1 A bill to be entitled 2 An act relating to consumer protection; amending s. 3 501.0051, F.S.; prohibiting consumer reporting 4 agencies from charging to reissue or provide a new 5 unique personal identifier to certain consumers, rather than authorizing such agencies to charge the 6 7 customers' representatives; amending s. 624.307, F.S.; 8 revising a requirement for persons licensed or 9 authorized by the Department of Financial Services or 10 the Office of Insurance Regulation to respond to the 11 department's Division of Consumer Services regarding 12 consumer complaints; amending s. 626.112, F.S.; removing a provision requiring the department to 13 14 automatically convert registrations of approved registered insurance agencies to insurance agency 15 licenses; prohibiting unlicensed activity by an 16 17 adjusting firm unless the firm complies with a specified requirement; providing an exemption; 18 19 providing an exemption from licensure for branch firms that meet certain criteria; providing an 20 21 administrative penalty for failing to apply for certain licensure; providing a criminal penalty for 22 23 aiding or abetting unlicensed activity; creating s. 24 626.5813, F.S.; defining the term "claims adjusting"; 25 prohibiting a person from providing claims adjusting

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26 services unless the person meets specified 27 requirements; amending s. 626.602, F.S.; authorizing 28 the department to disapprove the use of insurance 29 agency names containing the words "Medicare" or 30 "Medicaid"; providing a time-limited exception for 31 certain insurance agencies; prohibiting relicensing of 32 insurance agencies using such names; providing for 33 future expiration of such licenses; providing an exception from future expiration; amending s. 626.621, 34 35 F.S.; adding grounds on which the department may take 36 certain actions against a license, appointment, or 37 application of certain insurance representatives; amending ss. 626.782 and 626.783, F.S.; revising the 38 39 definitions of the terms "industrial class insurer" and "ordinary-combination class insurer," 40 41 respectively, to conform to changes made by the act; 42 repealing s. 626.796, F.S., relating to the 43 representation of multiple insurers in the same industrial debit territory; amending s. 626.854, F.S.; 44 revising the timeframes in which an insured or 45 claimant may cancel a public adjuster's contract to 46 47 adjust a claim without penalty or obligation; 48 requiring that certain public adjuster's contracts include a specified disclosure; specifying 49 50 requirements for written estimates of loss provided by

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51 public adjusters to claimants or insureds; prohibiting 52 licensed contractors and subcontractors from engaging 53 in certain activities unless licensed and compliant as 54 public adjusters; amending s. 626.916, F.S.; providing 55 a disclosure requirement that an insurance coverage 56 must meet before being eligible for export under the 57 Surplus Lines Law; amending s. 626.9541, F.S.; adding 58 certain acts or practices to the definition of the 59 term "sliding" as unfair methods of competition and 60 unfair or deceptive acts; amending s. 626.9741, F.S.; 61 requiring an insurer's notification regarding certain 62 credit report or score information to include specified language under certain circumstances; 63 64 amending ss. 626.9957 and 627.062, F.S.; conforming cross-references; amending s. 627.502, F.S.; 65 66 prohibiting a life insurer from writing new policies 67 of industrial life insurance beginning on a certain 68 date; amending s. 627.70131, F.S.; providing that 69 communication made to or by an insurer's 70 representative, rather than to or by an insurer's 71 agent, constitutes communication to or by the insurer; 72 replacing the defined term "agent" with the term "representative"; revising the timeframe in which an 73 74 insurer must begin an investigation after receipt of 75 proof of loss statements; requiring an insurer-

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76 assigned licensed adjuster to provide the policyholder 77 with certain information; specifying information that 78 must be included in certain communication with the 79 policyholder regarding a claim; requiring an insurer 80 to keep records of the licensed adjusters interacting with policyholders; requiring an insurer to establish 81 82 a process to provide the policyholder, the office, or 83 the department with a list of adjusters associated with a claim; requiring an insurer to include 84 85 specified notices when providing preliminary or 86 partial damage estimates or claim payments; providing 87 applicability; creating s. 627.7031, F.S.; prohibiting foreign venue clauses in property insurance policies; 88 89 providing applicability; amending s. 627.7142, F.S.; revising circumstances under which an insurer must 90 provide a Homeowner Claims Bill of Rights to a 91 policyholder; revising information contained in the 92 93 Homeowner Claims Bill of Rights; conforming provisions 94 to changes made by the act; amending s. 631.57, F.S.; 95 deleting a deductible on the obligation of the Florida 96 Insurance Guaranty Association, Incorporated, as to certain covered claims; amending s. 631.904, F.S.; 97 revising the definition of the term "covered claim" to 98 exclude certain premium returns; amending s. 648.30, 99 100 F.S.; providing penalties for a licensed bail bond

