

By Senator Boyd

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1 A bill to be entitled
2 An act relating to property insurance; creating s.
3 215.5551, F.S.; creating the Reinsurance to Assist
4 Policyholders program to be administered by the State
5 Board of Administration; defining terms; requiring
6 certain property insurers to obtain coverage under the
7 program; requiring the board to provide reimbursement
8 to property insurers under the program; requiring the
9 board and property insurers to enter into contracts to
10 provide certain insurance reimbursement; providing
11 requirements for the contracts; providing
12 construction; providing calculations for specified
13 amounts of losses to determine reimbursement under the
14 program; authorizing the board to inspect, examine,
15 and verify insurer records; providing insurer
16 eligibility qualifications for the program; providing
17 for disqualification; requiring certain insurers to
18 notify the board under a specified circumstance;
19 prohibiting premiums from being charged for
20 participation in the program; providing that the
21 program does not affect the claims-paying capacity of
22 the Florida Hurricane Catastrophe Fund; requiring the
23 program to pay reimbursements directly to the
24 applicable state guaranty fund in the event of
25 insolvency; specifying requirements for the Florida
26 Hurricane Catastrophe Fund if an insurer or the
27 Citizens Property Insurance Corporation accept
28 assignments of unsound insurers; providing that
29 certain violations are violations of the insurance

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30 code; authorizing the board to enforce certain
31 requirements; authorizing the board to adopt rules;
32 providing legislative intent; requiring the board to
33 submit a written notice within a certain timeframe to
34 the Executive Office of the Governor relating to the
35 program funds, under certain circumstances; providing
36 a requirement for the notice and subsequent requests;
37 requiring the Executive Office of the Governor to
38 instruct the Chief Financial Officer to draw a warrant
39 for a transfer to the board for the program under
40 certain circumstances and to provide notification to
41 specified persons within a certain timeframe;
42 prohibiting cumulative transfers from exceeding a
43 specified amount; providing reporting requirements;
44 providing for expiration and transfer of unencumbered
45 funds; requiring certain property insurers to reduce
46 rates to reflect certain cost savings through rate
47 filings by a specified date; prohibiting such insurers
48 from making other rate changes; requiring the Office
49 of Insurance Regulation to expedite the review of
50 certain filings; amending s. 215.5586, F.S.; adding a
51 requirement for hurricane mitigation inspection
52 applications; revising homeowner eligibility criteria
53 for mitigation grants; specifying matching
54 requirements for grants; revising reporting
55 requirements; providing an appropriation; requiring
56 the Department of Financial Services to submit budget
57 amendments; specifying requirements for budget
58 amendments; providing for reversion and appropriation

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59 of any unexpended balance; providing for expiration;
60 amending s. 489.147, F.S.; revising the definition of
61 the term "prohibited advertisement"; creating s.
62 624.1551, F.S.; requiring claimants to establish that
63 property insurers have breached the insurance contract
64 to prevail in certain claims for damages; amending s.
65 624.307, F.S.; requiring the office to publish certain
66 information on its website; amending s. 624.313, F.S.;
67 requiring the office to print and make a specified
68 report available by a specified date annually;
69 revising the information the office must include in
70 such report; amending s. 624.315, F.S.; revising the
71 information the office must include in certain
72 reports; amending s. 624.424, F.S.; requiring the
73 Office of Insurance Regulation to aggregate on a
74 statewide basis and make publicly available certain
75 data submitted by insurers and insurer groups;
76 specifying requirements for publishing such data;
77 providing that such information is not a trade secret
78 and is not subject to a certain public records
79 exemption; amending s. 626.9373, F.S.; revising
80 conditions for the award of reasonable attorney fees
81 to apply to all suits brought under residential or
82 commercial property insurance policies, rather than
83 those not brought by assignees; limiting the transfer,
84 assignment, or acquisition of rights to attorney fees
85 in certain property insurance suits; amending s.
86 627.428, F.S.; revising conditions for the award of
87 reasonable attorney fees to apply to all suits brought

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88 under residential or commercial property insurance
89 policies, rather than those not brought by assignees;
90 limiting the transfer, assignment, or acquisition of
91 rights to attorney fees in certain property insurance
92 suits; amending s. 627.701, F.S.; revising a
93 prohibition against the issuance of insurance policies
94 containing certain deductible provisions; revising the
95 conditions a personal lines residential property
96 insurance policy covering certain risks must meet
97 under certain circumstances; requiring personal lines
98 residential property insurance policies containing
99 separate roof deductibles to include specified
100 information; authorizing property insurers to include
101 separate roof deductibles if certain requirements are
102 met; providing requirements for policyholders in
103 rejecting such deductibles under certain
104 circumstances; requiring the office to expedite the
105 review of filing of certain forms; authorizing the
106 commission to adopt certain model forms or guidelines;
107 requiring the office to review certain filings within
108 a specified timeframe; providing that roof deductible
109 portions of the filing are not subject to a specified
110 extension for review; amending s. 627.7011, F.S.;
111 authorizing property insurers to limit certain roof
112 claim payments under certain circumstances; defining
113 the term "authorized inspector"; prohibiting insurers
114 from refusing to issue or renew homeowners' policies
115 insuring certain structures; requiring insurers to
116 allow homeowners to have roof inspections performed

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117 before requiring roof replacement; providing
118 applicability; amending s. 627.70131, F.S.; requiring
119 insurers to conduct physical inspections for certain
120 claims within a specified timeframe; requiring
121 property insurers to notify and provide certain
122 detailed estimates to policyholders; providing
123 construction; requiring property insurers to provide
124 reasonable explanations related to claims under
125 certain circumstances; amending s. 627.70152, F.S.;
126 making a technical change; authorizing property
127 insurers to be awarded attorney fees in certain suit
128 dismissals; providing that a strong presumption is
129 created that a lodestar fee is sufficient and
130 reasonable; providing that such presumption may be
131 rebutted only under certain circumstances; amending s.
132 627.7142, F.S.; conforming a cross-reference; amending
133 s. 627.7152, F.S.; revising the definition of the term
134 "assignment agreement"; deleting the definitions of
135 the terms "disputed amount" and "judgment obtained";
136 revising a requirement for assignment agreements;
137 revising the requirement for assignees to indemnify
138 and hold harmless assignors; specifying a timeframe
139 during which and the addresses to which a notice of
140 intent must be served; deleting certain limitations on
141 the recovery and award of attorney fees in suits
142 related to assignment agreements; creating s.
143 627.7154, F.S.; creating an insurer stability unit
144 within the office for a specified purpose; specifying
145 the duties of the unit; requiring the unit to provide

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146 a specified report biannually; specifying requirements
 147 for such report; specifying events that trigger
 148 referrals to the unit; requiring the unit's
 149 supervisors to review such referrals for a certain
 150 determination; requiring unit expenses be paid from a
 151 specified fund; requiring costs of examinations to be
 152 paid by examined persons in a specified circumstance;
 153 amending s. 631.031, F.S.; requiring notifications by
 154 the office to the department of grounds for
 155 delinquency proceedings to include an affidavit;
 156 specifying contents of such affidavit; amending s.
 157 631.398, F.S.; specifying duties of the department for
 158 insurer insolvency proceedings; providing for
 159 construction of the act in pari materia with laws
 160 enacted during the 2022 Regular Session of the
 161 Legislature; providing effective dates.

162
 163 Be It Enacted by the Legislature of the State of Florida:

164
 165 Section 1. Section 215.5551, Florida Statutes, is created
 166 to read:

167 215.5551 Reinsurance to Assist Policyholders program.—

168 (1) CREATION OF THE REINSURANCE TO ASSIST POLICYHOLDERS

169 PROGRAM.—There is created the Reinsurance to Assist

170 Policyholders program to be administered by the State Board of
 171 Administration.

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

173 (a) "Board" means the State Board of Administration.

174 (b) "Contract year" means the period beginning on June 1 of

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175 a specified calendar year and ending on May 31 of the following
176 calendar year.

177 (c) "Covered event" means any one storm declared to be a
178 hurricane by the National Hurricane Center, which storm causes
179 insured losses in this state.

180 (d) "Covered policy" has the same meaning as in s.
181 215.555(2)(c).

182 (e) "FHCF" means the Florida Hurricane Catastrophe Fund
183 created under s. 215.555.

184 (f) "Losses" has the same meaning as in s. 215.555(2)(d).

185 (g) "RAP" means the Reinsurance to Assist Policyholders
186 program created by this section.

187 (h) "RAP insurer" means an insurer that is a participating
188 insurer in the FHCF on June 1, 2022, which must obtain coverage
189 under the RAP program and qualifies under subsection (5).

190 However, any joint underwriting association, risk apportionment
191 plan, or other entity created under s. 627.351 is not considered
192 a RAP insurer and is prohibited from obtaining coverage under
193 the RAP program.

194 (i) "RAP limit" means, for the 2022-2023 contract year, the
195 RAP insurer's maximum payout, which is its share of the \$2
196 billion RAP layer aggregate limit. For the 2023-2024 contract
197 year, for RAP insurers that are subject to participation
198 deferral under subsection (6) and participate during the 2023-
199 2024 contract year, the RAP limit means the RAP insurer's
200 maximum payout, which is its share of the total amount of the
201 RAP program layer aggregate limit deferred from 2022-2023.

202 (j) "RAP qualification ratio" means:

203 1. For the 2022-2023 contract year, the ratio of FHCF

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204 mandatory premium adjusted to 90 percent for RAP insurers
205 divided by the FHCF mandatory premium adjusted to 90 percent for
206 all insurers. The preliminary RAP qualification ratio shall be
207 based on the 2021-2022 contract year's company premiums, as of
208 December 31, 2021, adjusted to 90 percent based on the 2022-2023
209 contract year coverage selections. The RAP qualification ratio
210 shall be based on the reported 2022-2023 contract year company
211 premiums, as of December 31, 2022, adjusted to 90 percent.

