

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>      </u>	

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1 Committee/Subcommittee hearing bill: Insurance & Banking  
 2 Subcommittee

3 Representative Gregory offered the following:

4

5 **Amendment (with title amendment)**

6 Remove lines 133-554 and insert:

7 Section 3. Section 624.46227, Florida Statutes, is created  
 8 to read:

9 624.46227 Meeting requirements.—Any association, trust, or  
 10 pool authorized by state law and created for the purpose of  
 11 forming a risk management mechanism or providing self-insurance  
 12 for public entities in this state may establish a quorum and  
 13 conduct public business through communication media technology.

14 Section 4. Subsection (3) of section 626.7351, Florida  
 15 Statutes, is amended to read:

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16           626.7351 Qualifications for customer representative's  
17 license.—The department shall not grant or issue a license as  
18 customer representative to any individual found by it to be  
19 untrustworthy or incompetent, or who does not meet each of the  
20 following qualifications:

21           (3) Within 4 years preceding the date that the application  
22 for license was filed with the department, the applicant has  
23 earned the designation of Accredited Advisor in Insurance (AAI),  
24 Associate in General Insurance (AINS), or Accredited Customer  
25 Service Representative (ACSR) from the Insurance Institute of  
26 America; the designation of Certified Insurance Counselor (CIC)  
27 from the Society of Certified Insurance Service Counselors; the  
28 designation of Certified Professional Service Representative  
29 (CPSR) from the National Foundation for CPSR; the designation of  
30 Certified Insurance Service Representative (CISR) from the  
31 Society of Certified Insurance Service Representatives; the  
32 designation of Certified Insurance Representative (CIR) from  
33 All-Lines Training; the designation of Insurance Customer  
34 Service Representative (ICSR) from Statewide Insurance  
35 Associates LLC; the designation of Professional Customer Service  
36 Representative (PCSR) from the Professional Career Institute;  
37 the designation of Registered Customer Service Representative  
38 (RCSR) from a regionally accredited postsecondary institution in  
39 the state whose curriculum is approved by the department and  
40 includes comprehensive analysis of basic property and casualty

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41 lines of insurance and testing which demonstrates mastery of the  
42 subject; or a degree from an accredited institution of higher  
43 learning approved by the department when the degree includes a  
44 minimum of 9 credit hours of insurance instruction, including  
45 specific instruction in the areas of property, casualty, and  
46 inland marine insurance. The department shall adopt rules  
47 establishing standards for the approval of curriculum.

48 Section 5. Section 626.856, Florida Statutes, is amended  
49 to read:

50 626.856 "Company employee adjuster" defined.—A "company  
51 employee adjuster" means a person licensed as an all-lines  
52 adjuster who is appointed and employed on an insurer's staff of  
53 adjusters, by an affiliate, or by a wholly owned subsidiary of  
54 the insurer, and who undertakes on behalf of such insurer or  
55 other insurers under common control or ownership to ascertain  
56 and determine the amount of any claim, loss, or damage payable  
57 under a contract of insurance, or undertakes to effect  
58 settlement of such claim, loss, or damage.

59 Section 6. Effective upon this act becoming a law,  
60 subsections (1), (2), and (4) of section 626.9202, Florida  
61 Statutes, are amended, and subsections (7) and (8) are added to  
62 that section, to read:

63 626.9202 Loss run statements for all lines of insurance.—

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

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65 (a) "Loss run statement" means a report that contains the  
66 policy number, the period of coverage, the number of claims, the  
67 paid losses on all claims, and the date of each loss. The term  
68 does not include supporting claim file documentation, including,  
69 but not limited to, copies of claim files, investigation  
70 reports, evaluation statements, insureds' statements, and  
71 documents protected by a common law or statutory privilege. As  
72 applied to group health insurance, the term means a report that  
73 also contains premiums paid, number of insureds on a monthly  
74 basis, and dependent status.

75 (b) "Provide" means to electronically send a document or  
76 to allow access through an electronic portal to view or generate  
77 a document.