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101 agent or temporary bail bond agent who knowingly 102 engages in certain activities; providing effective 103 dates. 104 Be It Enacted by the Legislature of the State of Florida: 105 106 107 Section 1. Paragraph (b) of subsection (9) of section 108 501.0051, Florida Statutes, is amended to read: 109 501.0051 Protected consumer report security freeze.-110 (9) A consumer reporting agency may not charge to $\frac{1}{4}$ 111 (b) 112 reasonable fee, not to exceed \$10, if the representative fails 113 to retain the original unique personal identifier provided by 114 the consumer reporting agency and the agency must reissue the 115 unique personal identifier or provide a new unique personal 116 identifier to the protected consumer representative. 117 Section 2. Paragraph (b) of subsection (10) of section 118 624.307, Florida Statutes, is amended to read: 119 624.307 General powers; duties.-120 (10)121 Any person licensed or issued a certificate of (b) 122 authority by the department or the office shall respond, in writing, to the division within 20 days after receipt of a 123 written request for documents and information from the division 124 concerning a consumer complaint. The response must address the 125 Page 5 of 31

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126 issues and allegations raised in the complaint and include any 127 requested documents concerning the consumer complaint that are 128 not subject to attorney-client or work-product privilege. The 129 division may impose an administrative penalty for failure to 130 comply with this paragraph of up to \$2,500 per violation upon 131 any entity licensed by the department or the office and \$250 for the first violation, \$500 for the second violation, and up to 132 \$1,000 for the third or subsequent violation upon any individual 133 licensed by the department or the office. 134 Subsection (9) of section 626.112, Florida 135 Section 3. Statutes, is renumbered as subsection (10), paragraph (d) of 136 137 subsection (7) and present subsection (9) are amended, and a new

139 626.112 License and appointment required; agents, customer 140 representatives, adjusters, insurance agencies, service 141 representatives, managing general agents, adjusting firms.-

subsection (9) is added to that section, to read:

(7)

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142

143 (d) Effective October 1, 2015, the department must 144 automatically convert the registration of an approved registered 145 insurance agency to an insurance agency license.

(9) (a) An individual, firm, partnership, corporation,
association, or other entity may not act in its own name or
under a trade name, directly or indirectly, as an adjusting firm
unless it complies with s. 626.8696 with respect to possessing
an adjusting firm license for each place of business at which it

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151 engages in an activity that may be performed only by a licensed 152 insurance adjuster. However, an adjusting firm that is owned and 153 operated by a single licensed adjuster conducting business in 154 his or her individual name and not employing or otherwise using 155 the services of or appointing other licensees is exempt from the 156 adjusting firm licensing requirements of this paragraph. 157 (b) A branch place of business that is established by a 158 licensed adjusting firm is considered a branch firm and is not 159 required to be licensed if: 160 1. It transacts business under the same name and federal tax identification number as the licensed adjusting firm; 161 2. It has designated with the department a primary 162 163 adjuster operating the location as required by s. 626.8695; and 164 3. The address and telephone number of the branch location have been submitted to the department for inclusion in the 165 166 licensing record of the licensed adjusting firm within 30 days 167 after insurance transactions begin at the branch location. 168 (C) If an adjusting firm is required to be licensed but 169 fails to file an application for licensure in accordance with 170 this section, the department shall impose on the firm an administrative penalty of up to \$10,000. 171 (10) (9) Any person who knowingly transacts insurance or 172 otherwise engages in insurance activities in this state without 173 174 a license in violation of this section or who knowingly aids or 175 abets an unlicensed person in transacting insurance or otherwise

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176 engaging in insurance activities in this state without a license 177 commits a felony of the third degree, punishable as provided in 178 s. 775.082, s. 775.083, or s. 775.084. Section 4. Section 626.5813, Florida Statutes, is created 179 180 to read: 181 626.5813 Claims adjusting.-182 (1) (a) As used in this section, the term "claims 183 adjusting" means directly or indirectly: 184 1. Attempting or undertaking to ascertain and determine 185 the amount of any claim, loss, or damage payable under an 186 insurance contract or undertaking to negotiate or effect 187 settlement of a claim, loss, or damage under an insurance 188 contract, if such action results in payment to or receipt of 189 money, commission, or any other thing of value by the party or 190 parties rendering such service or persons affiliated with such 191 party or parties; or 192 2. Soliciting services as described in subparagraph 1. or 193 soliciting an insured or policyholder to file an insurance 194 claim. 195 (b) The term does not include: 196 1. Paid services as a spokesperson used as part of a 197 written or an electronic advertisement. 198 2. Paid services as a photographer or videographer used to 199 capture images of damage. 200 3. Paid services to inventory personal property or