212 2. For the 2023-2024 contract year, the ratio of FHCF
213 mandatory premium adjusted to 90 percent for the qualified RAP
214 insurers that have deferred RAP coverage to 2023-2024 divided by
215 the FHCF mandatory premium adjusted to 90 percent for all
216 insurers. The preliminary RAP qualification ratio shall be based
217 on the 2022-2023 contract year's company premiums as of December
218 31, 2022, adjusted to 90 percent based on the 2023-2024 contract
219 year coverage selections. The RAP qualification ratio shall be
220 based on the reported 2023-2024 contract year company premiums
221 as of December 31, 2023, adjusted to 90 percent.

222 (k) "RAP reimbursement contract" means the reimbursement
223 contract reflecting the obligations of the RAP program to
224 insurers.

225 (l) "RAP retention" means the amount of losses below which
226 a RAP insurer is not entitled to reimbursement under the RAP
227 program.

228 (m) "Unsound insurer" means a RAP insurer determined by the
229 Office of Insurance Regulation to be in unsound condition as
230 defined in s. 624.80(2) or a RAP insurer placed in receivership
231 under chapter 631.

232 (3) COVERAGE.—

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233 (a) As a condition of doing business in this state, each
234 RAP insurer shall obtain coverage under the RAP program.

235 (b) The board shall provide a reimbursement layer of \$2
236 billion below the FHCF retention prior to the third event
237 dropdown of the FHCF retention set forth in s. 215.555(2)(e).
238 Subject to the mandatory notice provisions in subsection (5),
239 the board shall enter into a RAP reimbursement contract with
240 each eligible RAP insurer writing covered policies in this state
241 to provide to the insurer the reimbursement described in this
242 section.

243 (4) RAP REIMBURSEMENT CONTRACTS.-

244 (a)1. The board shall issue a RAP reimbursement contract to
245 each eligible RAP insurer which is effective:

246 a. June 1, 2022, for RAP insurers that participate in the
247 RAP program during the 2022-2023 contract year; or

248 b. June 1, 2023, for RAP insurers that are subject to
249 participation deferral under subsection (6) and participate in
250 the RAP program during the 2023-2024 contract year.

251 2. The reimbursement contract shall be executed no later
252 than:

253 a. July 15, 2022, for RAP insurers that participate in the
254 RAP program during the 2022-2023 contract year; or

255 b. March 1, 2023, for RAP insurers that are subject to
256 participation deferral under subsection (6) and participate in
257 the RAP program during the 2023-2024 contract year.

258 3. If a RAP insurer fails to execute the RAP reimbursement
259 contract by the dates required in this paragraph, the RAP
260 insurance contract is deemed to have been executed by the RAP
261 insurer.

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262 (b) For the two covered events with the largest losses, the
263 RAP reimbursement contract must contain a promise by the board
264 to reimburse the RAP insurer for 90 percent of its losses from
265 each covered event in excess of the insurer's RAP retention,
266 plus 10 percent of the reimbursed losses to cover loss
267 adjustment expenses. The sum of the losses and 10 percent loss
268 adjustment expense allocation from the RAP layer may not exceed
269 the RAP limit. Recoveries on losses in the FHCF mandatory layer
270 shall inure to the benefit of the RAP contract layer.

271 (c) The RAP reimbursement contract must provide that
272 reimbursement amounts are not reduced by reinsurance paid or
273 payable to the insurer from other sources excluding the FHCF.

274 (d) The board shall calculate and report to each RAP
275 insurer the RAP payout multiples as the ratio of the RAP
276 industry limit of \$2 billion for the 2022-2023 contract year, or
277 the deferred limit for the 2022-2023 contract year, to the
278 mandatory FHCF retention multiplied by the mandatory FHCF
279 retention multiples divided by the RAP qualification ratio. The
280 RAP payout multiple for an insurer is multiplied by the RAP
281 insurer's FHCF premium to calculate its RAP maximum payout. RAP
282 payout multiples are calculated for 45 percent, 75 percent, and
283 90 percent FHCF mandatory coverage selections.

284 (e) A RAP insurer's RAP retention is calculated as follows:

285 1. The board shall calculate and report to each RAP insurer
286 the RAP retention multiples for each FHCF coverage selection as
287 the FHCF retention multiple minus the RAP payout multiple. The
288 RAP retention multiple for an insurer is multiplied by the RAP
289 insurer's FHCF premium to calculate its RAP retention. RAP
290 retention multiples are calculated for 45 percent, 75 percent,

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291 and 90 percent FHCF mandatory coverage selections.

292 2. The RAP industry retention for the 2022-2023 contract
293 year is the FHCF's industry retention minus \$2 billion, prior to
294 allocation to qualifying RAP insurers. The RAP industry
295 retention for the 2023-2024 contract year is the FHCF's industry
296 retention for the 2023-2024 contract year minus the total
297 deferred RAP limit, prior to allocation to qualifying RAP
298 insurers.

299 3. A RAP insurer determines its actual RAP retention by
300 multiplying its actual mandatory reimbursement FHCF premium by
301 the RAP retention multiple.

302 (f) To ensure that insurers have properly reported the
303 losses for which RAP reimbursements have been made, the board
304 may inspect, examine, and verify the records of each RAP
305 insurer's covered policies at such times as the board deems
306 appropriate for the specific purpose of validating the accuracy
307 of losses required to be reported under the terms and conditions
308 of the RAP reimbursement contract.

309 (5) INSURER QUALIFICATION.—

310 (a) An insurer is not eligible to participate in the RAP
311 program if the board receives a notice from the Commissioner of
312 Insurance Regulation which certifies that the insurer is in an
313 unsound financial condition no later than:

314 1. June 15, 2022, for RAP insurers that participate during
315 the 2022-2023 contract year; or

316 2. February 1, 2023, for RAP insurers subject to
317 participation deferral under subsection (6) and participate
318 during the 2023-2024 contract year.

319 (b) The office must make this determination based on the

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320 following factors:

321 1. The insurer's compliance with the requirements to
322 qualify for and hold a certificate of authority under s.
323 624.404;

324 2. The insurer's compliance with the applicable surplus
325 requirements of s. 624.408;

326 3. The insurer's compliance with the applicable risk-based
327 capital requirements under s. 624.4085;

328 4. The insurer's compliance with the applicable premium to
329 surplus requirements under s. 624.4095; and

330 5. An analysis of quarterly and annual statements,
331 including an actuarial opinion summary, and other information
332 submitted to the office pursuant to s. 624.424.

333 (c) If the board receives timely notice pursuant to
334 paragraph (a) regarding an insurer, such insurer is disqualified
335 from participating in the RAP program.

336 (6) PARTICIPATION DEFERRAL.—

337 (a) A RAP insurer that has any private reinsurance within
338 the RAP layer of coverage for the 2022-2023 contract year shall
339 notify the board in writing of such coverage no later than June
340 30, 2022. Participation in the RAP program for such RAP insurers
341 shall be deferred until the 2023-2024 contract year.

342 (b) A new participating insurer that begins writing covered
343 policies in this state after June 1, 2022, is deemed to defer
344 its RAP coverage to the 2023-2024 contract year.

345 (7) RAP PREMIUMS.—Premiums may not be charged for
346 participation in the RAP program.

347 (8) CLAIMS-PAYING CAPACITY.—The RAP program shall not
348 affect the claims-paying capacity of the FHCF as provided in s.

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349 215.555(4)(c)1.

350 (9) INSOLVENCY OF RAP INSURER.—

351 (a) The RAP reimbursement contract shall provide that in
352 the event of an insolvency of a RAP insurer, the RAP program
353 shall pay reimbursements directly to the applicable state
354 guaranty fund for the benefit of policyholders in this state of
355 the RAP insurer.

356 (b) If an authorized insurer or the Citizens Property
357 Insurance Corporation accepts an assignment of an unsound RAP
358 insurer's RAP contract, the FHCF shall apply the unsound RAP
359 insurer's RAP contract to such policies and treat the authorized
360 insurer or the Citizens Property Insurance Corporation as if it
361 were the unsound RAP insurer for the remaining term of the RAP
362 contract, with all rights and duties of the unsound RAP insurer
363 beginning on the date it provides coverage for such policies.

364 (10) VIOLATIONS.—Any violation of this section or of rules
365 adopted under this section constitutes a violation of the
366 insurance code.

367 (11) LEGAL PROCEEDINGS.—The board is authorized to take any
368 action necessary to enforce the rules, provisions, and
369 requirements of the RAP reimbursement contract, required by and
370 adopted pursuant to this section.

371 (12) RULEMAKING.—The board may adopt such rules as are
372 reasonable and necessary to implement this section, and it is
373 the intent of the Legislature that all rules adopted to
374 implement this section will be done as emergency rules pursuant
375 to s. 120.54(4).

376 (13) APPROPRIATION.—

377 (a) Within 60 days after a covered event, the board shall

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378 submit written notice to the Executive Office of the Governor if
379 the board determines that funds from the RAP program coverage
380 established by this section will be necessary to reimburse RAP
381 insurers for losses associated with the covered event. The
382 initial notice, and any subsequent requests, must specify the
383 amount necessary to provide RAP reimbursements. Upon receiving
384 such notice, the Executive Office of the Governor shall instruct
385 the Chief Financial Officer to draw a warrant from the General
386 Revenue Fund for a transfer to the board for the RAP program in
387 the amount requested. The Executive Office of the Governor shall
388 provide written notification to the chair and vice chair of the
389 Legislative Budget Commission at least 3 days before the
390 effective date of the warrant. Cumulative transfers authorized
391 under this paragraph may not exceed \$2 billion.