78 (2) Notwithstanding any other law, an insurer shall  
79 provide to an insured within 15 calendar days after an  
80 individual or entity designated by the insurer receives ~~receipt~~  
81 of the insured's written request, either:

82 (a) A loss run statement; or

83 (b) For personal lines of insurance, information on how to  
84 obtain a loss run statement at no charge through a consumer  
85 reporting agency. However, this section does not prohibit an  
86 insured from requesting a loss run statement after receiving  
87 information from a consumer reporting agency, in which case the  
88 insurer must then provide such loss run statement within 15

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89 calendar days after the individual or entity designated by the  
90 insurer receives the insured's subsequent written request.

91 (4) A loss run statement provided pursuant to this section  
92 must contain a claims history with the insurer for the preceding  
93 3 5 years or, if the claims history is less than 3 5 years, a  
94 complete claims history with the insurer.

95 (7) This section does not apply to a life insurer as  
96 defined in s. 624.602.

97 (8) For group health insurance, only the group  
98 policyholder may request and be provided a loss run statement  
99 pursuant to this section.

100 Section 7. Paragraph (b) of subsection (2) of section  
101 627.062, Florida Statutes, is amended to read:

102 627.062 Rate standards.—

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

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

109 1. Past and prospective loss experience within and without  
110 this state.

111 2. Past and prospective expenses.

112 3. The degree of competition among insurers for the risk  
113 insured.

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114 4. Investment income reasonably expected by the insurer,  
115 consistent with the insurer's investment practices, from  
116 investable premiums anticipated in the filing, plus any other  
117 expected income from currently invested assets representing the  
118 amount expected on unearned premium reserves and loss reserves.  
119 The commission may adopt rules using reasonable techniques of  
120 actuarial science and economics to specify the manner in which  
121 insurers calculate investment income attributable to classes of  
122 insurance written in this state and the manner in which  
123 investment income is used to calculate insurance rates. Such  
124 manner must contemplate allowances for an underwriting profit  
125 factor and full consideration of investment income that produces  
126 a reasonable rate of return; however, investment income from  
127 invested surplus may not be considered.

128 5. The reasonableness of the judgment reflected in the  
129 filing.

130 6. Dividends, savings, or unabsorbed premium deposits  
131 allowed or returned to policyholders, members, or subscribers in  
132 this state.

133 7. The adequacy of loss reserves.

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

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- 138           9. Trend factors, including trends in actual losses per  
139 insured unit for the insurer making the filing.
- 140           10. Conflagration and catastrophe hazards, if applicable.
- 141           11. Projected hurricane losses, if applicable, which must  
142 be estimated using a model or method found to be acceptable or  
143 reliable by the Florida Commission on Hurricane Loss Projection  
144 Methodology, and as further provided in s. 627.0628. A  
145 residential property insurance rate filing may use a weighted or  
146 straight average of two or more such models or methods.
- 147           12. Projected flood losses for personal residential  
148 property insurance, if applicable, which may be estimated using  
149 a model or method, or a straight average of model results or  
150 output ranges, independently found to be acceptable or reliable  
151 by the Florida Commission on Hurricane Loss Projection  
152 Methodology and as further provided in s. 627.0628.
- 153           13. A reasonable margin for underwriting profit and  
154 contingencies.
- 155           14. The cost of medical services, if applicable.
- 156           15. Other relevant factors that affect the frequency or  
157 severity of claims or expenses.
- 158
- 159 The provisions of this subsection do not apply to workers'  
160 compensation, employer's liability insurance, and motor vehicle  
161 insurance.

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162 Section 8. Paragraph (b) of subsection (2) of section  
163 627.0629, Florida Statutes, is amended, and subsection (9) is  
164 added to that section, to read:

165 627.0629 Residential property insurance; rate filings.—

166 (2)

167 (b) A rate filing for residential property insurance made  
168 more than 150 days after approval by the office of a building  
169 code rating factor plan submitted by a statewide rating  
170 organization may ~~shall~~ include positive and negative rate  
171 factors that reflect the manner in which building code  
172 enforcement in a particular jurisdiction addresses risk of wind  
173 damage. The rate filing must ~~shall~~ include variations from  
174 standard rate factors on an individual basis based on inspection  
175 of a particular structure by a licensed home inspector. If an  
176 inspection is requested by the insured, the insurer may require  
177 the insured to pay the reasonable cost of the inspection. This  
178 paragraph applies to structures constructed or renovated after  
179 the implementation of this paragraph.