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201 business personal property. 202 4. Discussion or explanation of a bid for construction or 203 repair services by a licensed contractor under part I of chapter 204 489, or a subcontractor for a licensed contractor, with a 205 property owner or the insurer of such property. 206 (2) Except for a duly licensed attorney at law as exempted 207 under s. 626.860, a person may not provide claims adjusting 208 services unless licensed and appointed as an adjuster under this 209 part. Section 5. Subsection (4) is added to section 626.602, 210 211 Florida Statutes, to read: 212 626.602 Insurance agency names; disapproval.-The 213 department may disapprove the use of any true or fictitious 214 name, other than the bona fide natural name of an individual, by 215 any insurance agency on any of the following grounds: The name contains the word "Medicare" or "Medicaid." 216 (4) 217 An agency whose name contains the word "Medicare" or "Medicaid" but which is licensed as of July 1, 2021, may continue to use 218 219 that name until June 30, 2023, as long as the agency's license 220 remains valid. If the agency's license expires or is suspended or revoked, the agency may not be relicensed using that name. 221 222 Licenses containing either of these words automatically expire on July 1, 2023, unless these words are removed from the name. 223 224 Subsections (16) and (17) are added to section Section 6. 626.621, Florida Statutes, to read: 225

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226	626.621 Grounds for discretionary refusal, suspension, or
227	revocation of agent's, adjuster's, customer representative's,
228	service representative's, or managing general agent's license or
229	appointmentThe department may, in its discretion, deny an
230	application for, suspend, revoke, or refuse to renew or continue
231	the license or appointment of any applicant, agent, adjuster,
232	customer representative, service representative, or managing
233	general agent, and it may suspend or revoke the eligibility to
234	hold a license or appointment of any such person, if it finds
235	that as to the applicant, licensee, or appointee any one or more
236	of the following applicable grounds exist under circumstances
237	for which such denial, suspension, revocation, or refusal is not
238	mandatory under s. 626.611:
239	(16) Taking an action that allows the personal financial
240	or medical information of a consumer or customer to be made
241	available or accessible to the general public, regardless of the
242	format in which the record is stored.
243	(17) Initiating in-person or telephone solicitation after
244	9 p.m. or before 8 a.m. local time of the prospective customer
245	unless requested by the prospective customer.
246	Section 7. Section 626.782, Florida Statutes, is amended
247	to read:
248	626.782 "Industrial class insurer" defined.—An "industrial
249	class insurer" is an insurer <u>collecting premiums on policies of</u>
250	writing industrial life insurance, as defined in s. 627.502,

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251 written before July 1, 2021, and as to such insurance, operates 252 under a system of collecting a debit by its agent.

253 Section 8. Section 626.783, Florida Statutes, is amended 254 to read:

626.783 "Ordinary-combination class insurer" defined.—An
"ordinary-combination class insurer" is an insurer writing both
ordinary class insurance and <u>collecting premiums on existing</u>
industrial <u>life</u> class insurance <u>under s. 626.782</u>.

Section 9. <u>Section 626.796</u>, Florida Statutes, is repealed.
Section 10. Subsections (6), (11), and (15) of section
626.854, Florida Statutes, are amended to read:

262 626.854 "Public adjuster" defined; prohibitions.—The 263 Legislature finds that it is necessary for the protection of the 264 public to regulate public insurance adjusters and to prevent the 265 unauthorized practice of law.

266 (6) An insured or claimant may cancel a public adjuster's 267 contract to adjust a claim without penalty or obligation within 268 10 calendar 3 business days after the date on which the contract 269 is executed or within 3 business days after the date on which 270 the insured or claimant has notified the insurer of the claim, 271 whichever is later. The public adjuster's contract must contain 272 the following language in minimum 18-point bold type: "You, the insured, may cancel this contract for any reason without penalty 273 274 or obligation to you within 10 days after the date of this contract by providing notice to (name of public adjuster) 275 1

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276 submitted in writing and sent by certified mail, return receipt 277 requested, or other form of mailing that provides proof thereof, 278 at the address specified in the contract." disclose to the 279 insured or claimant his or her right to cancel the -contract and 280 advise the insured or claimant that notice of cancellation must 281 be submitted in writing and sent by certified mail, return 282 receipt requested, or other form of mailing that provides proof 283 thereof, to the public adjuster at the address specified in the 284 contract; provided, during any state of emergency as declared by 285 the Governor and for 1 year after the date of loss, the insured 286 or claimant has 5 business days after the date on which the 287 contract is executed to cancel a public adjuster's contract. (11) Each public adjuster must provide to the claimant or 288