392 (b) If General Revenue Funds are transferred to the board
393 for the RAP program under paragraph (a), the board shall submit
394 written notice to the Executive Office of the Governor that
395 funds will be necessary for the administration of the RAP
396 program and post-event examinations for covered events that
397 require RAP coverage. The initial notice, and any subsequent
398 requests, must specify the amount necessary for administration
399 of the RAP program and post-event examinations. Upon receiving
400 such notice, the Executive Office of the Governor shall instruct
401 the Chief Financial Officer to draw a warrant from the General
402 Revenue Fund for a transfer to the board for the RAP program in
403 the amount requested. The Executive Office of the Governor shall
404 provide written notification to the chair and vice chair of the
405 Legislative Budget Commission at least 3 days before the
406 effective date of the warrant. Cumulative transfers authorized

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407 under this paragraph may not exceed \$5 million.

408 (c) No later than January 31, 2023, and quarterly
409 thereafter, the board shall submit a report to the Executive
410 Office of the Governor, the President of the Senate, and the
411 Speaker of the House of Representatives detailing any
412 reimbursements of the RAP program, all loss development
413 projections, the amount of RAP reimbursement coverage deferred
414 until the 2023-2024 contract year, and detailed information
415 about administrative and post-event examination expenditures.

416 (14) EXPIRATION DATE.—If no General Revenue Funds have been
417 transferred to the board for the RAP program under subsection
418 (13) by June 30, 2025, this section expires on July 1, 2025. If
419 General Revenue Funds have been transferred to the board for the
420 RAP program under subsection (13) by June 30, 2025, this section
421 expires on July 1, 2029, and all unencumbered RAP program funds
422 shall be transferred by the board back to the General Revenue
423 Fund unallocated.

424 Section 2. (1) No later than June 30, 2022, each insurer
425 that participates during the 2022-2023 contract year in the
426 Reinsurance to Assist Policyholders program under s. 215.5551,
427 Florida Statutes, shall reduce its rates to reflect the cost
428 savings realized by participating in the program through a rate
429 filing with the Office of Insurance Regulation or by amending a
430 pending rate filing. The insurer shall make no other changes to
431 its rates in the filing.

432 (2) No later than May 1, 2023, each insurer that defers
433 participation in the Reinsurance to Assist Policyholders program
434 until the 2023-2024 year under s. 215.5551, Florida Statutes,
435 shall reduce its rates to reflect the cost savings realized by

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436 participating in the program through a rate filing with the
437 Office of Insurance Regulation or by amending a pending rate
438 filing. The insurer shall make no other changes to its rates in
439 the filing.

440 (3) The Office of Insurance Regulation shall expedite the
441 review of the filings made under this section.

442 Section 3. Effective July 1, 2022, paragraph (d) of
443 subsection (1), paragraphs (a) and (b) of subsection (2), and
444 subsection (10) of section 215.5586, Florida Statutes, are
445 amended to read:

446 215.5586 My Safe Florida Home Program.—There is established
447 within the Department of Financial Services the My Safe Florida
448 Home Program. The department shall provide fiscal
449 accountability, contract management, and strategic leadership
450 for the program, consistent with this section. This section does
451 not create an entitlement for property owners or obligate the
452 state in any way to fund the inspection or retrofitting of
453 residential property in this state. Implementation of this
454 program is subject to annual legislative appropriations. It is
455 the intent of the Legislature that the My Safe Florida Home
456 Program provide trained and certified inspectors to perform
457 inspections for owners of site-built, single-family, residential
458 properties and grants to eligible applicants as funding allows.
459 The program shall develop and implement a comprehensive and
460 coordinated approach for hurricane damage mitigation that may
461 include the following:

462 (1) HURRICANE MITIGATION INSPECTIONS.—

463 (d) An application for an inspection must contain:

464 1. A provision requiring the applicant to make his or her

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465 home available for inspection once a mitigation project is
466 completed; and

467 2. A signed or electronically verified statement made under
468 penalty of perjury that the applicant has submitted only a
469 single application for that home.

470 (2) MITIGATION GRANTS.—Financial grants shall be used to
471 encourage single-family, site-built, owner-occupied, residential
472 property owners to retrofit their properties to make them less
473 vulnerable to hurricane damage.

474 (a) For a homeowner to be eligible for a grant, the
475 following criteria must be met:

476 1. The homeowner must have been granted a homestead
477 exemption on the home under chapter 196.

478 2. The home must be a dwelling with an insured value of
479 \$500,000 ~~\$300,000~~ or less. Homeowners who are low-income
480 persons, as defined in s. 420.0004(11), are exempt from this
481 requirement.

482 3. The home must have undergone an acceptable hurricane
483 mitigation inspection after July 1, 2008 ~~May 1, 2007~~.

484 4. The home must be located in the "wind-borne debris
485 region" as that term is defined in the Florida Building Code ~~s.~~
486 ~~1609.2, International Building Code (2006), or as subsequently~~
487 ~~amended~~.

488 5. The building permit application for initial construction
489 of the home must have been made before January 1, 2008 ~~March 1,~~
490 ~~2002~~.

491

492 An application for a grant must contain a signed or
493 electronically verified statement made under penalty of perjury

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494 that the applicant has submitted only a single application and
495 must have attached documents demonstrating the applicant meets
496 the requirements of this paragraph.

497 (b) All grants must be matched on the basis of \$1 provided
498 by the applicant for \$2 provided by the state ~~a dollar for~~
499 ~~dollar basis~~ up to a maximum state contribution total of \$10,000
500 toward for the actual cost of the mitigation project ~~with the~~
501 ~~state's contribution not to exceed \$5,000.~~

502 (10) REPORTS.—The department shall make an annual report on
503 the activities of the program that shall account for the use of
504 state funds and indicate the number of inspections requested,
505 the number of inspections performed, the number of grant
506 applications received, ~~and~~ the number and value of grants
507 approved, and the average annual amount of insurance premium
508 discounts and total annual amount of insurance premium discounts
509 homeowners received from insurers as a result of mitigation
510 funded through the program. The report shall be delivered to the
511 President of the Senate and the Speaker of the House of
512 Representatives by February 1 of each year.

513 Section 4. (1) For the 2022-2023 fiscal year, the sum of
514 \$150 million in nonrecurring funds is appropriated from the
515 General Revenue Fund to the Department of Financial Services for
516 the My Safe Florida Home Program. The funds shall be placed in
517 reserve. The department shall submit budget amendments
518 requesting release of the funds held in reserve pursuant to
519 chapter 216, Florida Statutes. The budget amendments shall
520 include a detailed spending plan.

521 (2) The funds shall be allocated as follows:

522 (a) Twenty-five million dollars for hurricane mitigation

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523 inspections.

524 (b) One hundred fifteen million dollars for mitigation
525 grants.

526 (c) Four million dollars for education and consumer
527 awareness.

528 (d) One million dollars for public outreach for contractors
529 and real estate brokers and sales associates.

530 (e) Five million dollars for administrative costs.

531 (3) Any unexpended balance of funds from this appropriation
532 remaining on June 30, 2023, shall revert and is appropriated to
533 the Department of Financial Services for the 2023-2024 fiscal
534 year for the same purpose.

535 (4) This section shall expire October 1, 2024.

536 Section 5. Paragraph (a) of subsection (1) of section
537 489.147, Florida Statutes, is amended to read:

538 489.147 Prohibited property insurance practices.—

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

540 (a) "Prohibited advertisement" means any written or
541 electronic communication by a contractor which ~~that~~ encourages,
542 instructs, or induces a consumer to contact a contractor or
543 public adjuster for the purpose of making an insurance claim for
544 roof damage, if such communication does not state in a font size
545 of at least 12 points and at least half as large as the largest
546 font size used in the communication that:

547 1. The consumer is responsible for payment of any insurance
548 deductible;

549 2. It is insurance fraud punishable as a felony of the
550 third degree for a contractor to knowingly or willfully, and
551 with intent to injure, defraud, or deceive, pay, waive, or

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552 rebate all or part of an insurance deductible applicable to
553 payment to the contractor for repairs to a property covered by a
554 property insurance policy; and

555 3. It is insurance fraud punishable as a felony of the
556 third degree to intentionally file an insurance claim containing
557 any false, incomplete, or misleading information.

558

559 The term includes, but is not limited to, door hangers, business
560 cards, magnets, flyers, pamphlets, and e-mails.

561 Section 6. Section 624.1551, Florida Statutes, is created
562 to read:

563 624.1551 Civil remedy actions against property insurers.—
564 Notwithstanding any provision of s. 624.155, a claimant must
565 establish that the property insurer breached the insurance
566 contract to prevail in a claim for extracontractual damages
567 under s. 624.155(1)(b).

568 Section 7. Subsection (4) of section 624.307, Florida
569 Statutes, is amended to read:

570 624.307 General powers; duties.—

571 (4) The department and office may each collect, propose,
572 publish, and disseminate information relating to the subject
573 matter of any duties imposed upon it by law.

574 (a) Aggregate information may include information asserted
575 as trade secret information unless the trade secret information
576 can be individually extrapolated, in which case the trade secret
577 information remains protected as provided under s. 624.4213.

578 (b) The office shall publish all orders, data required by
579 ss. 624.313, 624.315, and 627.915, reports required by s.
580 627.7154(3), and all reports that are not confidential and

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581 exempt on its website in a timely fashion.

