section, to read:

209 626.916 Eligibility for export.—

210 (1) No insurance coverage shall be eligible for export  
211 unless it meets all of the following conditions:

212 (f) The insured has signed or otherwise provided  
213 documented acknowledgment of a disclosure in substantially the  
214 following form: "You are agreeing to place coverage in the  
215 surplus lines market. Coverage may be available in the admitted

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

216 market. Persons insured by surplus lines carriers are not  
217 protected under the Florida Insurance Guaranty Act with respect  
218 to any right of recovery for the obligation of an insolvent  
219 unlicensed insurer."

220 (3) (a) Subsection (1) does not apply to wet marine and  
221 transportation or aviation risks that ~~which~~ are subject to s.  
222 626.917.

223 (b) Paragraphs (1) (a)-(d) do not apply to classes of  
224 insurance which are subject to s. 627.062(3)(d)1. These classes  
225 may be exportable under the following conditions:

226 1. The insurance must be placed only by or through a  
227 surplus lines agent licensed in this state;

228 2. The insurer must be made eligible under s. 626.918; and

229 3. The insured has complied with paragraph (1) (f). ~~must~~  
230 ~~sign a disclosure that substantially provides the following:~~  
231 ~~"You are agreeing to place coverage in the surplus lines market.~~  
232 ~~Superior coverage may be available in the admitted market and at~~  
233 ~~a lesser cost. Persons insured by surplus lines carriers are not~~  
234 ~~protected under the Florida Insurance Guaranty Act with respect~~  
235 ~~to any right of recovery for the obligation of an insolvent~~  
236 ~~unlicensed insurer."~~ If the disclosure in paragraph (1) (f)  
237 ~~notice~~ is signed by the insured, the insured is presumed to have  
238 been informed and to know that other coverage may be available,  
239 and, with respect to the diligent-effort requirement under  
240 subsection (1), there is no liability on the part of, and no

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

241 cause of action arises against, the retail agent presenting the  
242 form.

243 Section 12. Paragraph (z) of subsection (1) of section  
244 626.9541, Florida Statutes, is amended to read:

245 626.9541 Unfair methods of competition and unfair or  
246 deceptive acts or practices defined.—

247 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE  
248 ACTS.—The following are defined as unfair methods of competition  
249 and unfair or deceptive acts or practices:

250 (z) Sliding.—Sliding is the act or practice of any of the  
251 following:

252 1. Representing to the applicant that a specific ancillary  
253 coverage or product is required by law in conjunction with the  
254 purchase of insurance when such coverage or product is not  
255 required.~~†~~

256 2. Representing to the applicant that a specific ancillary  
257 coverage or product is included in the policy applied for  
258 without an additional charge when such charge is required.~~†~~~~or~~

259 3. Charging an applicant for a specific ancillary coverage  
260 or product, in addition to the cost of the insurance coverage  
261 applied for, without the informed consent of the applicant.

262 4. Initiating, effectuating, binding, or otherwise issuing  
263 a policy of insurance without the prior informed consent of the  
264 owner of the property to be insured.

Amendment No.

265       5. Mailing, transmitting, or otherwise submitting by any  
266 means an invoice for premium payment to a mortgagee or escrow  
267 agent for the purpose of effectuating an insurance policy  
268 without the prior informed consent of the owner of the property  
269 to be insured. However, this subparagraph does not apply to  
270 cases in which the mortgagee or escrow agent is renewing  
271 insurance or issuing collateral protection insurance, as defined  
272 in s. 624.6085, pursuant to the mortgage or other pertinent loan  
273 documents or communications regarding the property.

274       Section 13. Effective January 1, 2022, subsection (3) of  
275 section 626.9741, Florida Statutes, is amended to read:

276       626.9741 Use of credit reports and credit scores by  
277 insurers.—

278       (3) An insurer must inform an applicant or insured, in the  
279 same medium as the application is taken, that a credit report or  
280 score is being requested for underwriting or rating purposes.  
281 The notification to the applicant or insured must include the  
282 following language: "The Department of Financial Services offers  
283 free financial literacy programs to assist you with insurance-  
284 related questions, including how credit works and how credit  
285 scores are calculated. To learn more, visit  
286 www.myfloridacfo.com." An insurer that makes an adverse decision  
287 based, in whole or in part, upon a credit report must provide at  
288 no charge, a copy of the credit report to the applicant or  
289 insured or provide the applicant or insured with the name,

662753 - h0717-strike.docx

Published On: 4/18/2021 5:53:34 PM

Amendment No.