289 insured a written estimate of the loss to assist in the 290 submission of a proof of loss or any other claim for payment of 291 insurance proceeds within 60 days after the date of the public 292 adjuster's contract. The written estimate must include an 293 itemized, per-unit estimate of the repairs, including itemized 294 information on equipment, materials, labor, and supplies, in 295 accordance with accepted industry standards. The public adjuster 296 shall retain such written estimate for at least 5 years and 297 shall make the estimate available to the claimant or insured, the insurer, and the department upon request. 298

(15) A licensed contractor under part I of chapter 489, or
 a subcontractor, may not adjust a claim on behalf of an insured,

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301 or solicit an insured to file an insurance claim, unless 302 licensed and compliant as a public adjuster under this chapter. 303 However, the contractor may discuss or explain a bid for 304 construction or repair of covered property with the residential 305 property owner who has suffered loss or damage covered by a 306 property insurance policy, or the insurer of such property, if 307 the contractor is doing so for the usual and customary fees 308 applicable to the work to be performed as stated in the contract between the contractor and the insured. 309 Section 11. Effective January 1, 2022, subsection (3) of 310 section 626.916, Florida Statutes, is amended, and paragraph (f) 311 312 is added to subsection (1) of that section, to read: 313 626.916 Eligibility for export.-314 (1) No insurance coverage shall be eligible for export 315 unless it meets all of the following conditions: 316 The insured has signed or otherwise provided (f) 317 documented acknowledgment of a disclosure in substantially the 318 following form: "You are agreeing to place coverage in the 319 surplus lines market. Coverage may be available in the admitted 320 market. Persons insured by surplus lines carriers are not 321 protected under the Florida Insurance Guaranty Act with respect 322 to any right of recovery for the obligation of an insolvent unlicensed insurer." 323 324 Subsection (1) does not apply to wet marine and (3)(a) 325 transportation or aviation risks that which are subject to s.

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326	626.917.
327	(b) Paragraphs (1)(a)-(d) do not apply to classes of
328	insurance which are subject to s. 627.062(3)(d)1. These classes
329	may be exportable under the following conditions:
330	1. The insurance must be placed only by or through a
331	surplus lines agent licensed in this state;
332	2. The insurer must be made eligible under s. 626.918; and
333	3. The insured <u>has complied with paragraph (1)(f)</u> must
334	sign a disclosure that substantially provides the following:
335	"You are agreeing to place coverage in the surplus lines market.
336	Superior coverage may be available in the admitted market and at
337	a lesser cost. Persons insured by surplus lines carriers are not
338	protected under the Florida Insurance Guaranty Act with respect
339	to any right of recovery for the obligation of an insolvent
340	unlicensed insurer." If the <u>disclosure in paragraph (1)(f)</u>
341	notice is signed by the insured, the insured is presumed to have
342	been informed and to know that other coverage may be available,
343	and, with respect to the diligent-effort requirement under
344	subsection (1), there is no liability on the part of, and no
345	cause of action arises against, the retail agent presenting the
346	form.
347	Section 12. Paragraph (z) of subsection (1) of section
348	626.9541, Florida Statutes, is amended to read:
349	626.9541 Unfair methods of competition and unfair or
350	deceptive acts or practices defined
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(1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE
 ACTS.-The following are defined as unfair methods of competition
 and unfair or deceptive acts or practices:

354 (z) Sliding.-Sliding is the act or practice of <u>any of the</u> 355 <u>following</u>:

356 1. Representing to the applicant that a specific ancillary 357 coverage or product is required by law in conjunction with the 358 purchase of insurance when such coverage or product is not 359 required.;

360 2. Representing to the applicant that a specific ancillary 361 coverage or product is included in the policy applied for 362 without an additional charge when such charge is required.; or

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

366 <u>4. Initiating, effectuating, binding, or otherwise issuing</u>
 367 <u>a policy of insurance without the prior informed consent of the</u>
 368 <u>owner of the property to be insured.</u>

369 <u>5. Mailing, transmitting, or otherwise submitting by any</u> 370 <u>means an invoice for premium payment to a mortgagee or escrow</u> 371 <u>agent for the purpose of effectuating an insurance policy,</u> 372 <u>without the prior informed consent of the owner of the property</u> 373 <u>to be insured. However, this subparagraph does not apply in</u> 374 <u>cases where the mortgagee or escrow agent is renewing insurance</u> 375 <u>or issuing collateral protection insurance, as defined in s.</u>