180 (9) An insurer may file with the office a personal lines  
181 residential property insurance rating plan that provides  
182 justified premium discounts, credits, or other rate  
183 differentials based on windstorm mitigation construction  
184 standards developed by an independent, not-for-profit,  
185 scientific research organization, if such standards meet the  
186 requirements of this section. The insurer may require a



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187 policyholder who elects to construct or retrofit the structure,  
188 in whole or in part, for windstorm mitigation purposes to  
189 present to the insurer evidence of compliance with the  
190 mitigation standards before receiving any premium discount,  
191 credit, or rate reduction allowed under the rating plan.

192 Section 9. Subsection (1) of section 627.072, Florida  
193 Statutes, is amended to read:

194 627.072 Making and use of rates.—

195 (1) As to workers' compensation and employer's liability  
196 insurance, the following factors shall be used in the  
197 determination and fixing of rates:

198 (a) The past loss experience and prospective loss  
199 experience within and outside this state;

200 (b) The impact resulting from the past loss experience and  
201 prospective loss experience for insurers whose data are missing  
202 from statewide experience due to insolvency. Prior reported data  
203 for such insurers and all other relevant information may be used  
204 to assess the impact on rates;

205 (c) ~~(b)~~ The conflagration and catastrophe hazards;

206 (d) ~~(e)~~ A reasonable margin for underwriting profit and  
207 contingencies;

208 (e) ~~(d)~~ Dividends, savings, or unabsorbed premium deposits  
209 allowed or returned by insurers to their policyholders, members,  
210 or subscribers;

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211 ~~(f)~~(e) Investment income on unearned premium reserves and  
212 loss reserves;

213 ~~(g)~~(f) Past expenses and prospective expenses, both those  
214 countrywide and those specifically applicable to this state; and

215 ~~(h)~~(g) All other relevant factors, including judgment  
216 factors, within and outside this state.

217 Section 10. Paragraph (a) of subsection (6) of section  
218 627.351, Florida Statutes, is amended to read:

219 627.351 Insurance risk apportionment plans.—

220 (6) CITIZENS PROPERTY INSURANCE CORPORATION.—

221 (a) The public purpose of this subsection is to ensure  
222 that there is an orderly market for property insurance for  
223 residents and businesses of this state.

224 1. The Legislature finds that private insurers are  
225 unwilling or unable to provide affordable property insurance  
226 coverage in this state to the extent sought and needed. The  
227 absence of affordable property insurance threatens the public  
228 health, safety, and welfare and likewise threatens the economic  
229 health of the state. The state therefore has a compelling public  
230 interest and a public purpose to assist in assuring that  
231 property in the state is insured and that it is insured at  
232 affordable rates so as to facilitate the remediation,  
233 reconstruction, and replacement of damaged or destroyed property  
234 in order to reduce or avoid the negative effects otherwise  
235 resulting to the public health, safety, and welfare, to the

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236 economy of the state, and to the revenues of the state and local  
237 governments which are needed to provide for the public welfare.  
238 It is necessary, therefore, to provide affordable property  
239 insurance to applicants who are in good faith entitled to  
240 procure insurance through the voluntary market but are unable to  
241 do so. The Legislature intends, therefore, that affordable  
242 property insurance be provided and that it continue to be  
243 provided, as long as necessary, through Citizens Property  
244 Insurance Corporation, a government entity that is an integral  
245 part of the state, and that is not a private insurance company.  
246 To that end, the corporation shall strive to increase the  
247 availability of affordable property insurance in this state,  
248 while achieving efficiencies and economies, and while providing  
249 service to policyholders, applicants, and agents which is no  
250 less than the quality generally provided in the voluntary  
251 market, for the achievement of the foregoing public purposes.  
252 Because it is essential for this government entity to have the  
253 maximum financial resources to pay claims following a  
254 catastrophic hurricane, it is the intent of the Legislature that  
255 the corporation continue to be an integral part of the state and  
256 that the income of the corporation be exempt from federal income  
257 taxation and that interest on the debt obligations issued by the  
258 corporation be exempt from federal income taxation.