290 address, and telephone number of the consumer reporting agency  
291 from which the insured or applicant may obtain the credit  
292 report. The insurer must provide notification to the consumer  
293 explaining the reasons for the adverse decision. The reasons  
294 must be provided in sufficiently clear and specific language so  
295 that a person can identify the basis for the insurer's adverse  
296 decision. Such notification must ~~shall~~ include a description of  
297 the four primary reasons, or such fewer number as existed, which  
298 were the primary influences of the adverse decision. The use of  
299 generalized terms such as "poor credit history," "poor credit  
300 rating," or "poor insurance score" does not meet the explanation  
301 requirements of this subsection. A credit score may not be used  
302 in underwriting or rating insurance unless the scoring process  
303 produces information in sufficient detail to permit compliance  
304 with the requirements of this subsection. It is ~~shall~~ not ~~be~~  
305 ~~deemed~~ an adverse decision if, due to the insured's credit  
306 report or credit score, the insured continues to receive a less  
307 favorable rate or placement in a less favorable tier or company  
308 at the time of renewal except for renewals or reunderwriting  
309 required by this section.

310 Section 14. Subsection (5) of section 626.9953, Florida  
311 Statutes, is amended to read:

312 626.9953 Qualifications for registration; application  
313 required.—

Amendment No.

314 (5) An applicant must submit a set of his or her  
315 fingerprints to the department and pay the processing fee  
316 established under s. 624.501(23) ~~s. 624.501(24)~~. The department  
317 shall submit the applicant's fingerprints to the Department of  
318 Law Enforcement for processing state criminal history records  
319 checks and local criminal records checks through local law  
320 enforcement agencies and for forwarding to the Federal Bureau of  
321 Investigation for national criminal history records checks. The  
322 fingerprints shall be taken by a law enforcement agency, a  
323 designated examination center, or another department-approved  
324 entity. The department may not approve an application for  
325 registration as a navigator if fingerprints have not been  
326 submitted.

327 Section 15. Subsection (1) of section 626.9957, Florida  
328 Statutes, is amended to read:

329 626.9957 Conduct prohibited; denial, revocation, or  
330 suspension of registration.—

331 (1) As provided in s. 626.112, only a person licensed as  
332 an insurance agent or customer representative may engage in the  
333 solicitation of insurance. A person who engages in the  
334 solicitation of insurance as described in s. 626.112(1) without  
335 such license is subject to the penalties provided under s.  
336 626.112(10) ~~s. 626.112(9)~~.

337 Section 16. Subsection (10) of section 627.062, Florida  
338 Statutes, is amended to read:

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

339 627.062 Rate standards.—

340 (10) Any interest paid pursuant to s. 627.70131(7) ~~s.~~  
341 ~~627.70131(5)~~ may not be included in the insurer's rate base and  
342 may not be used to justify a rate or rate change.

343 Section 17. Section 627.502, Florida Statutes, is amended  
344 to read:

345 627.502 "Industrial life insurance" defined; reporting;  
346 prohibition on new policies after a certain date.—

347 (1) For the purposes of this code, "industrial life  
348 insurance" is that form of life insurance written under policies  
349 under which premiums are payable monthly or more often, bearing  
350 the words "industrial policy" or "weekly premium policy" or  
351 words of similar import imprinted upon the policies as part of  
352 the descriptive matter, and issued by an insurer that ~~which~~, as  
353 to such industrial life insurance, is operating under a system  
354 of collecting a debit by its agent.

355 (2) Every life insurer servicing existing ~~transacting~~  
356 industrial life insurance shall report to the office all annual  
357 statement data regarding the exhibit of life insurance,  
358 including relevant information for industrial life insurance.

359 (3) Beginning July 1, 2021, a life insurer may not write a  
360 new policy of industrial life insurance.

361 Section 18. Effective January 1, 2022, section 627.70131,  
362 Florida Statutes, is amended to read:

363 627.70131 Insurer's duty to acknowledge communications

662753 - h0717-strike.docx

Published On: 4/18/2021 5:53:34 PM

Amendment No.