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376 624.6085, pursuant to the mortgage or other pertinent loan 377 documents or communications regarding the property. 378 Section 13. Effective January 1, 2022, subsection (3) of 379 section 626.9741, Florida Statutes, is amended to read: 380 626.9741 Use of credit reports and credit scores by 381 insurers.-382 (3) An insurer must inform an applicant or insured, in the 383 same medium as the application is taken, that a credit report or score is being requested for underwriting or rating purposes. 384 385 The notification to the applicant or insured must include the 386 following language: "The Department of Financial Services offers free financial literacy programs to assist you with insurance-387 388 related questions, including how credit works and how credit 389 scores are calculated. To learn more, visit 390 www.myfloridacfo.com." An insurer that makes an adverse decision 391 based, in whole or in part, upon a credit report must provide at 392 no charge, a copy of the credit report to the applicant or 393 insured or provide the applicant or insured with the name, 394 address, and telephone number of the consumer reporting agency 395 from which the insured or applicant may obtain the credit report. The insurer must provide notification to the consumer 396 397 explaining the reasons for the adverse decision. The reasons must be provided in sufficiently clear and specific language so 398 that a person can identify the basis for the insurer's adverse 399 400 decision. Such notification must shall include a description of

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401 the four primary reasons, or such fewer number as existed, which 402 were the primary influences of the adverse decision. The use of 403 generalized terms such as "poor credit history," "poor credit 404 rating," or "poor insurance score" does not meet the explanation 405 requirements of this subsection. A credit score may not be used 406 in underwriting or rating insurance unless the scoring process 407 produces information in sufficient detail to permit compliance 408 with the requirements of this subsection. It is shall not be deemed an adverse decision if, due to the insured's credit 409 410 report or credit score, the insured continues to receive a less favorable rate or placement in a less favorable tier or company 411 412 at the time of renewal except for renewals or reunderwriting 413 required by this section.

414 Section 14. Subsection (1) of section 626.9957, Florida 415 Statutes, is amended to read:

416 626.9957 Conduct prohibited; denial, revocation, or 417 suspension of registration.—

(1) As provided in s. 626.112, only a person licensed as an insurance agent or customer representative may engage in the solicitation of insurance. A person who engages in the solicitation of insurance as described in s. 626.112(1) without such license is subject to the penalties provided under <u>s.</u> $\frac{626.112(10)}{5.626.112(9)}$

424 Section 15. Subsection (10) of section 627.062, Florida 425 Statutes, is amended to read:

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426 627.062 Rate standards.-427 (10) Any interest paid pursuant to s. 627.70131(7) s. 428 627.70131(5) may not be included in the insurer's rate base and 429 may not be used to justify a rate or rate change. 430 Section 16. Section 627.502, Florida Statutes, is amended 431 to read: 432 627.502 "Industrial life insurance" defined; reporting; 433 prohibition on new policies after a certain date.-For the purposes of this code, "industrial life 434 (1)435 insurance" is that form of life insurance written under policies 436 under which premiums are payable monthly or more often, bearing 437 the words "industrial policy" or "weekly premium policy" or 438 words of similar import imprinted upon the policies as part of 439 the descriptive matter, and issued by an insurer that which, as 440 to such industrial life insurance, is operating under a system 441 of collecting a debit by its agent. 442 (2) Every life insurer servicing existing transacting 443 industrial life insurance shall report to the office all annual 444 statement data regarding the exhibit of life insurance, 445 including relevant information for industrial life insurance. 446 (3) Beginning July 1, 2021, a life insurer may not write a 447 new policy of industrial life insurance. Section 17. Effective January 1, 2022, section 627.70131, 448 Florida Statutes, is amended to read: 449 450 627.70131 Insurer's duty to acknowledge communications Page 18 of 31

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451 regarding claims; investigation.-

452 (1) (a) Upon an insurer's receiving a communication with 453 respect to a claim, the insurer shall, within 14 calendar days, 454 review and acknowledge receipt of such communication unless 455 payment is made within that period of time or unless the failure 456 to acknowledge is caused by factors beyond the control of the 457 insurer which reasonably prevent such acknowledgment. If the 458 acknowledgment is not in writing, a notification indicating acknowledgment shall be made in the insurer's claim file and 459 460 dated. A communication made to or by a representative an agent 461 of an insurer with respect to a claim shall constitute 462 communication to or by the insurer.

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

467 (c) This subsection <u>does</u> shall not apply to claimants
468 represented by counsel beyond those communications necessary to
469 provide forms and instructions.

(2) Such acknowledgment shall be responsive to the communication. If the communication constitutes a notification of a claim, unless the acknowledgment reasonably advises the claimant that the claim appears not to be covered by the insurer, the acknowledgment shall provide necessary claim forms, and instructions, including an appropriate telephone number.

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(3) (a) Unless otherwise provided by the policy of
insurance or by law, within <u>14</u> 10 working days after an insurer
receives proof of loss statements, the insurer shall begin such
investigation as is reasonably necessary unless the failure to
begin such investigation is caused by factors beyond the control
of the insurer which reasonably prevent the commencement of such
investigation.