259         2. The Residential Property and Casualty Joint  
260 Underwriting Association originally created by this statute

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261 shall be known as the Citizens Property Insurance Corporation.  
262 The corporation shall provide insurance for residential and  
263 commercial property, for applicants who are entitled, but, in  
264 good faith, are unable to procure insurance through the  
265 voluntary market. The corporation shall operate pursuant to a  
266 plan of operation approved by order of the Financial Services  
267 Commission. The plan is subject to continuous review by the  
268 commission. The commission may, by order, withdraw approval of  
269 all or part of a plan if the commission determines that  
270 conditions have changed since approval was granted and that the  
271 purposes of the plan require changes in the plan. For the  
272 purposes of this subsection, residential coverage includes both  
273 personal lines residential coverage, which consists of the type  
274 of coverage provided by homeowner, mobile home owner, dwelling,  
275 tenant, condominium unit owner, and similar policies; and  
276 commercial lines residential coverage, which consists of the  
277 type of coverage provided by condominium association, apartment  
278 building, and similar policies.

279 3. With respect to coverage for personal lines residential  
280 structures:

281 a. Effective January 1, 2014, a structure that has a  
282 dwelling replacement cost of \$1 million or more, or a single  
283 condominium unit that has a combined dwelling and contents  
284 replacement cost of \$1 million or more, is not eligible for  
285 coverage by the corporation. Such dwellings insured by the

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286 corporation on December 31, 2013, may continue to be covered by  
287 the corporation until the end of the policy term. The office  
288 shall approve the method used by the corporation for valuing the  
289 dwelling replacement cost for the purposes of this subparagraph.  
290 If a policyholder is insured by the corporation before being  
291 determined to be ineligible pursuant to this subparagraph and  
292 such policyholder files a lawsuit challenging the determination,  
293 the policyholder may remain insured by the corporation until the  
294 conclusion of the litigation.

295 b. Effective January 1, 2015, a structure that has a  
296 dwelling replacement cost of \$900,000 or more, or a single  
297 condominium unit that has a combined dwelling and contents  
298 replacement cost of \$900,000 or more, is not eligible for  
299 coverage by the corporation. Such dwellings insured by the  
300 corporation on December 31, 2014, may continue to be covered by  
301 the corporation only until the end of the policy term.

302 c. Effective January 1, 2016, a structure that has a  
303 dwelling replacement cost of \$800,000 or more, or a single  
304 condominium unit that has a combined dwelling and contents  
305 replacement cost of \$800,000 or more, is not eligible for  
306 coverage by the corporation. Such dwellings insured by the  
307 corporation on December 31, 2015, may continue to be covered by  
308 the corporation until the end of the policy term.

309 d. Effective January 1, 2017, a structure that has a  
310 dwelling replacement cost of \$700,000 or more, or a single

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311 condominium unit that has a combined dwelling and contents  
312 replacement cost of \$700,000 or more, is not eligible for  
313 coverage by the corporation. Such dwellings insured by the  
314 corporation on December 31, 2016, may continue to be covered by  
315 the corporation until the end of the policy term.

316

317 The requirements of sub-subparagraphs b.-d. do not apply in  
318 counties where the office determines there is not a reasonable  
319 degree of competition. In such counties a personal lines  
320 residential structure that has a dwelling replacement cost of  
321 less than \$1 million, or a single condominium unit that has a  
322 combined dwelling and contents replacement cost of less than \$1  
323 million, is eligible for coverage by the corporation.

324 4. It is the intent of the Legislature that policyholders,  
325 applicants, and agents of the corporation receive service and  
326 treatment of the highest possible level but never less than that  
327 generally provided in the voluntary market. It is also intended  
328 that the corporation be held to service standards no less than  
329 those applied to insurers in the voluntary market by the office  
330 with respect to responsiveness, timeliness, customer courtesy,  
331 and overall dealings with policyholders, applicants, or agents  
332 of the corporation.