364 regarding claims; investigation.-

365 (1) As used in this section, the term "insurer" means a  
366 residential property insurer.

367 (2)-(1)(a) Upon an insurer's receiving a communication with  
368 respect to a claim, the insurer shall, within 14 calendar days,  
369 review and acknowledge receipt of such communication unless  
370 payment is made within that period of time or unless the failure  
371 to acknowledge is caused by factors beyond the control of the  
372 insurer which reasonably prevent such acknowledgment. If the  
373 acknowledgment is not in writing, a notification indicating  
374 acknowledgment shall be made in the insurer's claim file and  
375 dated. A communication made to or by a representative ~~an agent~~  
376 of an insurer with respect to a claim shall constitute  
377 communication to or by the insurer.

378 (b) As used in this subsection, the term "representative"  
379 ~~"agent"~~ means any person to whom an insurer has granted  
380 authority or responsibility to receive or make such  
381 communications with respect to claims on behalf of the insurer.

382 (c) This subsection does ~~shall~~ not apply to claimants  
383 represented by counsel beyond those communications necessary to  
384 provide forms and instructions.

385 (3)-(2) Such acknowledgment shall be responsive to the  
386 communication. If the communication constitutes a notification  
387 of a claim, unless the acknowledgment reasonably advises the  
388 claimant that the claim appears not to be covered by the

662753 - h0717-strike.docx

Published On: 4/18/2021 5:53:34 PM



Amendment No.

389 insurer, the acknowledgment shall provide necessary claim forms,  
390 and instructions, including an appropriate telephone number.

391 (4) (a) ~~(3)~~ Unless otherwise provided by the policy of  
392 insurance or by law, within 14 ~~10 working~~ days after an insurer  
393 receives proof of loss statements, the insurer shall begin such  
394 investigation as is reasonably necessary unless the failure to  
395 begin such investigation is caused by factors beyond the control  
396 of the insurer which reasonably prevent the commencement of such  
397 investigation.

398 (b) If such investigation involves a physical inspection  
399 of the property, the licensed adjuster assigned by the insurer  
400 must provide the policyholder with a printed or electronic  
401 document containing his or her name and license number.

402 (c) Any subsequent communication with the policyholder  
403 regarding the claim must also include the name and license  
404 number of the adjuster communicating about the claim.  
405 Communication of the adjuster's name and license number may be  
406 included along with other information already being provided to  
407 the policyholder.

408 (5) ~~(4)~~ An insurer shall maintain a record or log of each  
409 adjuster who communicates with the policyholder as provided in  
410 paragraphs (4) (b) and (4) (c) and shall provide a list of the  
411 adjusters to the policyholder, the office, or the department  
412 upon request ~~For purposes of this section, the term "insurer"~~  
413 ~~means any residential property insurer.~~

662753 - h0717-strike.docx

Published On: 4/18/2021 5:53:34 PM

Amendment No.

414 (6) (a) When providing a preliminary or partial estimate of  
415 damage regarding a claim, an insurer shall include with the  
416 estimate the following statement printed in at least 12-point  
417 bold, uppercase type: "THIS ESTIMATE REPRESENTS OUR CURRENT  
418 EVALUATION OF THE COVERED DAMAGES TO YOUR INSURED PROPERTY AND  
419 MAY BE REVISED AS WE CONTINUE TO EVALUATE YOUR CLAIM. IF YOU  
420 HAVE QUESTIONS, CONCERNS, OR ADDITIONAL INFORMATION REGARDING  
421 YOUR CLAIM, WE ENCOURAGE YOU TO CONTACT US."

422 (b) When providing a payment on a claim which is not the  
423 full and final payment for the claim, an insurer shall include  
424 with the payment the following statement printed in at least 12-  
425 point bold, uppercase type: "WE ARE CONTINUING TO EVALUATE YOUR  
426 CLAIM INVOLVING YOUR INSURED PROPERTY AND MAY ISSUE ADDITIONAL  
427 PAYMENTS. IF YOU HAVE QUESTIONS, CONCERNS, OR ADDITIONAL  
428 INFORMATION REGARDING YOUR CLAIM, WE ENCOURAGE YOU TO CONTACT  
429 US."