582 Section 8. Subsection (1) of section 624.313, Florida
583 Statutes, is amended to read:

584 624.313 Publications.—

585 (1) As early as reasonably possible and no later than July
586 1 of each year, the office shall annually have printed and made
587 available a statistical report which must include all of the
588 following information on either a calendar year or fiscal year
589 basis:

590 (a) A summary of all information reported to the office
591 under s. 627.915(1).

592 (b) The total amount of premiums written and earned by line
593 of insurance.

594 (c) The total amount of losses paid and losses incurred by
595 line of insurance.

596 (d) The ratio of premiums written to losses paid by line of
597 insurance.

598 (e) The ratio of premiums earned to losses incurred by line
599 of insurance.

600 (f) The market share of the 10 largest insurers or insurer
601 groups by line of insurance and of each insurer or insurer group
602 that has a market share of at least 1 percent of a line of
603 insurance in this state.

604 (g) The profitability of each major line of insurance.

605 (h) An analysis of the impact of the insurance industry on
606 the economy of the state.

607 (i) A complaint ratio by line of insurance for the insurers
608 referred to in paragraph (f), based upon information provided to
609 the office by the department. The office shall determine the

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610 most appropriate ratio or ratios for quantifying complaints.

611 (j) An analysis of such lines or kinds of insurance for
612 which the office determines that an availability problem exists
613 in this state, and an analysis of the availability of
614 reinsurance to domestic insurers selling homeowners' and
615 condominium unit owners' insurance in this state.

616 (k) A summary of the findings of market examinations
617 performed by the office under s. 624.3161 during the preceding
618 year.

619 (l) Such other information as the office deems relevant.

620 Section 9. Paragraph (c) of subsection (1) and paragraph
621 (n) of subsection (2) of section 624.315, Florida Statutes, is
622 amended to read:

623 624.315 Department; annual report.—

624 (1) As early as reasonably possible, the office, with such
625 assistance from the department as requested, shall annually
626 prepare a report to the Speaker and Minority Leader of the House
627 of Representatives, the President and Minority Leader of the
628 Senate, the chairs of the legislative committees with
629 jurisdiction over matters of insurance, and the Governor
630 showing, with respect to the preceding calendar year:

631 (c) Names of insurers against which delinquency or similar
632 proceedings were instituted, including the date that each
633 insurer was deemed impaired of capital or surplus, as the terms
634 impairment of capital and impairment of surplus are defined in
635 s. 631.011, or insolvent, as the term insolvency is defined in
636 s. 631.011; ~~and~~ a concise statement of the circumstances that
637 led to each insurer's delinquency; a summary of the actions
638 taken by the insurer and the office to avoid delinquency; and

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639 the results or status of each such proceeding.

640 (2) The office shall maintain the following information and
641 make such information available upon request:

642 (n) Trends; emerging trends as exemplified by the
643 percentage change in frequency and severity of both paid and
644 incurred claims, and pure premium (Florida and countrywide).
645 Reports relating to the health of the homeowners' and
646 condominium unit owners' insurance market must include the
647 percentage of policies written by voluntary carriers, the
648 percentage of policies written by the Citizens Property
649 Insurance Corporation, and any trends related to the relative
650 shares of the voluntary and residual markets.

651 Section 10. Subsection (10) of section 624.424, Florida
652 Statutes, is amended to read:

653 624.424 Annual statement and other information.—

654 (10) (a) Each insurer or insurer group doing business in
655 this state shall file on a quarterly basis in conjunction with
656 financial reports required by paragraph (1) (a) a supplemental
657 report on an individual and group basis on a form prescribed by
658 the commission with information on personal lines and commercial
659 lines residential property insurance policies in this state. The
660 supplemental report shall include separate information for
661 personal lines property policies and for commercial lines
662 property policies and totals for each item specified, including
663 premiums written for each of the property lines of business as
664 described in ss. 215.555(2) (c) and 627.351(6) (a). The report
665 shall include the following information for each county on a
666 monthly basis:

667 1.~~(a)~~ Total number of policies in force at the end of each

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668 month.

669 2.~~(b)~~ Total number of policies canceled.

670 3.~~(c)~~ Total number of policies nonrenewed.

671 4.~~(d)~~ Number of policies canceled due to hurricane risk.

672 5.~~(e)~~ Number of policies nonrenewed due to hurricane risk.

673 6.~~(f)~~ Number of new policies written.

674 7.~~(g)~~ Total dollar value of structure exposure under
675 policies that include wind coverage.

676 8.~~(h)~~ Number of policies that exclude wind coverage.

677 (b) The office shall aggregate on a statewide basis the
678 data submitted by each insurer or insurer group under paragraph
679 (a) and make such data publicly available by publishing such
680 data on the office's website within 1 month after each quarterly
681 and annual filing. Such information, when aggregated on a
682 statewide basis as to an individual insurer or insurer group, is
683 not a trade secret as defined in s. 688.002(4) or s. 812.081 and
684 is not subject to the public records exemption for trade secrets
685 provided in s. 119.0715.

686 Section 11. Section 626.9373, Florida Statutes, is amended
687 to read:

688 626.9373 Attorney fees.—

689 (1) Upon the rendition of a judgment or decree by any court
690 of this state against a surplus lines insurer in favor of any
691 named or omnibus insured or the named beneficiary under a policy
692 or contract executed by the insurer on or after the effective
693 date of this act, the trial court or, if the insured or
694 beneficiary prevails on appeal, the appellate court, shall
695 adjudge or decree against the insurer in favor of the insured or
696 beneficiary a reasonable sum as fees or compensation for the

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697 insured's or beneficiary's attorney prosecuting the lawsuit for
698 which recovery is awarded. In a suit arising under a residential
699 or commercial property insurance policy ~~not brought by an~~
700 ~~assignee~~, the amount of reasonable attorney fees shall be
701 awarded only as provided in s. 57.105 or s. 627.70152, as
702 applicable.

703 (2) If awarded, attorney fees or compensation shall be
704 included in the judgment or decree rendered in the case.

705 (3) In a suit arising under a residential or commercial
706 property insurance policy, the right to attorney fees under this
707 section may not be transferred to, assigned to, or acquired in
708 any other manner by anyone other than a named or omnibus insured
709 or a named beneficiary.

710 Section 12. Section 627.428, Florida Statutes, is amended
711 to read:

712 627.428 Attorney fees.—

713 (1) Upon the rendition of a judgment or decree by any of
714 the courts of this state against an insurer and in favor of any
715 named or omnibus insured or the named beneficiary under a policy
716 or contract executed by the insurer, the trial court or, in the
717 event of an appeal in which the insured or beneficiary prevails,
718 the appellate court shall adjudge or decree against the insurer
719 and in favor of the insured or beneficiary a reasonable sum as
720 fees or compensation for the insured's or beneficiary's attorney
721 prosecuting the suit in which the recovery is had. In a suit
722 arising under a residential or commercial property insurance
723 policy ~~not brought by an assignee~~, the amount of reasonable
724 attorney fees shall be awarded only as provided in s. 57.105 or
725 s. 627.70152, as applicable.

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726 (2) As to suits based on claims arising under life
727 insurance policies or annuity contracts, no such attorney fees
728 shall be allowed if such suit was commenced prior to expiration
729 of 60 days after proof of the claim was duly filed with the
730 insurer.

731 (3) When so awarded, compensation or fees of the attorney
732 shall be included in the judgment or decree rendered in the
733 case.

734 (4) In a suit arising under a residential or commercial
735 property insurance policy, the right to attorney fees under this
736 section may not be transferred to, assigned to, or acquired in
737 any other manner by anyone other than a named or omnibus insured
738 or a named beneficiary.

739 Section 13. Paragraph (d) of subsection (4) of section
740 627.701, Florida Statutes, is amended, paragraph (c) of
741 subsection (2), paragraph (e) of subsection (4), and subsection
742 (10) are added to that section, and subsection (7) of that
743 section is republished, to read:

744 627.701 Liability of insureds; coinsurance; deductibles.—

745 (2) Unless the office determines that the deductible
746 provision is clear and unambiguous, a property insurer may not
747 issue an insurance policy or contract covering real property in
748 this state which contains a deductible provision that:

749 (c) Applies solely to a roof loss as provided in subsection
750 (10).

751 (4)

752 (d)1. A personal lines residential property insurance
753 policy covering a risk valued at less than \$500,000 may not have
754 a hurricane deductible in excess of 10 percent of the policy

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755 dwelling limits, unless the following conditions are met:

756 a. The policyholder must personally write or type and
757 provide to the insurer the following statement ~~in his or her own~~
758 ~~handwriting~~ and sign his or her name, which must also be signed
759 by every other named insured on the policy, and dated: "I do not
760 want the insurance on my home to pay for the first (specify
761 dollar value) of damage from hurricanes. I will pay those costs.
762 My insurance will not."

763 b. If the structure insured by the policy is subject to a
764 mortgage or lien, the policyholder must provide the insurer with
765 a written statement from the mortgageholder or lienholder
766 indicating that the mortgageholder or lienholder approves the
767 policyholder electing to have the specified deductible.

768 2. A deductible subject to the requirements of this
769 paragraph applies for the term of the policy and for each
770 renewal thereafter. Changes to the deductible percentage may be
771 implemented only as of the date of renewal.

772 3. An insurer shall keep the original copy of the signed
773 statement required by this paragraph, electronically or
774 otherwise, and provide a copy to the policyholder providing the
775 signed statement. A signed statement meeting the requirements of
776 this paragraph creates a presumption that there was an informed,
777 knowing election of coverage.

778 4. The commission shall adopt rules providing appropriate
779 alternative methods for providing the statements required by
780 this section for policyholders who have a handicapping or
781 disabling condition that prevents them from providing a
782 handwritten statement.