333 5.a. Effective January 1, 2009, a personal lines  
334 residential structure that is located in the "wind-borne debris  
335 region," as defined in s. 1609.2, International Building Code

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336 (2006), and that has an insured value on the structure of  
337 \$750,000 or more is not eligible for coverage by the corporation  
338 unless the structure has opening protections as required under  
339 the Florida Building Code for a newly constructed residential  
340 structure in that area. A residential structure is deemed to  
341 comply with this sub-subparagraph if it has shutters or opening  
342 protections on all openings and if such opening protections  
343 complied with the Florida Building Code at the time they were  
344 installed.

345 b. Any major structure, as defined in s. 161.54(6)(a),  
346 that is newly constructed, or rebuilt, repaired, restored, or  
347 remodeled to increase the total square footage of finished area  
348 by more than 25 percent, pursuant to a permit applied for after  
349 July 1, 2015, is not eligible for coverage by the corporation if  
350 the structure is seaward of the coastal construction control  
351 line established pursuant to s. 161.053 or is within the Coastal  
352 Barrier Resources System as designated by 16 U.S.C. ss. 3501-  
353 3510.

354 6. With respect to wind-only coverage for commercial lines  
355 residential condominiums, ~~effective July 1, 2014,~~ a condominium  
356 may shall be deemed ineligible for coverage when if 50 percent  
357 or more of the units are rented more than eight times in a  
358 calendar year for a rental agreement period of less than 30  
359 days.

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360 Section 11. Subsection (6) is added to section 627.421,  
361 Florida Statutes, to read:

362 627.421 Delivery of policy.-

363 (6) If a policy is sold in a wholly electronic manner, the  
364 insurer may electronically transmit all policy documents and  
365 claims communications to the insured or policyholder so long as  
366 the insurer provides a disclosure to the insured or policyholder  
367 at the time of sale.

368 Section 12. Effective upon this act becoming a law,  
369 subsections (1), (2), and (4) of section 627.444, Florida  
370 Statutes, are amended, and subsections (7) and (8) are added to  
371 that section, to read:

372 627.444 Loss run statements for all lines of insurance.-

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

374 (a) "Loss run statement" means a report that contains the  
375 policy number, the period of coverage, the number of claims, the  
376 paid losses on all claims, and the date of each loss. The term  
377 does not include supporting claim file documentation, including,  
378 but not limited to, copies of claim files, investigation  
379 reports, evaluation statements, insureds' statements, and  
380 documents protected by a common law or statutory privilege. As  
381 applied to group health insurance, the term means a report that  
382 also contains premiums paid, number of insureds on a monthly  
383 basis, and dependent status.



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384 (b) "Provide" means to electronically send a document or  
385 to allow access through an electronic portal to view or generate  
386 a document.

387 (2) Notwithstanding any other law, an insurer shall  
388 provide to an insured within 15 calendar days after an  
389 individual or entity designated by the insurer receives receipt  
390 of the insured's written request, either:

391 (a) A loss run statement; or

392 (b) For personal lines of insurance, information on how to  
393 obtain a loss run statement at no charge through a consumer  
394 reporting agency. However, this section does not prohibit an  
395 insured from requesting a loss run statement after receiving  
396 information from a consumer reporting agency, in which case the  
397 insurer must then provide such loss run statement within 15  
398 calendar days after the individual or entity designated by the  
399 insurer receives the insured's subsequent written request.

400 (4) A loss run statement provided pursuant to this section  
401 must contain a claims history with the insurer for the preceding  
402 3 5 years or, if the claims history is less than 3 5 years, a  
403 complete claims history with the insurer.

404 (7) This section does not apply to a life insurer as  
405 defined in s. 624.602.

406 (8) For group health insurance, only the group  
407 policyholder may request and be provided a loss run statement  
408 pursuant to this section.

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409 Section 13. Section 627.6647, Florida Statutes, is  
410 repealed.