430 (7) (a) ~~(5) (a)~~ Within 90 days after an insurer receives  
431 notice of an initial, reopened, or supplemental property  
432 insurance claim from a policyholder, the insurer shall pay or  
433 deny such claim or a portion of the claim unless the failure to  
434 pay is caused by factors beyond the control of the insurer which  
435 reasonably prevent such payment. Any payment of an initial or  
436 supplemental claim or portion of such claim made 90 days after  
437 the insurer receives notice of the claim, or made more than 15  
438 days after there are no longer factors beyond the control of the

662753 - h0717-strike.docx

Published On: 4/18/2021 5:53:34 PM

Amendment No.

439 insurer which reasonably prevented such payment, whichever is  
440 later, bears interest at the rate set forth in s. 55.03.  
441 Interest begins to accrue from the date the insurer receives  
442 notice of the claim. The provisions of this subsection may not  
443 be waived, voided, or nullified by the terms of the insurance  
444 policy. If there is a right to prejudgment interest, the insured  
445 shall select whether to receive prejudgment interest or interest  
446 under this subsection. Interest is payable when the claim or  
447 portion of the claim is paid. Failure to comply with this  
448 subsection constitutes a violation of this code. However,  
449 failure to comply with this subsection does not form the sole  
450 basis for a private cause of action.

451 (b) Notwithstanding subsection (1) ~~(4)~~, for purposes of  
452 this subsection, the term "claim" means any of the following:

453 1. A claim under an insurance policy providing residential  
454 coverage as defined in s. 627.4025(1);

455 2. A claim for structural or contents coverage under a  
456 commercial property insurance policy if the insured structure is  
457 10,000 square feet or less; or

458 3. A claim for contents coverage under a commercial tenant  
459 policy if the insured premises is 10,000 square feet or less.

460 (c) This subsection does ~~shall~~ not apply to claims under  
461 an insurance policy covering nonresidential commercial  
462 structures or contents in more than one state.

Amendment No.

463           (8) This section also applies to surplus lines insurers  
464 and to surplus lines insurance authorized under ss. 626.913-  
465 626.937 providing residential coverage.

466           Section 19. Effective January 1, 2022, section 627.7142,  
467 Florida Statutes, is amended to read:

468           627.7142 Homeowner Claims Bill of Rights.—An insurer  
469 issuing a personal lines residential property insurance policy  
470 in this state must provide a Homeowner Claims Bill of Rights to  
471 a policyholder within 14 days after receiving an initial  
472 communication with respect to a claim, ~~unless the claim follows~~  
473 ~~an event that is the subject of a declaration of a state of~~  
474 ~~emergency by the Governor.~~ The purpose of the bill of rights is  
475 to summarize, in simple, nontechnical terms, existing Florida  
476 law regarding the rights of a personal lines residential  
477 property insurance policyholder who files a claim of loss. The  
478 Homeowner Claims Bill of Rights is specific to the claims  
479 process and does not represent all of a policyholder's rights  
480 under Florida law regarding the insurance policy. The Homeowner  
481 Claims Bill of Rights does not create a civil cause of action by  
482 any individual policyholder or class of policyholders against an  
483 insurer or insurers. The failure of an insurer to properly  
484 deliver the Homeowner Claims Bill of Rights is subject to  
485 administrative enforcement by the office but is not admissible  
486 as evidence in a civil action against an insurer. The Homeowner  
487 Claims Bill of Rights does not enlarge, modify, or contravene

662753 - h0717-strike.docx

Published On: 4/18/2021 5:53:34 PM

Amendment No.

488 statutory requirements, including, but not limited to, ss.  
489 626.854, 626.9541, 627.70131, 627.7015, and 627.7074, and does  
490 not prohibit an insurer from exercising its right to repair  
491 damaged property in compliance with the terms of an applicable  
492 policy or ss. 627.7011(5)(e) and 627.702(7). The Homeowner  
493 Claims Bill of Rights must state:

494  
495 HOMEOWNER CLAIMS

496 BILL OF RIGHTS

497 This Bill of Rights is specific to the claims process and does  
498 not represent all of your rights under Florida law regarding  
499 your policy. There are also exceptions to the stated timelines  
500 when conditions are beyond your insurance company's control.  
501 This document does not create a civil cause of action by an  
502 individual policyholder, or a class of policyholders, against an  
503 insurer or insurers and does not prohibit an insurer from  
504 exercising its right to repair damaged property in compliance  
505 with the terms of an applicable policy.