783 (e)1. A personal lines residential property insurance

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784 policy that contains a separate roof deductible must include, on
785 the page immediately behind the declarations page, with no other
786 policy language on the page, in boldfaced type no smaller than
787 18 point, the following statement: "YOU ARE ELECTING TO PURCHASE
788 COVERAGE ON YOUR HOME WHICH CONTAINS A SEPARATE DEDUCTIBLE FOR
789 ROOF LOSSES. BE ADVISED THAT THIS MAY RESULT IN HIGH OUT-OF-
790 POCKET EXPENSES TO YOU. PLEASE DISCUSS WITH YOUR INSURANCE
791 AGENT."

792 2. For any personal lines residential property insurance
793 policy containing a separate roof deductible, the insurer shall
794 compute and prominently display on the declarations page of the
795 policy or on the premium renewal notice the actual dollar value
796 of the roof deductible of the policy at issuance and renewal.

797 (7) Prior to issuing a personal lines residential property
798 insurance policy on or after April 1, 1997, or prior to the
799 first renewal of a residential property insurance policy on or
800 after April 1, 1997, the insurer must offer a deductible equal
801 to \$500 applicable to losses from perils other than hurricane.
802 The insurer must provide the policyholder with notice of the
803 availability of the deductible specified in this subsection in a
804 form approved by the office at least once every 3 years. The
805 failure to provide such notice constitutes a violation of this
806 code but does not affect the coverage provided under the policy.
807 An insurer may require a higher deductible only as part of a
808 deductible program lawfully in effect on June 1, 1996, or as
809 part of a similar deductible program.

810 (10) (a) Notwithstanding any other provision of law, an
811 insurer issuing a personal lines residential property insurance
812 policy may include in such policy a separate roof deductible

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813 that meets all of the following requirements:

814 1. The insurer has complied with the offer requirements
815 under subsection (7) regarding a deductible applicable to losses
816 from perils other than a hurricane.

817 2. The roof deductible may not exceed the lesser of 2
818 percent of the coverage A limit of the policy or 50 percent of
819 the cost to replace the roof.

820 3. The premium that a policyholder is charged for the
821 policy includes an actuarially sound credit or premium discount
822 for the roof deductible.

823 4. The roof deductible applies only to a claim adjusted on
824 a replacement cost basis.

825 5. The roof deductible does not apply to any of the
826 following events:

827 a. A total loss to a primary structure in accordance with
828 the valued policy law under s. 627.702 which is caused by a
829 covered peril.

830 b. A roof loss resulting from a hurricane as defined in s.
831 627.4025(2) (c).

832 c. A roof loss resulting from a tree fall or other hazard
833 that damages the roof and punctures the roof deck.

834 d. A roof loss requiring the repair of less than 50 percent
835 of the roof.

836

837 If a roof deductible is applied, no other deductible under the
838 policy may be applied to the loss.

839 (b) At the time of initial issuance of a personal lines
840 residential property insurance policy, an insurer may offer the
841 policyholder a separate roof deductible with the ability to opt-

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842 out and reject the separate roof deductible. To reject a
843 separate roof deductible, the policyholder shall sign a form
844 approved by the office.

845 (c) At the time of renewal, an insurer may add a separate
846 roof deductible to a personal lines residential property
847 insurance policy if the insurer provides a notice of change in
848 policy terms pursuant to s. 627.43141. The insurer must also
849 offer the policyholder the ability to opt-out and reject the
850 separate roof deductible. To reject a separate roof deductible,
851 the policyholder shall sign a form approved by the office.

852 (d) The office shall expedite the review of any filing of
853 insurance forms that only contain a separate roof deductible
854 pursuant to this subsection. The commission may adopt model
855 forms or guidelines that provide options for roof deductible
856 language which may be used for filing by insurers. If an insurer
857 makes a filing pursuant to a model form or guideline issued by
858 the office, the office must review the filing within the initial
859 30-day review period authorized by s. 627.410(2), and the roof
860 deductible portion of the filing is not subject to the 15-day
861 extension for review under that subsection.

862 Section 14. Present subsection (5) of section 627.7011,
863 Florida Statutes is redesignated as subsection (6), a new
864 subsection (5) is added to that subsection, and paragraph (a) of
865 subsection (3) of that section is amended, to read:

866 627.7011 Homeowners' policies; offer of replacement cost
867 coverage and law and ordinance coverage.—

868 (3) In the event of a loss for which a dwelling or personal
869 property is insured on the basis of replacement costs:

870 (a) For a dwelling, the insurer must initially pay at least

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871 the actual cash value of the insured loss, less any applicable
872 deductible. The insurer shall pay any remaining amounts
873 necessary to perform such repairs as work is performed and
874 expenses are incurred. However, if a roof deductible under s.
875 627.701(10) is applied to the insured loss, the insurer may
876 limit the claim payment as to the roof to the actual cash value
877 of the loss to the roof until the insurer receives reasonable
878 proof of payment by the policyholder of the roof deductible.
879 Reasonable proof of payment includes a canceled check, money
880 order receipt, credit card statement, or copy of an executed
881 installment plan contract or other financing arrangement that
882 requires full payment of the deductible over time. If a total
883 loss of a dwelling occurs, the insurer must ~~shall~~ pay the
884 replacement cost coverage without reservation or holdback of any
885 depreciation in value, pursuant to s. 627.702.

886 (5) (a) As used in this subsection, the term "authorized
887 inspector" means an inspector who is approved by the insurer and
888 who is:

- 889 1. A home inspector licensed under s. 468.8314;
- 890 2. A building code inspector certified under s. 468.607;
- 891 3. A general, building, or residential contractor licensed
892 under s. 489.111;
- 893 4. A professional engineer licensed under s. 471.015;
- 894 5. A professional architect licensed under s. 481.213; or
- 895 6. Any other individual or entity recognized by the insurer
896 as possessing the necessary qualifications to properly complete
897 a general inspection of a residential structure insured with a
898 homeowner's insurance policy.

899 (b) An insurer may not refuse to issue or refuse to renew a

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900 homeowner's policy insuring a residential structure with a roof
901 that is less than 15 years old solely because of the age of the
902 roof.

903 (c) For a roof that is at least 15 years old, an insurer
904 must allow a homeowner to have a roof inspection performed by an
905 authorized inspector at the homeowner's expense before requiring
906 the replacement of the roof of a residential structure as a
907 condition of issuing or renewing a homeowner's insurance policy.
908 The insurer may not refuse to issue or refuse to renew a
909 homeowner's insurance policy solely because of roof age if an
910 inspection of the roof of the residential structure performed by
911 an authorized inspector indicates that the roof has 5 years or
912 more of useful life remaining.

913 (d) This subsection applies to homeowners' insurance
914 policies issued or renewed on or after July 1, 2022.

915 Section 15. Effective January 1, 2023, subsection (3) and
916 paragraph (a) of subsection (7) of section 627.70131, Florida
917 Statutes, are amended to read:

918 627.70131 Insurer's duty to acknowledge communications
919 regarding claims; investigation.-

920 (3) (a) Unless otherwise provided by the policy of insurance
921 or by law, within 14 days after an insurer receives proof of
922 loss statements, the insurer shall begin such investigation as
923 is reasonably necessary unless the failure to begin such
924 investigation is caused by factors beyond the control of the
925 insurer which reasonably prevent the commencement of such
926 investigation.

927 (b) If such investigation involves a physical inspection of
928 the property, the licensed adjuster assigned by the insurer must

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929 provide the policyholder with a printed or electronic document
930 containing his or her name and state adjuster license number.
931 For claims other than those subject to a hurricane deductible,
932 an insurer must conduct any such physical inspection within 45
933 days after its receipt of the proof of loss statements.

934 (c) Any subsequent communication with the policyholder
935 regarding the claim must also include the name and license
936 number of the adjuster communicating about the claim.
937 Communication of the adjuster's name and license number may be
938 included with other information provided to the policyholder.

939 (d) Within 7 days after the insurer's assignment of an
940 adjuster to the claim, the insurer must notify the policyholder
941 that he or she may request a copy of any detailed estimate of
942 the amount of the loss generated by an insurer's adjuster. After
943 receiving such a request from the policyholder, the insurer must
944 send any such detailed estimate to the policyholder within the
945 later of 7 days after the insurer received the request or 7 days
946 after the detailed estimate of the amount of the loss is
947 completed. This paragraph does not require that an insurer
948 create a detailed estimate of the amount of the loss if such
949 estimate is not reasonably necessary as part of the claim
950 investigation.

951 (7) (a) Within 90 days after an insurer receives notice of
952 an initial, reopened, or supplemental property insurance claim
953 from a policyholder, the insurer shall pay or deny such claim or
954 a portion of the claim unless the failure to pay is caused by
955 factors beyond the control of the insurer which reasonably
956 prevent such payment. The insurer shall provide a reasonable
957 explanation in writing to the policyholder of the basis in the

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958 insurance policy, in relation to the facts or applicable law,
959 for the payment, denial, or partial denial of a claim. If the
960 insurer's claim payment is less than specified in any insurer's
961 detailed estimate of the amount of the loss, the insurer must
962 provide a reasonable explanation in writing of the difference to
963 the policyholder. Any payment of an initial or supplemental
964 claim or portion of such claim made 90 days after the insurer
965 receives notice of the claim, or made more than 15 days after
966 there are no longer factors beyond the control of the insurer
967 which reasonably prevented such payment, whichever is later,
968 bears interest at the rate set forth in s. 55.03. Interest
969 begins to accrue from the date the insurer receives notice of
970 the claim. The provisions of this subsection may not be waived,
971 voided, or nullified by the terms of the insurance policy. If
972 there is a right to prejudgment interest, the insured must ~~shall~~
973 select whether to receive prejudgment interest or interest under
974 this subsection. Interest is payable when the claim or portion
975 of the claim is paid. Failure to comply with this subsection
976 constitutes a violation of this code. However, failure to comply
977 with this subsection does not form the sole basis for a private
978 cause of action.