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

487 (c) Any subsequent communication with the policyholder
488 regarding the claim must also include the name and license
489 number of the adjuster communicating about the claim.
490 Communication of the adjuster's name and license number may be
491 included along with other information already being provided to
492 the policyholder.

(4) <u>An insurer shall maintain a record or log of each</u> adjuster who communicates with the policyholder as provided in paragraphs (3) (b) and (3) (c), and shall provide a list of the adjusters to the policyholder, the office, or the department upon request.

498 <u>(5)</u> For purposes of this section, the term "insurer" means 499 any residential property insurer.

500

(6) (a) When providing a preliminary or partial estimate of

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501damage regarding a claim, an insurer shall include with the502estimate the following statement printed in at least 12-point503bold, uppercase type: THIS ESTIMATE REPRESENTS OUR CURRENT504EVALUATION OF THE COVERED DAMAGES TO YOUR INSURED PROPERTY AND505MAY BE REVISED AS WE CONTINUE TO EVALUATE YOUR CLAIM. IF YOU506HAVE QUESTIONS, CONCERNS, OR ADDITIONAL INFORMATION REGARDING507YOUR CLAIM, WE ENCOURAGE YOU TO CONTACT US.

(b) 508 When providing a payment on a claim which is not the 509 full and final payment for the claim, an insurer shall include 510 with the payment the following statement printed in at least 12point bold, uppercase type: WE ARE CONTINUING TO EVALUATE YOUR 511 512 CLAIM INVOLVING YOUR INSURED PROPERTY AND MAY ISSUE ADDITIONAL 513 PAYMENTS. IF YOU HAVE QUESTIONS, CONCERNS, OR ADDITIONAL 514 INFORMATION REGARDING YOUR CLAIM, WE ENCOURAGE YOU TO CONTACT 515 US.

(7) (a) (5) (a) Within 90 days after an insurer receives 516 517 notice of an initial, reopened, or supplemental property 518 insurance claim from a policyholder, the insurer shall pay or 519 deny such claim or a portion of the claim unless the failure to 520 pay is caused by factors beyond the control of the insurer which 521 reasonably prevent such payment. Any payment of an initial or 522 supplemental claim or portion of such claim made 90 days after the insurer receives notice of the claim, or made more than 15 523 524 days after there are no longer factors beyond the control of the 525 insurer which reasonably prevented such payment, whichever is

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526 later, bears interest at the rate set forth in s. 55.03. 527 Interest begins to accrue from the date the insurer receives 528 notice of the claim. The provisions of this subsection may not 529 be waived, voided, or nullified by the terms of the insurance 530 policy. If there is a right to prejudgment interest, the insured 531 shall select whether to receive prejudgment interest or interest 532 under this subsection. Interest is payable when the claim or 533 portion of the claim is paid. Failure to comply with this subsection constitutes a violation of this code. However, 534 535 failure to comply with this subsection does not form the sole 536 basis for a private cause of action.

(b) Notwithstanding subsection (5) (4), for purposes of
this subsection, the term "claim" means any of the following:

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

541 2. A claim for structural or contents coverage under a
542 commercial property insurance policy if the insured structure is
543 10,000 square feet or less; or

5443. A claim for contents coverage under a commercial tenant545policy if the insured premises is 10,000 square feet or less.

(c) This subsection <u>does</u> shall not apply to claims under
an insurance policy covering nonresidential commercial
structures or contents in more than one state.

549(8) This section also applies to surplus lines insurers550and to surplus lines insurance authorized under ss. 626.913-

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551 626.937 providing residential coverage.

552 Section 18. Section 627.7031, Florida Statutes, is created 553 to read:

554 <u>627.7031</u> Foreign venue clauses prohibited.—After July 1, 555 <u>2021, a personal residential property insurance policy sold in</u> 556 <u>the state and insuring only real property located in the state</u> 557 <u>may not require an insured to pursue dispute resolution through</u> 558 <u>litigation, arbitration, or mediation outside the state. This</u> 559 <u>section also applies to surplus lines insurers and to surplus</u> 560 lines insurance authorized under ss. 626.913-626.937.