506

507 YOU HAVE THE RIGHT TO:

508 1. Receive from your insurance company an acknowledgment  
509 of your reported claim within 14 days after the time you  
510 communicated the claim.

511 2. Upon written request, receive from your insurance  
512 company within 30 days after you have submitted a complete

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Amendment No.

513 proof-of-loss statement to your insurance company, confirmation  
514 that your claim is covered in full, partially covered, or  
515 denied, or receive a written statement that your claim is being  
516 investigated.

517 3. Within 90 days, subject to any dual interest noted in  
518 the policy, receive full settlement payment for your claim or  
519 payment of the undisputed portion of your claim, or your  
520 insurance company's denial of your claim.

521 4. Receive payment of interest, as provided in section  
522 627.70131, Florida Statutes, from your insurance company, which  
523 begins accruing from the date your claim is filed if your  
524 insurance company does not pay full settlement of your initial,  
525 reopened, or supplemental claim or the undisputed portion of  
526 your claim or does not deny your claim within 90 days after your  
527 claim is filed. The interest, if applicable, must be paid when  
528 your claim or undisputed portion of your claim is paid.

529 ~~5.4. Have~~ free mediation of your disputed claim by the  
530 Florida Department of Financial Services, Division of Consumer  
531 Services, under most circumstances and subject to certain  
532 restrictions.

533 ~~6.5. Have~~ neutral evaluation of your disputed claim, if  
534 your claim is for damage caused by a sinkhole and is covered by  
535 your policy.

536 ~~7.6.~~ Contact the Florida Department of Financial Services,  
537 Division of Consumer Services' toll-free helpline for assistance

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

538 with any insurance claim or questions pertaining to the handling  
539 of your claim. You can reach the Helpline by phone at...(toll-  
540 free phone number)..., or you can seek assistance online at the  
541 Florida Department of Financial Services, Division of Consumer  
542 Services' website at...(website address)....

543

544 YOU ARE ADVISED TO:

545 1. File all claims directly with your insurance company.

546 ~~2.1.~~ Contact your insurance company before entering into  
547 any contract for repairs to confirm any managed repair policy  
548 provisions or optional preferred vendors.

549 ~~3.2.~~ Make and document emergency repairs that are  
550 necessary to prevent further damage. Keep the damaged property,  
551 if feasible, keep all receipts, and take photographs or video of  
552 damage before and after any repairs to provide to your insurer.

553 ~~4.3.~~ Carefully read any contract that requires you to pay  
554 out-of-pocket expenses or a fee that is based on a percentage of  
555 the insurance proceeds that you will receive for repairing or  
556 replacing your property.

557 ~~5.4.~~ Confirm that the contractor you choose is licensed to  
558 do business in Florida. You can verify a contractor's license  
559 and check to see if there are any complaints against him or her  
560 by calling the Florida Department of Business and Professional  
561 Regulation. You should also ask the contractor for references  
562 from previous work.

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

563        ~~6.5.~~ Require all contractors to provide proof of insurance  
564 before beginning repairs.

565        ~~7.6.~~ Take precautions if the damage requires you to leave  
566 your home, including securing your property and turning off your  
567 gas, water, and electricity, and contacting your insurance  
568 company and provide a phone number where you can be reached.

569        Section 20. Paragraph (a) of subsection (1) and subsection  
570 (6) of section 631.57, Florida Statutes, are amended to read:

571        631.57 Powers and duties of the association.—

572        (1) The association shall:

573        (a)1. Be obligated to the extent of the covered claims  
574 existing:

575        a. Before ~~Prior to~~ adjudication of insolvency and arising  
576 within 30 days after the determination of insolvency;

577        b. Before the policy expiration date if less than 30 days  
578 after the determination; or

579        c. Before the insured replaces the policy or causes its  
580 cancellation, if she or he does so within 30 days of the  
581 determination.

582        2. The obligation under subparagraph 1. includes ~~only~~ the  
583 amount of each covered claim which is ~~in excess of \$100 and is~~  
584 less than \$300,000, except that policies providing coverage for  
585 homeowner's insurance shall provide for an additional \$200,000  
586 for the portion of a covered claim which relates only to the  
587 damage to the structure and contents.

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Published On: 4/18/2021 5:53:34 PM



Amendment No.