411 Section 14. Paragraph (b) of subsection (1) of section  
412 627.7011, Florida Statutes, is amended to read:

413 627.7011 Homeowners' policies; offer of replacement cost  
414 coverage and law and ordinance coverage.—

415 (1) Prior to issuing a homeowner's insurance policy, the  
416 insurer must offer each of the following:

417 (b) A policy or endorsement providing that, subject to  
418 other policy provisions, any loss that is repaired or replaced  
419 at any location will be adjusted on the basis of replacement  
420 costs to the dwelling not exceeding policy limits, rather than  
421 actual cash value, and also including costs necessary to meet  
422 applicable laws and ordinances enacted on or before the time of  
423 loss which regulate ~~regulating~~ the construction, use, or repair  
424 of any property or require ~~requiring~~ the tearing down of any  
425 property, including the costs of removing debris. However,  
426 additional costs necessary to meet applicable laws and  
427 ordinances may be limited to 25 percent or 50 percent of the  
428 dwelling limit, as selected by the policyholder, and such  
429 coverage applies only to repairs of the damaged portion of the  
430 structure unless the total damage to the structure exceeds 50  
431 percent of the replacement cost of the structure.

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433 An insurer is not required to make the offers required by this  
434 subsection with respect to the issuance or renewal of a  
435 homeowner's policy that contains the provisions specified in  
436 paragraph (b) for law and ordinance coverage limited to 25  
437 percent of the dwelling limit, except that the insurer must  
438 offer the law and ordinance coverage limited to 50 percent of  
439 the dwelling limit. This subsection does not prohibit the offer  
440 of a guaranteed replacement cost policy.

441 Section 15. Effective upon this act becoming a law,  
442 present subsections (4) through (10) of section 627.715, Florida  
443 Statutes, are redesignated as subsections (5) through (11),  
444 respectively, and a new subsection (4) is added to that section,  
445 to read:

446 627.715 Flood insurance.—An authorized insurer may issue  
447 an insurance policy, contract, or endorsement providing personal  
448 lines residential coverage for the peril of flood or excess  
449 coverage for the peril of flood on any structure or the contents  
450 of personal property contained therein, subject to this section.  
451 This section does not apply to commercial lines residential or  
452 commercial lines nonresidential coverage for the peril of flood.  
453 An insurer may issue flood insurance policies, contracts,  
454 endorsements, or excess coverage on a standard, preferred,  
455 customized, flexible, or supplemental basis.

456 (4) An agent may export a contract or an endorsement  
457 providing flood coverage to an eligible surplus lines insurer

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458 without making a diligent effort to seek such coverage from  
459 three or more authorized insurers under s. 626.916(1)(a).

460 Section 16. Effective upon this act becoming a law,  
461 paragraph (b) of subsection (1) and paragraph (a) of subsection  
462 (9) of section 627.7152, Florida Statutes, are amended to read:

463 627.7152 Assignment agreements.—

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

465 (b) "Assignment agreement" means any instrument by which  
466 post-loss benefits under a residential property insurance policy  
467 or commercial property insurance policy, as that term is defined  
468 in s. 627.0625(1), are assigned or transferred, or acquired in  
469 any manner, in whole or in part, to or from a person providing  
470 services, including, but not limited to, scopes of service, to  
471 inspect, protect, repair, restore, or replace property or to  
472 mitigate against further damage to the property. The term does  
473 not include fees collected by a public adjuster as defined in  
474 626.854.

475 (9) (a) An assignee must provide the named insured,  
476 insurer, and the assignor, if not the named insured, with a  
477 written notice of intent to initiate litigation before filing  
478 suit under the policy. Such notice must be served by certified  
479 mail, return receipt requested, to the name and mailing address  
480 designated by the insurer in the policy forms, or by electronic  
481 delivery at the e-mail address designated by the insurer in the  
482 policy forms at least 10 business days before filing suit, but

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483 may not be served before the insurer has made a determination of  
484 coverage under s. 627.70131. The notice must specify the damages  
485 in dispute, the amount claimed, and a presuit settlement demand.  
486 Concurrent with the notice, and as a precondition to filing  
487 suit, the assignee must provide the named insured, insurer, and  
488 the assignor, if not the named insured, a detailed written  
489 invoice or estimate of services, including itemized information  
490 on equipment, materials, and supplies; the number of labor  
491 hours; and, in the case of work performed, proof that the work  
492 has been performed in accordance with accepted industry  
493 standards.