979 Section 16. Paragraph (d) of subsection (2) and subsection
980 (8) of section 627.70152, Florida Statutes, are amended to read:

981 627.70152 Suits arising under a property insurance policy.—

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

983 (d) "Presuit settlement demand" means the demand made by
984 the claimant in the written notice of intent to initiate
985 litigation as required by paragraph (3) (a) ~~(3) (e)~~. The demand
986 must include the amount of reasonable and necessary attorney

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987 fees and costs incurred by the claimant, to be calculated by
988 multiplying the number of hours actually worked on the claim by
989 the claimant's attorney as of the date of the notice by a
990 reasonable hourly rate.

991 (8) ATTORNEY FEES.—

992 (a) In a suit arising under a residential or commercial
993 property insurance policy not brought by an assignee, the amount
994 of reasonable attorney fees and costs under s. 626.9373(1) or s.
995 627.428(1) shall be calculated and awarded as follows:

996 1. If the difference between the amount obtained by the
997 claimant and the presuit settlement offer, excluding reasonable
998 attorney fees and costs, is less than 20 percent of the disputed
999 amount, each party pays its own attorney fees and costs and a
1000 claimant may not be awarded attorney fees under s. 626.9373(1)
1001 or s. 627.428(1).

1002 2. If the difference between the amount obtained by the
1003 claimant and the presuit settlement offer, excluding reasonable
1004 attorney fees and costs, is at least 20 percent but less than 50
1005 percent of the disputed amount, the insurer pays the claimant's
1006 attorney fees and costs under s. 626.9373(1) or s. 627.428(1)
1007 equal to the percentage of the disputed amount obtained times
1008 the total attorney fees and costs.

1009 3. If the difference between the amount obtained by the
1010 claimant and the presuit settlement offer, excluding reasonable
1011 attorney fees and costs, is at least 50 percent of the disputed
1012 amount, the insurer pays the claimant's full attorney fees and
1013 costs under s. 626.9373(1) or s. 627.428(1).

1014 (b) In a suit arising under a residential or commercial
1015 property insurance policy not brought by an assignee, if a court

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1016 dismisses a claimant's suit pursuant to subsection (5), the
1017 court may not award to the claimant any incurred attorney fees
1018 for services rendered before the dismissal of the suit. When a
1019 claimant's suit is dismissed pursuant to subsection (5), the
1020 court may award to the insurer reasonable attorney fees and
1021 costs associated with securing the dismissal.

1022 (c) In awarding attorney fees under this subsection, a
1023 strong presumption is created that a lodestar fee is sufficient
1024 and reasonable. Such presumption may be rebutted only in a rare
1025 and exceptional circumstance with evidence that competent
1026 counsel could not be retained in a reasonable manner.

1027 Section 17. Section 627.7142, Florida Statutes, is amended
1028 to read:

1029 627.7142 Homeowner Claims Bill of Rights.—An insurer
1030 issuing a personal lines residential property insurance policy
1031 in this state must provide a Homeowner Claims Bill of Rights to
1032 a policyholder within 14 days after receiving an initial
1033 communication with respect to a claim. The purpose of the bill
1034 of rights is to summarize, in simple, nontechnical terms,
1035 existing Florida law regarding the rights of a personal lines
1036 residential property insurance policyholder who files a claim of
1037 loss. The Homeowner Claims Bill of Rights is specific to the
1038 claims process and does not represent all of a policyholder's
1039 rights under Florida law regarding the insurance policy. The
1040 Homeowner Claims Bill of Rights does not create a civil cause of
1041 action by any individual policyholder or class of policyholders
1042 against an insurer or insurers. The failure of an insurer to
1043 properly deliver the Homeowner Claims Bill of Rights is subject
1044 to administrative enforcement by the office but is not

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1045 admissible as evidence in a civil action against an insurer. The
1046 Homeowner Claims Bill of Rights does not enlarge, modify, or
1047 contravene statutory requirements, including, but not limited
1048 to, ss. 626.854, 626.9541, 627.70131, 627.7015, and 627.7074,
1049 and does not prohibit an insurer from exercising its right to
1050 repair damaged property in compliance with the terms of an
1051 applicable policy or ss. 627.7011(6)(e) ~~627.7011(5)(e)~~ and
1052 627.702(7). The Homeowner Claims Bill of Rights must state:

1053
1054 HOMEOWNER CLAIMS

1055 BILL OF RIGHTS

1056 This Bill of Rights is specific to the claims process
1057 and does not represent all of your rights under
1058 Florida law regarding your policy. There are also
1059 exceptions to the stated timelines when conditions are
1060 beyond your insurance company's control. This document
1061 does not create a civil cause of action by an
1062 individual policyholder, or a class of policyholders,
1063 against an insurer or insurers and does not prohibit
1064 an insurer from exercising its right to repair damaged
1065 property in compliance with the terms of an applicable
1066 policy.

1067
1068 YOU HAVE THE RIGHT TO:

1069 1. Receive from your insurance company an
1070 acknowledgment of your reported claim within 14 days
1071 after the time you communicated the claim.

1072 2. Upon written request, receive from your
1073 insurance company within 30 days after you have

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1074 submitted a complete proof-of-loss statement to your
1075 insurance company, confirmation that your claim is
1076 covered in full, partially covered, or denied, or
1077 receive a written statement that your claim is being
1078 investigated.

1079 3. Within 90 days, subject to any dual interest
1080 noted in the policy, receive full settlement payment
1081 for your claim or payment of the undisputed portion of
1082 your claim, or your insurance company's denial of your
1083 claim.

1084 4. Receive payment of interest, as provided in s.
1085 627.70131, Florida Statutes, from your insurance
1086 company, which begins accruing from the date your
1087 claim is filed if your insurance company does not pay
1088 full settlement of your initial, reopened, or
1089 supplemental claim or the undisputed portion of your
1090 claim or does not deny your claim within 90 days after
1091 your claim is filed. The interest, if applicable, must
1092 be paid when your claim or the undisputed portion of
1093 your claim is paid.

1094 5. Free mediation of your disputed claim by the
1095 Florida Department of Financial Services, Division of
1096 Consumer Services, under most circumstances and
1097 subject to certain restrictions.

1098 6. Neutral evaluation of your disputed claim, if
1099 your claim is for damage caused by a sinkhole and is
1100 covered by your policy.

1101 7. Contact the Florida Department of Financial
1102 Services, Division of Consumer Services' toll-free

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1103 helpline for assistance with any insurance claim or
1104 questions pertaining to the handling of your claim.
1105 You can reach the Helpline by phone at ...(toll-free
1106 phone number)..., or you can seek assistance online at
1107 the Florida Department of Financial Services, Division
1108 of Consumer Services' website at ...(website
1109 address)....

1110

1111 YOU ARE ADVISED TO:

1112 1. File all claims directly with your insurance
1113 company.

1114 2. Contact your insurance company before entering
1115 into any contract for repairs to confirm any managed
1116 repair policy provisions or optional preferred
1117 vendors.

1118 3. Make and document emergency repairs that are
1119 necessary to prevent further damage. Keep the damaged
1120 property, if feasible, keep all receipts, and take
1121 photographs or video of damage before and after any
1122 repairs to provide to your insurer.

1123 4. Carefully read any contract that requires you
1124 to pay out-of-pocket expenses or a fee that is based
1125 on a percentage of the insurance proceeds that you
1126 will receive for repairing or replacing your property.

1127 5. Confirm that the contractor you choose is
1128 licensed to do business in Florida. You can verify a
1129 contractor's license and check to see if there are any
1130 complaints against him or her by calling the Florida
1131 Department of Business and Professional Regulation.

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1132 You should also ask the contractor for references from
1133 previous work.

1134 6. Require all contractors to provide proof of
1135 insurance before beginning repairs.

1136 7. Take precautions if the damage requires you to
1137 leave your home, including securing your property and
1138 turning off your gas, water, and electricity, and
1139 contacting your insurance company and provide a phone
1140 number where you can be reached.

1141 Section 18. Subsection (1), paragraph (a) of subsection
1142 (2), subsection (8), paragraph (a) of subsection (9), and
1143 subsection (10) of section 627.7152, Florida Statutes, are
1144 amended to read:

1145 627.7152 Assignment agreements.—

1146 (1) As used in this section, the term:

1147 (a) "Assignee" means a person who is assigned post-loss
1148 benefits through an assignment agreement.

1149 (b) "Assignment agreement" means any instrument by which
1150 post-loss benefits under a residential property insurance policy
1151 or commercial property insurance policy, as that term is defined
1152 in s. 627.0625(1), are assigned or transferred, or acquired in
1153 any manner, in whole or in part, to or from a person providing
1154 services, including, but not limited to, inspecting, protecting,
1155 repairing, restoring, or replacing the ~~to protect, repair,~~
1156 ~~restore, or replace~~ property or mitigating ~~to mitigate~~ against
1157 further damage to the property. The term does not include fees
1158 collected by a public adjuster as defined in s. 626.854(1).

1159 (c) "Assignor" means a person who assigns post-loss
1160 benefits under a residential property insurance policy or

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1161 commercial property insurance policy to another person through
1162 an assignment agreement.