588           3.a. Notwithstanding subparagraph 2., the obligation under  
589 subparagraph 1. for policies covering condominium associations  
590 or homeowners' associations, which associations have a  
591 responsibility to provide insurance coverage on residential  
592 units within the association, shall include that amount of each  
593 covered property insurance claim which is less than \$200,000  
594 multiplied by the number of condominium units or other  
595 residential units; however, as to homeowners' associations, this  
596 sub-subparagraph applies only to claims for damage or loss to  
597 residential units and structures attached to residential units.

598           b. Notwithstanding sub-subparagraph a., the association  
599 has no obligation to pay covered claims that are to be paid from  
600 the proceeds of bonds issued under s. 631.695. However, the  
601 association shall assign and pledge the first available moneys  
602 from all or part of the assessments to be made under paragraph  
603 (3) (a) to or on behalf of the issuer of such bonds for the  
604 benefit of the holders of such bonds. The association shall  
605 administer any such covered claims and present valid covered  
606 claims for payment in accordance with the provisions of the  
607 assistance program in connection with which such bonds have been  
608 issued.

609           4. In no event shall the association be obligated to a  
610 policyholder or claimant in an amount in excess of the  
611 obligation of the insolvent insurer under the policy from which  
612 the claim arises.

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Amendment No.

613 (6) The association may extend the time limits specified  
614 in paragraph (1)(a) by up to an additional 60 days ~~or waive the~~  
615 ~~applicability of the \$100 deductible specified in paragraph~~  
616 ~~(1)(a)~~ if the board determines that either or both such actions  
617 are necessary to facilitate the bulk assumption of obligations.

618 Section 21. Subsection (2) of section 631.904, Florida  
619 Statutes, is amended to read:

620 631.904 Definitions.—As used in this part, the term:

621 (2) "Covered claim" means an unpaid claim, including a  
622 claim for return of unearned premiums, which arises out of, is  
623 within the coverage of, and is not in excess of the applicable  
624 limits of, an insurance policy to which this part applies, which  
625 policy was issued by an insurer and which claim is made on  
626 behalf of a claimant or insured who was a resident of this state  
627 at the time of the injury. The term "covered claim" includes  
628 unpaid claims under any employer liability coverage of a  
629 workers' compensation policy limited to the lesser of \$300,000  
630 or the limits of the policy. The term "covered claim" does not  
631 include any amount sought as a return of premium under any  
632 retrospective rating plan; any amount due any reinsurer,  
633 insurer, insurance pool, or underwriting association, as  
634 subrogation recoveries or otherwise; any claim that would  
635 otherwise be a covered claim that has been rejected or denied by  
636 any other state guaranty fund based upon that state's statutory  
637 exclusions, including, but not limited to, those based on

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Published On: 4/18/2021 5:53:34 PM

Amendment No.

638 coverage, policy type, or an insured's net worth, except this  
639 exclusion from the definition of covered claim does not apply to  
640 employers who, before ~~prior to~~ April 30, 2004, entered into an  
641 agreement with the corporation preserving the employer's right  
642 to seek coverage of claims rejected by another state's guaranty  
643 fund; ~~or any return of premium resulting from a policy that was~~  
644 ~~not in force on the date of the final order of liquidation.~~  
645 Member insurers have no right of subrogation against the insured  
646 of any insolvent insurer. This provision applies retroactively  
647 to cover claims of an insolvent self-insurance fund resulting  
648 from accidents or losses incurred before ~~prior to~~ January 1,  
649 1994, regardless of the date the petition in circuit court was  
650 filed alleging insolvency and the date the court entered an  
651 order appointing a receiver.

652 Section 22. Except as otherwise expressly provided in this  
653 act, this act shall take effect upon becoming a law.

654

655

656

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**T I T L E A M E N D M E N T**

657

Remove lines 3-103 and insert:

658

501.0051, F.S.; deleting a provision specifying the fee a

659

consumer reporting agency may charge to reissue or provide a new

660

unique personal identifier; amending s. 624.307, F.S.; revising

661

a requirement for persons licensed or authorized by the

662

Department of Financial Services or the Office of Insurance

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 717 (2021)

Amendment No.

