

Amendment No.11

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WITHDRAWN	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>	

1 Committee/Subcommittee hearing bill: Commerce Committee
2 Representative Cassel offered the following:

Amendment

Remove lines 2606-2652 and insert:

6 (9) An insurer shall notify every first party claimant or
7 beneficiary that they may obtain, upon request, copies of claim-
8 related documents. For purposes of this section, claim-related
9 documents means all documents that relate to the evaluation of
10 damages, including, but not limited to, repair and replacement
11 estimates and bids, appraisals, scopes of loss, drawings, plans,
12 reports, third-party findings on the amount of loss, covered
13 damages, cost of repairs, and all other valuation, measurement,
14 and loss adjustment calculations of the amount of loss. However,
15 attorney work product and attorney-client privileged documents,
16 and documents that indicate fraud by the insured or that contain

Amendment No.11

17 medically privileged information, are excluded from the
18 documents an insurer is required to provide pursuant to this
19 section to a claimant. Within 15 calendar days after receiving a
20 request from an insured or beneficiary for claim-related
21 documents, the insurer shall provide the insured with copies of
22 all claim-related documents, except those excluded by this
23 section. Nothing in this section shall be construed to affect
24 existing litigation discovery rights.

25 Section 16. Subsection (2) of section 627.70132, Florida
26 Statutes, is amended to read:

27 627.70132 Notice of property insurance claim.-

28 (2) A claim or reopened claim, but not a supplemental
29 claim, under an insurance policy that provides property
30 insurance, as defined in s. 624.604, including a property
31 insurance policy issued by an eligible surplus lines insurer,
32 for loss or damage caused by any peril is barred unless notice
33 of the claim was given to the insurer in accordance with the
34 terms of the policy within 1 year ~~2 years~~ after the date of
35 loss. A supplemental claim is barred unless notice of the
36 supplemental claim was given to the insurer in accordance with
37 the terms of the policy within 18 months ~~3 years~~ after the date
38 of loss.

39 Section 17. Subsections (1), (2), (6), and (8) of section
40 627.70152, Florida Statutes, are amended to read:

Amendment No.11

41 627.70152 Suits arising under a property insurance
42 policy.—

43 (1) APPLICATION.—This section applies exclusively to all
44 suits ~~not brought by an assignee~~ arising under a residential or
45 commercial property insurance policy, including a residential or
46 commercial property insurance policy issued by an eligible
47 surplus lines insurer.

48 (2) DEFINITIONS.—As used in this section, the term:

49 (a) ~~"Amount obtained" means damages recovered, if any, but~~
50 ~~the term does not include any amount awarded for attorney fees,~~
51 ~~costs, or interest.~~

52 ~~(b)~~ "Claimant" means an insured who is filing suit under a
53 residential or commercial property insurance policy.

54 ~~(b)(e)~~ "Disputed amount" means the difference between the
55 claimant's presuit settlement demand, not including attorney
56 fees and costs listed in the demand, and the insurer's presuit
57 settlement offer, not including attorney fees and costs, if part
58 of the offer.

59 ~~(c)(d)~~ "Presuit settlement demand" means the demand made
60 by the claimant in the written notice of intent to initiate
61 litigation as required by paragraph (3)(a). The demand must
62 include the amount of reasonable and necessary attorney fees and
63 costs incurred by the claimant, to be calculated by multiplying
64 the number of hours actually worked on the claim by the

Amendment No.11

65 claimant's attorney as of the date of the notice by a reasonable
66 hourly rate.

67 ~~(d)-(e)~~ "Presuit settlement offer" means the offer made by
68 the insurer in its written response to the notice as required by
69 Subsection (3).

70 (4) INSURER DUTIES.—An insurer must have a procedure for
71 the prompt investigation, review, and evaluation of the dispute
72 stated in the notice and must investigate each claim contained
73 in the notice in accordance with the Florida Insurance Code. An
74 insurer must respond in writing within 10 business days after
75 receiving the notice specified in subsection (3). The insurer
76 must provide the response to the department and to the claimant
77 by e-mail if the insured has designated an e-mail address in the
78 notice.

79 (a) If an insurer is responding to a notice served on the
80 insurer following a denial of coverage by the insurer, the
81 insurer must respond by:

- 82 1. Accepting coverage;
- 83 2. Continuing to deny coverage; or
- 84 3. Asserting the right to reinspect the damaged property.

85 If the insurer responds by asserting the right to reinspect the
86 damaged property, it has 14 business days after the response
87 asserting that right to reinspect the property and accept or
88 continue to deny coverage. The time limits provided in s. 95.11
89 are tolled during the reinspection period if such time limits

Amendment No.11

90 expire before the end of the reinspection period. If the insurer
91 continues to deny coverage, the claimant may file suit without
92 providing additional notice to the insurer.

93 (b) If an insurer is responding to a notice provided to
94 the insurer alleging an act or omission by the insurer other
95 than a denial of coverage, the insurer must respond by making a
96 settlement offer or requiring the claimant to participate in
97 appraisal or another method of alternative dispute resolution.
98 The time limits provided in s. 95.11 are tolled as long as
99 appraisal or other alternative dispute resolution is ongoing if
100 such time limits expire during the appraisal process or dispute
101 resolution process. If the appraisal or alternative dispute
102 resolution has not been concluded within 90 days after the
103 expiration of the 10-day notice of intent to initiate litigation
104 specified in subsection (3), the claimant or claimant's attorney
105 may immediately file suit without providing the insurer
106 additional notice.

107 (5) The Office of Insurance Regulation shall aggregate on
108 a statewide basis the data submitted by each claimant and each
109 insurer or insurer group under subsections (3) and (4) and make
110 such data publicly available by publishing such data on the
111 office's website monthly. Such information, when aggregated on a
112 statewide basis as to an individual insurer or insurer group, is
113 not a trade secret as defined in s. 688.002(4) or s. 812.081

Amendment No.11

114 | and is not subject to the public records exemption for trade
115 | secrets provided in s. 119.0715.
116 |