1163 ~~(d) "Disputed amount" means the difference between the~~
1164 ~~assignee's presuit settlement demand and the insurer's presuit~~
1165 ~~settlement offer.~~

1166 ~~(e) "Judgment obtained" means damages recovered, if any,~~
1167 ~~but does not include any amount awarded for attorney fees,~~
1168 ~~costs, or interest.~~

1169 ~~(f) "Presuit settlement demand" means the demand made by~~
1170 ~~the assignee in the written notice of intent to initiate~~
1171 ~~litigation as required by paragraph (9) (a).~~

1172 ~~(e) (g) "Presuit settlement offer" means the offer made by~~
1173 ~~the insurer in its written response to the notice of intent to~~
1174 ~~initiate litigation as required by paragraph (9) (b).~~

1175 (2) (a) An assignment agreement must:

1176 1. Be in writing and executed by and between the assignor
1177 and the assignee.

1178 2. Contain a provision that allows the assignor to rescind
1179 the assignment agreement without a penalty or fee by submitting
1180 a written notice of rescission signed by the assignor to the
1181 assignee within 14 days after the execution of the agreement, at
1182 least 30 days after the date work on the property is scheduled
1183 to commence if the assignee has not substantially performed, or
1184 at least 30 days after the execution of the agreement if the
1185 agreement does not contain a commencement date and the assignee
1186 has not begun substantial work on the property.

1187 3. Contain a provision requiring the assignee to provide a
1188 copy of the executed assignment agreement to the insurer within
1189 3 business days after the date on which the assignment agreement

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1190 is executed or the date on which work begins, whichever is
1191 earlier. Delivery of the copy of the assignment agreement to the
1192 insurer may be made:

1193 a. By personal service, overnight delivery, or electronic
1194 transmission, with evidence of delivery in the form of a receipt
1195 or other paper or electronic acknowledgment by the insurer; or

1196 b. To the location designated for receipt of such
1197 agreements as specified in the policy.

1198 4. Contain a written, itemized, per-unit cost estimate of
1199 the services to be performed by the assignee.

1200 5. Relate only to work to be performed by the assignee for
1201 services to protect, repair, restore, or replace a dwelling or
1202 structure or to mitigate against further damage to such
1203 property.

1204 6. Contain the following notice in 18-point uppercase and
1205 boldfaced type:

1206

1207 YOU ARE AGREEING TO GIVE UP CERTAIN RIGHTS YOU HAVE
1208 UNDER YOUR INSURANCE POLICY TO A THIRD PARTY, WHICH
1209 MAY RESULT IN LITIGATION AGAINST YOUR INSURER. PLEASE
1210 READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING IT.
1211 YOU HAVE THE RIGHT TO CANCEL THIS AGREEMENT WITHOUT
1212 PENALTY WITHIN 14 DAYS AFTER THE DATE THIS AGREEMENT
1213 IS EXECUTED, AT LEAST 30 DAYS AFTER THE DATE WORK ON
1214 THE PROPERTY IS SCHEDULED TO COMMENCE IF THE ASSIGNEE
1215 HAS NOT SUBSTANTIALLY PERFORMED, OR AT LEAST 30 DAYS
1216 AFTER THE EXECUTION OF THE AGREEMENT IF THE AGREEMENT
1217 DOES NOT CONTAIN A COMMENCEMENT DATE AND THE ASSIGNEE
1218 HAS NOT BEGUN SUBSTANTIAL WORK ON THE PROPERTY.

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1219 HOWEVER, YOU ARE OBLIGATED FOR PAYMENT OF ANY
1220 CONTRACTED WORK PERFORMED BEFORE THE AGREEMENT IS
1221 RESCINDED. THIS AGREEMENT DOES NOT CHANGE YOUR
1222 OBLIGATION TO PERFORM THE DUTIES REQUIRED UNDER YOUR
1223 PROPERTY INSURANCE POLICY.

1224
1225 7. Contain a provision requiring the assignee to indemnify
1226 and hold harmless the assignor from all liabilities, damages,
1227 losses, and costs, including, but not limited to, attorney fees,
1228 ~~should the policy subject to the assignment agreement prohibit,~~
1229 ~~in whole or in part, the assignment of benefits.~~

1230 (8) The assignee shall indemnify and hold harmless the
1231 assignor from all liabilities, damages, losses, and costs,
1232 including, but not limited to, attorney fees, ~~should the policy~~
1233 ~~subject to the assignment agreement prohibit, in whole or in~~
1234 ~~part, the assignment of benefits.~~

1235 (9) (a) An assignee must provide the named insured, insurer,
1236 and the assignor, if not the named insured, with a written
1237 notice of intent to initiate litigation before filing suit under
1238 the policy. Such notice must be served at least 10 business days
1239 before filing suit, but not before the insurer has made a
1240 determination of coverage under s. 627.70131. The notice must be
1241 served by certified mail, return receipt requested, to the name
1242 and mailing address designated by the insurer in the policy
1243 forms or by electronic delivery to the e-mail address designated
1244 by the insurer in the policy forms ~~at least 10 business days~~
1245 ~~before filing suit, but may not be served before the insurer has~~
1246 ~~made a determination of coverage under s. 627.70131. The notice~~
1247 must specify the damages in dispute, the amount claimed, and a

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1248 presuit settlement demand. Concurrent with the notice, and as a
1249 precondition to filing suit, the assignee must provide the named
1250 insured, insurer, and the assignor, if not the named insured, a
1251 detailed written invoice or estimate of services, including
1252 itemized information on equipment, materials, and supplies; the
1253 number of labor hours; and, in the case of work performed, proof
1254 that the work has been performed in accordance with accepted
1255 industry standards.

1256 (10) Notwithstanding any other provision of law, in a suit
1257 related to an assignment agreement for post-loss claims arising
1258 under a residential or commercial property insurance policy,
1259 attorney fees and costs may be recovered by an assignee only
1260 under s. 57.105 ~~and this subsection.~~

1261 ~~(a) If the difference between the judgment obtained by the~~
1262 ~~assignee and the presuit settlement offer is:~~

1263 ~~1. Less than 25 percent of the disputed amount, the insurer~~
1264 ~~is entitled to an award of reasonable attorney fees.~~

1265 ~~2. At least 25 percent but less than 50 percent of the~~
1266 ~~disputed amount, no party is entitled to an award of attorney~~
1267 ~~fees.~~

1268 ~~3. At least 50 percent of the disputed amount, the assignee~~
1269 ~~is entitled to an award of reasonable attorney fees.~~

1270 ~~(b) If the insurer fails to inspect the property or provide~~
1271 ~~written or oral authorization for repairs within 7 calendar days~~
1272 ~~after the first notice of loss, the insurer waives its right to~~
1273 ~~an award of attorney fees under this subsection. If the failure~~
1274 ~~to inspect the property or provide written or oral authorization~~
1275 ~~for repairs is the result of an event for which the Governor had~~
1276 ~~declared a state of emergency under s. 252.36, factors beyond~~

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1277 ~~the control of the insurer which reasonably prevented an~~
1278 ~~inspection or written or oral authorization for repairs, or the~~
1279 ~~named insured's failure or inability to allow an inspection of~~
1280 ~~the property after a request by the insurer, the insurer does~~
1281 ~~not waive its right to an award of attorney fees under this~~
1282 ~~subsection.~~

1283 (e) If an assignee commences an action in any court of this
1284 state based upon or including the same claim against the same
1285 adverse party that such assignee has previously voluntarily
1286 dismissed in a court of this state, the court may order the
1287 assignee to pay the attorney fees and costs of the adverse party
1288 resulting from the action previously voluntarily dismissed. The
1289 court shall stay the proceedings in the subsequent action until
1290 the assignee has complied with the order.

1291 Section 19. Section 627.7154, Florida Statutes, is created
1292 to read:

1293 627.7154 Property Insurance Stability Unit; duties and
1294 required reports.-

1295 (1) An insurer stability unit is created within the office
1296 to aid in the detection and prevention of insurer insolvencies
1297 in the homeowners' and condominium unit owners' insurance
1298 market.

1299 (2) The insurer stability unit shall provide enhanced
1300 monitoring whenever the office identifies significant concerns
1301 about an insurer's solvency, rates, proposed contracts,
1302 underwriting rules, market practices, claims handling, consumer
1303 complaints, litigation practices and outcomes, and any other
1304 issue related to compliance with the insurance code.

1305 (3) The insurer stability unit shall, at a minimum:

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1306 (a) Conduct a target market exam when there is reason to
1307 believe that an insurer's claims practices, rate requirements,
1308 investment activities, or financial statements suggest that the
1309 insurer may be in an unsound financial condition.

1310 (b) Closely monitor all risk-based capital reports, own-
1311 risk solvency assessments, reinsurance agreements, and financial
1312 statements filed by insurers selling homeowners' and condominium
1313 unit owners' insurance policies in this state.

1314 (c) Have primary responsibility to conduct annual
1315 catastrophe stress tests of all domestic insurers and insurers
1316 that are commercially domiciled in this state.

1317 1. The insurer stability unit shall cooperate with the
1318 Florida Commission on Hurricane Loss Projection Methodology to
1319 select the hurricane scenarios that are used in the annual
1320 catastrophe stress test.

1321 2. Catastrophe stress testing must determine:

1322 a. Whether an individual insurer can survive a one in 130-
1323 year probable maximum loss (PML), and a second event 50-year
1324 return PML following a first event that exceeds a 100-year
1325 return PML; and

1326 b. The impact of the selected hurricane scenarios on the
1327 Citizens Property Insurance Corporation, the Florida Hurricane
1328 Catastrophe Fund, the Florida Insurance Guaranty Association,
1329 and taxpayers.

1330 (d) Update wind mitigation credits required by s. 627.711
1331 and associated rules.