561 Section 19. Effective January 1, 2022, section 627.7142, 562 Florida Statutes, is amended to read:

563 627.7142 Homeowner Claims Bill of Rights.-An insurer 564 issuing a personal lines residential property insurance policy 565 in this state must provide a Homeowner Claims Bill of Rights to 566 a policyholder within 14 days after receiving an initial 567 communication with respect to a claim, unless the claim follows 568 an event that is the subject of a declaration of a state of 569 emergency by the Governor. The purpose of the bill of rights is 570 to summarize, in simple, nontechnical terms, existing Florida 571 law regarding the rights of a personal lines residential 572 property insurance policyholder who files a claim of loss. The Homeowner Claims Bill of Rights is specific to the claims 573 574 process and does not represent all of a policyholder's rights 575 under Florida law regarding the insurance policy. The Homeowner

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576 Claims Bill of Rights does not create a civil cause of action by 577 any individual policyholder or class of policyholders against an 578 insurer or insurers. The failure of an insurer to properly 579 deliver the Homeowner Claims Bill of Rights is subject to 580 administrative enforcement by the office but is not admissible 581 as evidence in a civil action against an insurer. The Homeowner 582 Claims Bill of Rights does not enlarge, modify, or contravene 583 statutory requirements, including, but not limited to, ss. 626.854, 626.9541, 627.70131, 627.7015, and 627.7074, and does 584 585 not prohibit an insurer from exercising its right to repair 586 damaged property in compliance with the terms of an applicable 587 policy or ss. 627.7011(5)(e) and 627.702(7). The Homeowner 588 Claims Bill of Rights must state: 589 590 HOMEOWNER CLAIMS 591 BILL OF RIGHTS 592 This Bill of Rights is specific to the claims process and does 593 not represent all of your rights under Florida law regarding 594 your policy. There are also exceptions to the stated timelines 595 when conditions are beyond your insurance company's control. 596 This document does not create a civil cause of action by an 597 individual policyholder, or a class of policyholders, against an insurer or insurers and does not prohibit an insurer from 598 exercising its right to repair damaged property in compliance 599

600 with the terms of an applicable policy.

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601 602 YOU HAVE THE RIGHT TO: 603 1. Receive from your insurance company an acknowledgment 604 of your reported claim within 14 days after the time you 605 communicated the claim. Upon written request, receive from your insurance 606 2. 607 company within 30 days after you have submitted a complete 608 proof-of-loss statement to your insurance company, confirmation that your claim is covered in full, partially covered, or 609 610 denied, or receive a written statement that your claim is being 611 investigated. 612 3. Within 90 days, subject to any dual interest noted in 613 the policy, receive full settlement payment for your claim or 614 payment of the undisputed portion of your claim, or your 615 insurance company's denial of your claim. 4. Receive payment of interest, as provided in section 616 617 627.70131, Florida Statutes, from your insurance company, which 618 begins accruing from the date your claim is filed if your 619 insurance company does not pay full settlement of your initial, 620 reopened, or supplemental claim or the undisputed portion of 621 your claim or does not deny your claim within 90 days after your claim is filed. The interest, if applicable, must be paid when 622 your claim or undisputed portion of your claim is paid. 623 624 5.4. Have free mediation of your disputed claim by the 625 Florida Department of Financial Services, Division of Consumer

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626 Services, under most circumstances and subject to certain 627 restrictions.

628 <u>6.5. Have</u> neutral evaluation of your disputed claim, if 629 your claim is for damage caused by a sinkhole and is covered by 630 your policy.

631 <u>7.6.</u> Contact the Florida Department of Financial Services, 632 Division of Consumer Services' toll-free helpline for assistance 633 with any insurance claim or questions pertaining to the handling 634 of your claim. You can reach the Helpline by phone at...(toll-635 free phone number)..., or you can seek assistance online at the 636 Florida Department of Financial Services, Division of Consumer 637 Services' website at...(website address)....

638

639 YOU ARE ADVISED TO:

640 1. Contact your insurance company before entering into any
641 contract for repairs to confirm any managed repair policy
642 provisions or optional preferred vendors.

643 2. Make and document emergency repairs that are necessary
644 to prevent further damage. Keep the damaged property, if
645 feasible, keep all receipts, and take photographs <u>or video</u> of
646 damage before and after any repairs <u>to provide to your insurer</u>.

647 3. Carefully read any contract that requires you to pay 648 out-of-pocket expenses or a fee that is based on a percentage of 649 the insurance proceeds that you will receive for repairing or 650 replacing your property.

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651 Confirm that the contractor you choose is licensed to 4. 652 do business in Florida. You can verify a contractor's license 653 and check to see if there are any complaints against him or her 654 by calling the Florida Department of Business and Professional 655 Regulation. You should also ask the contractor for references 656 from previous work. 657 5. Require all contractors to provide proof of insurance 658 before beginning repairs. 659 6. Take precautions if the damage requires you to leave 660 your home, including securing your property and turning off your gas, water, and electricity, and contacting your insurance 661 662 company and provide a phone number where you can be reached. Section 20. Paragraph (a) of subsection (1) and subsection 663 664 (6) of section 631.57, Florida Statutes, are amended to read: 665 631.57 Powers and duties of the association.-666 The association shall: (1)667 (a)1. Be obligated to the extent of the covered claims 668 existing: 669 a. Before Prior to adjudication of insolvency and arising within 30 days after the determination of insolvency; 670 671 Before the policy expiration date if less than 30 days b. 672 after the determination; or Before the insured replaces the policy or causes its 673 с. 674 cancellation, if she or he does so within 30 days of the determination. 675

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676 2. The obligation under subparagraph 1. includes only the 677 amount of each covered claim which is in excess of \$100 and is 678 less than \$300,000, except that policies providing coverage for 679 homeowner's insurance shall provide for an additional \$200,000 680 for the portion of a covered claim which relates only to the 681 damage to the structure and contents.