663 Regulation to respond to the department's Division of Consumer  
664 Services regarding consumer complaints; amending s. 624.501,  
665 F.S.; deleting a fee for adjusting firm licenses; amending s.  
666 626.112, F.S.; removing a provision requiring the department to  
667 automatically convert registrations of approved registered  
668 insurance agencies to insurance agency licenses; prohibiting an  
669 entity from unlicensed activity as an adjusting firm unless the  
670 entity complies with a specified requirement; providing an  
671 exemption; providing an exemption from licensure for branch  
672 firms that meet certain criteria; providing an administrative  
673 penalty for failing to apply for certain licensure; providing a  
674 criminal penalty for aiding or abetting unlicensed activity;  
675 amending s. 626.602, F.S.; authorizing the department to  
676 disapprove the use of insurance agency names containing the  
677 words "Medicare" or "Medicaid"; providing a time-limited  
678 exception for certain insurance agencies; prohibiting  
679 relicensing of insurance agencies using such names; providing  
680 for future expiration of such licenses; providing an exception  
681 from future expiration; amending s. 626.621, F.S.; adding  
682 grounds on which the department may take certain actions against  
683 a license, appointment, or application of certain insurance  
684 representatives; amending ss. 626.782 and 626.783, F.S.;  
685 revising the definitions of the terms "industrial class insurer"  
686 and "ordinary-combination class insurer," respectively, to  
687 conform to changes made by the act; repealing s. 626.796, F.S.,

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 717 (2021)

Amendment No.

688 relating to the representation of multiple insurers in the same  
689 industrial debit territory; amending s. 626.854, F.S.; revising  
690 the timeframe in which an insured or claimant may cancel a  
691 public adjuster's contract to adjust a claim without penalty or  
692 obligation; providing the language that certain public  
693 adjuster's contracts must include relating to contract  
694 cancellation; specifying requirements for written estimates of  
695 loss provided by public adjusters to claimants or insureds;  
696 authorizing the department to take administrative actions and  
697 impose fines against persons performing specified activities  
698 without licensure; requiring rulemaking; prohibiting public  
699 adjusters, public adjuster apprentices, and public adjusting  
700 firms from charging insureds or claimants or receiving payments  
701 under certain circumstances; amending s. 626.916, F.S.;  
702 providing a disclosure requirement that an insurance coverage  
703 must meet before being eligible for export under the Surplus  
704 Lines Law; amending s. 626.9541, F.S.; adding certain acts or  
705 practices to the definition of the term "sliding" as unfair  
706 methods of competition and unfair or deceptive acts; amending s.  
707 626.9741, F.S.; requiring an insurer's notification regarding  
708 certain credit report or score information to include specified  
709 language under certain circumstances; amending ss. 626.9953,  
710 626.9957, and 627.062, F.S.; conforming cross-references;  
711 amending s. 627.502, F.S.; prohibiting a life insurer from  
712 writing new policies of industrial life insurance beginning on a

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 717 (2021)

Amendment No.

713 certain date; amending s. 627.70131, F.S.; providing that  
714 communication made to or by a residential property insurer's  
715 representative, rather than to or by a residential property  
716 insurer's agent, constitutes communication to or by the insurer;  
717 replacing the defined term "agent" with the term  
718 "representative"; revising the timeframe in which an insurer  
719 must begin an investigation after receipt of proof of loss  
720 statements; requiring an insurer-assigned licensed adjuster to  
721 provide the policyholder with certain information; specifying  
722 information that must be included in certain communication with  
723 the policyholder regarding a claim; requiring an insurer to keep  
724 records or logs of the licensed adjusters interacting with  
725 policyholders and to provide the policyholders, the office, or  
726 the department with a list of the adjusters; requiring an  
727 insurer to include specified notices when providing preliminary  
728 or partial damage estimates or claim payments; providing  
729 applicability; amending s. 627.7142, F.S.; revising  
730 circumstances under which an insurer must provide a Homeowner  
731 Claims Bill of Rights to a policyholder; revising information  
732 contained in the Homeowner Claims Bill of Rights; conforming  
733 provisions to changes made by the act; amending s. 631.57, F.S.;  
734 deleting a deductible on the obligation of the Florida Insurance  
735 Guaranty Association, Incorporated, as to certain covered  
736 claims; amending s. 631.904, F.S.; revising the definition of

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 717 (2021)

Amendment No.

737 | the term "covered claim" to exclude certain premium returns;  
738 | providing an effective date.