1332 (e) Review the causes of insolvency and business practices
1333 of insurers that have been referred to the department's Division
1334 of Rehabilitation and Liquidation and make recommendations to

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1335 prevent similar failures in the future.

1336 (f) On January 1 and July 1 of each year, provide a report
1337 on the status of the homeowners' and condominium unit owners'
1338 insurance market to the Governor, the President of the Senate,
1339 the Speaker of the House of Representatives, the Minority Leader
1340 of the Senate, the Minority Leader of the House of
1341 Representatives, and the chairs of the legislative committees
1342 with jurisdiction over matters of insurance showing:

1343 1. Litigation practices and outcomes of insurance
1344 companies.

1345 2. Percentage of homeowners and condominium unit owners who
1346 obtain insurance in the voluntary market.

1347 3. Percentage of homeowners and condominium unit owners who
1348 obtain insurance from the Citizens Property Insurance
1349 Corporation.

1350 4. Profitability of the homeowners' and condominium unit
1351 owners' lines of insurance in this state, including a comparison
1352 with similar lines of insurance in other hurricane-prone states
1353 and with the national average.

1354 5. Average premiums charged for homeowners' and condominium
1355 unit owners' insurance in each of the 67 counties in this state.

1356 6. Results of the latest annual catastrophe stress tests of
1357 all domestic insurers and insurers that are commercially
1358 domiciled in this state.

1359 7. The availability of reinsurance in the personal lines
1360 insurance market.

1361 8. The number of property and casualty insurance carriers
1362 referred to the insurer stability unit for enhanced monitoring,
1363 including the reason for the referral.

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1364 9. The number of referrals to the insurer stability unit
1365 which were deemed appropriate for enhanced monitoring, including
1366 the reason for the monitoring.

1367 10. The name of any insurer against which delinquency
1368 proceedings were instituted, including the grounds for
1369 rehabilitation pursuant to s. 631.051 and the date that each
1370 insurer was deemed impaired of capital or surplus, as the terms
1371 impairment of capital and impairment of surplus are defined in
1372 s. 631.011, or insolvent, as the term insolvency is defined in
1373 s. 631.011; a concise statement of the circumstances that led to
1374 the insurer's delinquency; and a summary of the actions taken by
1375 the insurer and the office to avoid delinquency.

1376 11. Recommendations for improvements to the regulation of
1377 homeowners' and condominium unit owners' insurance market and an
1378 indication of whether such improvements require any change to
1379 existing laws or rules.

1380 12. Identification of any trends that may warrant attention
1381 in the future.

1382 (4) Any of the following events must trigger a referral to
1383 the insurer stability unit:

1384 (a) Consumer complaints related to homeowners' insurance or
1385 condominium unit owners' insurance under s. 624.307(10), if the
1386 complaints, in the aggregate, suggest a trend within the
1387 marketplace and are not an isolated incident.

1388 (b) There is reason to believe that an insurer who is
1389 authorized to sell homeowners' or condominium unit owners'
1390 insurance in this state has engaged in an unfair trade practice
1391 under part IX of chapter 626.

1392 (c) A market conduct examination determines that an insurer

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1393 has exhibited a pattern or practice of willful violations of an
1394 unfair insurance trade practice related to claims-handling which
1395 caused harm to policyholders, as prohibited by s.
1396 626.9541(1)(i).

1397 (d) An insurer authorized to sell homeowners' or
1398 condominium unit owners' insurance in this state requests a rate
1399 increase that exceeds 15 percent, in accordance with s.
1400 627.0629(6).

1401 (e) An insurer authorized to sell homeowners' or
1402 condominium unit owners' insurance in this state violates the
1403 ratio of actual or projected annual written premiums required by
1404 s. 624.4095(4)(a).

1405 (f) An insurer authorized to sell homeowners' or
1406 condominium unit owners' insurance in this state files a notice
1407 pursuant to s. 624.4305 advising the office that it intends to
1408 nonrenew more than 10,000 residential property insurance
1409 policies in this state within a 12-month period.

1410 (g) A quarterly or annual financial statement required by
1411 ss. 624.424 and 627.915 demonstrates that an insurer authorized
1412 to sell homeowners' or condominium unit owners' insurance in
1413 this state is in an unsound condition, as defined in s.
1414 624.80(2); has exceeded its powers in a manner as described in
1415 s. 624.80(3); is impaired, as defined in s. 631.011(12) or (13);
1416 or is insolvent, as defined in s. 631.011.

1417 (h) An insurer authorized to sell homeowners' or
1418 condominium unit owners' insurance in this state files a
1419 quarterly or annual financial statement required by ss. 624.424
1420 and 627.915 which is misleading or contains material errors.

1421 (i) An insurer authorized to sell homeowners' or

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1422 condominium unit owners' insurance in this state fails to timely
1423 file a quarterly or annual financial statement required by ss.
1424 624.424 and 627.915.

1425 (j) An insurer authorized to sell homeowners' or
1426 condominium unit owners' insurance in this state files a risk-
1427 based capital report that triggers a company action level event,
1428 regulatory action level event, authorized control level event,
1429 or mandatory control level event, as those terms are defined in
1430 s. 624.4085.

1431 (k) An insurer selling homeowners' or condominium unit
1432 owners' insurance in this state that is subject to the own-risk
1433 solvency assessment requirement of s. 628.8015, and fails to
1434 timely file the own-risk solvency assessment.

1435 (l) A reinsurance agreement creates a substantial risk of
1436 insolvency for an insurer authorized to sell homeowners' or
1437 condominium unit owners' insurance in this state, pursuant to s.
1438 624.610(13).

1439 (m) An insurer authorized to sell homeowners' or
1440 condominium unit owners' insurance in this state is party to a
1441 reinsurance agreement that does not create a meaningful transfer
1442 of risk of loss to the reinsurer, pursuant to s. 624.610(14).

1443 (n) Citizens Property Insurance Corporation is required to
1444 absorb policies from an insurer that participated in the
1445 corporation's depopulation program authorized by s. 627.3511
1446 within 3 years after the insurer takes policies out of the
1447 corporation.

1448
1449 The insurer stability unit's supervisors shall review all
1450 referrals triggered by the statutory provisions to determine

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1451 whether enhanced scrutiny of the insurer is appropriate.

1452 (5) Expenses of the insurer stability unit shall be paid
1453 from moneys allocated to the Insurance Regulatory Trust Fund.
1454 However, if the unit recommends that a market conduct exam or
1455 targeted market exam be conducted, the reasonable cost of the
1456 examination shall be paid by the person examined, in accordance
1457 with s. 624.3161.

1458 Section 20. Subsection (1) of section 631.031, Florida
1459 Statutes, is amended to read:

1460 631.031 Initiation and commencement of delinquency
1461 proceeding.-

1462 (1) Upon a determination by the office that one or more
1463 grounds for the initiation of delinquency proceedings exist
1464 pursuant to this chapter and that delinquency proceedings must
1465 be initiated, the Director of the Office of Insurance Regulation
1466 shall notify the department of such determination and shall
1467 provide the department with all necessary documentation and
1468 evidence. Notification by the office must include an affidavit
1469 that identifies the grounds for rehabilitation pursuant to s.
1470 631.051; the date that each insurer was deemed impaired of
1471 capital or surplus, as the terms impairment of capital and
1472 impairment of surplus are defined in s. 631.011, or insolvent,
1473 as the term insolvency is defined in s. 631.011; a concise
1474 statement of the circumstances that led to the insurer's
1475 delinquency; and a summary of the actions taken by the insurer
1476 and the office to avoid delinquency. The department shall then
1477 initiate such delinquency proceedings.

1478 Section 21. Subsection (3) of section 631.398, Florida
1479 Statutes, is amended to read:

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1480 631.398 Prevention of insolvencies.—To aid in the detection
1481 and prevention of insurer insolvencies or impairments:

1482 (3) (a) The department shall, no later than the conclusion
1483 of any domestic insurer insolvency proceeding, prepare a summary
1484 report containing such information as is in its possession
1485 relating to the history and causes of such insolvency, including
1486 a statement of the business practices of such insurer which led
1487 to such insolvency.

1488 (b) For an insolvency involving a domestic property
1489 insurer, the department shall:

1490 1. Begin an analysis of the history and causes of the
1491 insolvency no later than the initiation of delinquency
1492 proceedings pursuant to s. 631.031.

1493 2. Submit an initial report analyzing the history and
1494 causes of the insolvency to the Governor, the President of the
1495 Senate, the Speaker of the House of Representatives, and the
1496 office. The initial report must be submitted no later than 2
1497 months after the initiation of the delinquency proceeding. The
1498 initial report shall be updated at least annually until the
1499 submission of the final report.

1500 3. Provide a special report to the Governor, the President
1501 of the Senate, the Speaker of the House of Representatives, and
1502 the office, within 10 days upon identifying any condition or
1503 practice that may lead to insolvency in the property insurance
1504 marketplace.

1505 4. Submit a final report analyzing the history and causes
1506 of the insolvency and the review of the Office of Insurance
1507 Regulation's regulatory oversight of the insurer to the
1508 Governor, the President of the Senate, the Speaker of the House

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1509 of Representatives, and the office within 30 days of the
1510 conclusion of the insolvency proceeding.

1511 5. Review the Office of Insurance Regulation's regulatory
1512 oversight of the insurer.

1513 Section 22. If any law amended by this act was also amended
1514 by a law enacted during the 2022 Regular Session of the
1515 Legislature, such laws shall be construed as if enacted during
1516 the same session of the Legislature, and full effect shall be
1517 given to each if possible.

1518 Section 23. Except as otherwise expressly provided in this
1519 act, this act shall take effect upon becoming a law.