682 3.a. Notwithstanding subparagraph 2., the obligation under 683 subparagraph 1. for policies covering condominium associations or homeowners' associations, which associations have a 684 685 responsibility to provide insurance coverage on residential 686 units within the association, shall include that amount of each 687 covered property insurance claim which is less than \$200,000 multiplied by the number of condominium units or other 688 689 residential units; however, as to homeowners' associations, this 690 sub-subparagraph applies only to claims for damage or loss to 691 residential units and structures attached to residential units.

692 b. Notwithstanding sub-subparagraph a., the association 693 has no obligation to pay covered claims that are to be paid from 694 the proceeds of bonds issued under s. 631.695. However, the 695 association shall assign and pledge the first available moneys 696 from all or part of the assessments to be made under paragraph 697 (3) (a) to or on behalf of the issuer of such bonds for the benefit of the holders of such bonds. The association shall 698 administer any such covered claims and present valid covered 699 700 claims for payment in accordance with the provisions of the

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701 assistance program in connection with which such bonds have been 702 issued.

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

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

Section 21. Subsection (2) of section 631.904, FloridaStatutes, is amended to read:

714

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

715 "Covered claim" means an unpaid claim, including a (2)716 claim for return of unearned premiums, which arises out of, is 717 within the coverage of, and is not in excess of the applicable 718 limits of, an insurance policy to which this part applies, which 719 policy was issued by an insurer and which claim is made on 720 behalf of a claimant or insured who was a resident of this state 721 at the time of the injury. The term "covered claim" includes 722 unpaid claims under any employer liability coverage of a workers' compensation policy limited to the lesser of \$300,000 723 or the limits of the policy. The term "covered claim" does not 724 725 include any amount sought as a return of premium under any

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726 retrospective rating plan; any amount due any reinsurer, insurer, insurance pool, or underwriting association, as 727 728 subrogation recoveries or otherwise; any claim that would 729 otherwise be a covered claim that has been rejected or denied by 730 any other state quaranty fund based upon that state's statutory 731 exclusions, including, but not limited to, those based on 732 coverage, policy type, or an insured's net worth, except this 733 exclusion from the definition of covered claim does not apply to 734 employers who, before prior to April 30, 2004, entered into an 735 agreement with the corporation preserving the employer's right 736 to seek coverage of claims rejected by another state's guaranty 737 fund; or any return of premium resulting from a policy that was 738 not in force on the date of the final order of liquidation. 739 Member insurers have no right of subrogation against the insured 740 of any insolvent insurer. This provision applies retroactively 741 to cover claims of an insolvent self-insurance fund resulting 742 from accidents or losses incurred before prior to January 1, 743 1994, regardless of the date the petition in circuit court was 744 filed alleging insolvency and the date the court entered an 745 order appointing a receiver.

746Section 22.Section 648.30, Florida Statutes, is amended747to read:

748 648.30 Licensure and appointment required; prohibited
749 acts; penalties.-

750

(1) A person may not act in the capacity of a bail bond

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751 agent or temporary bail bond agent or perform any of the 752 functions, duties, or powers prescribed for bail bond agents or 753 temporary bail bond agents under this chapter unless that person 754 is qualified, licensed, and appointed as provided in this 755 chapter.

(2) A person may not represent himself or herself to be a
bail enforcement agent, bounty hunter, or other similar title in
this state.

(3) A person, other than a certified law enforcement officer, may not apprehend, detain, or arrest a principal on a bond, wherever issued, unless that person is qualified, licensed, and appointed as provided in this chapter or licensed as a bail bond agent or bail bond enforcement agent, or holds an equivalent license by the state where the bond was written.

765 (4) Any person who violates this section commits a felony
766 of the third degree, punishable as provided in s. 775.082, s.
767 775.083, or s. 775.084.

768 (5) Any licensee under this chapter who knowingly aids or 769 abets an unlicensed person in violating this section commits a 770 felony of the third degree, punishable as provided in s.

771 <u>775.082, s. 775.083, or s. 775.084.</u>

772Section 23. Except as otherwise expressly provided in this773act, this act shall take effect upon becoming a law.

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