494 Section 17. Section 627.7276, Florida Statutes, is amended  
495 to read:

496 627.7276 Notice of limited coverage.-

497 (1) An automobile policy that does not contain coverage  
498 for bodily injury and property damage must include a notice ~~be~~  
499 ~~clearly stamped or printed to the effect~~ that such coverage is  
500 not included in the policy in the following manner:

501

502 "THIS POLICY DOES NOT PROVIDE BODILY INJURY AND  
503 PROPERTY DAMAGE LIABILITY INSURANCE OR ANY OTHER  
504 COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT  
505 MADE, AND DOES NOT COMPLY WITH ANY FINANCIAL  
506 RESPONSIBILITY LAW."  
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508 (2) This notice legend must accompany ~~appear on~~ the policy  
509 declaration page and ~~on the filing back of the policy and be~~  
510 ~~printed in a contrasting color from that used on the policy and~~  
511 ~~in type and larger than the largest type used in the text at~~  
512 least as large as the type and text used on the declarations  
513 page thereof, as an overprint or by a rubber stamp impression.  
514  
515

516 -----  
517 **T I T L E A M E N D M E N T**

518 Remove lines 7-57 and insert:

519 process is valid and binding upon insurers; creating s.  
520 624.46227, F.S.; authorizing an association, trust, or pool  
521 created for the purpose of forming or managing a risk management  
522 mechanism or providing self-insurance for a public entity to  
523 establish a quorum and conduct public business through  
524 communication media technology; amending s. 626.7351, F.S.;  
525 revising a qualification for licensure as a customer  
526 representative; amending s. 626.856, F.S.; revising the  
527 definition of the term "company employee adjuster"; amending s.  
528 626.9202, F.S.; revising the definition of the term "loss run  
529 statement"; specifying the entities that must receive requests  
530 for loss run statements; specifying that insurers must provide  
531 loss run statements under certain circumstances; revising the  
532 required claims history in loss run statements; providing

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533 applicability; limiting loss run statement requests with respect  
534 to group health insurance policies to group policyholders;  
535 amending s. 627.062, F.S.; revising the factors for determining  
536 whether an insurance rate filing is excessive, inadequate, or  
537 unfairly discriminatory; amending s. 627.0629, F.S.;  
538 authorizing, rather than requiring, rate filings for certain  
539 residential property insurance to include certain rate factors;  
540 authorizing insurers to file certain insurance rating plans  
541 based on certain windstorm mitigation construction standards;  
542 authorizing insurers to require policyholders to provide  
543 evidence of compliance with mitigation standards under certain  
544 conditions; amending s. 627.072, F.S.; providing a ratemaking  
545 factor for workers' compensation and employer's liability  
546 insurance; amending s. 627.351, F.S.; revising conditions for  
547 determining the ineligibility of condominiums for wind-only  
548 coverage; amending s. 627.421, F.S.; authorizing insurers to  
549 electronically transmit policy documents and claims documents  
550 under certain circumstances; amending s. 627.444, F.S.; revising  
551 the definition of the term "loss run statement"; specifying the  
552 entities that must receive requests for loss run statements;  
553 specifying that insurers must provide loss run statements under  
554 certain circumstances; revising the required claims history in  
555 loss run statements; providing applicability; limiting loss run  
556 statement requests with respect to group health insurance  
557 policies to group policyholders; repealing s. 627.6647, F.S.,

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558 relating to the release of information required for bid to group  
559 health insurance policyholders; amending s. 627.7011, F.S.;  
560 revising conditions for inclusion of costs for law and ordinance  
561 coverage in loss adjustments under certain homeowners' policies;  
562 amending s. 627.715, F.S.; providing an exemption from a  
563 diligent effort requirement for agents exporting contracts or  
564 endorsements providing flood coverage; amending s. 627.7152,  
565 F.S.; revising the definition of the term "assignment  
566 agreement"; specifying the addresses to which a notice of intent  
567 must be served; amending s. 627.7276, F.S.; revising notice  
568 requirements for motor vehicle policies that do not provide  
569 coverage for bodily injury and property damage liability;  
570