

By the Committee on Appropriations; and Senator Boyd

576-00048-22D

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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 providing for deferral of coverage under the program;
20 prohibiting premiums from being charged for
21 participation in the program; providing that the
22 program does not affect the claims-paying capacity of
23 the Florida Hurricane Catastrophe Fund; requiring the
24 program to pay reimbursements directly to the
25 applicable state guaranty fund in the event of
26 insolvency; specifying requirements for the Florida
27 Hurricane Catastrophe Fund if an insurer or the
28 Citizens Property Insurance Corporation accept
29 assignments of unsound insurers; providing that

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

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

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88 acquisition of rights to attorney fees in certain
89 property insurance suits; amending s. 627.701, F.S.;
90 revising a prohibition against the issuance of
91 insurance policies containing certain deductible
92 provisions; revising the conditions a personal lines
93 residential property insurance policy covering certain
94 risks must meet under certain circumstances; requiring
95 personal lines residential property insurance policies
96 containing separate roof deductibles to include
97 specified information; authorizing property insurers
98 to include separate roof deductibles if certain
99 requirements are met; providing requirements for
100 policyholders in rejecting such deductibles under
101 certain circumstances; requiring the office to
102 expedite the review of filing of certain forms;
103 authorizing the commission to adopt certain model
104 forms or guidelines; requiring the office to review
105 certain filings within a specified timeframe;
106 providing that roof deductible portions of the filing
107 are not subject to a specified extension for review;
108 amending s. 627.7011, F.S.; authorizing property
109 insurers to limit certain roof claim payments under
110 certain circumstances; defining the term "authorized
111 inspector"; prohibiting insurers from refusing to
112 issue or renew homeowners' policies insuring certain
113 structures; requiring insurers to allow homeowners to
114 have roof inspections performed before requiring roof
115 replacement; providing applicability; amending s.
116 627.70131, F.S.; requiring insurers to conduct

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

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

159

160 Be It Enacted by the Legislature of the State of Florida:

161

162 Section 1. Section 215.5551, Florida Statutes, is created
163 to read:

164 215.5551 Reinsurance to Assist Policyholders program.—

165 (1) CREATION OF THE REINSURANCE TO ASSIST POLICYHOLDERS

166 PROGRAM.—There is created the Reinsurance to Assist

167 Policyholders program to be administered by the State Board of
168 Administration.

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

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

171 (b) "Contract year" means the period beginning on June 1 of
172 a specified calendar year and ending on May 31 of the following
173 calendar year.

174 (c) "Covered event" means any one storm declared to be a

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175 hurricane by the National Hurricane Center, which storm causes
176 insured losses in this state.

177 (d) "Covered policy" has the same meaning as in s.
178 215.555(2)(c).

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

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

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

184 (h) "RAP insurer" means an insurer that is a participating
185 insurer in the FHCF on June 1, 2022, which must obtain coverage
186 under the RAP program and qualifies under subsection (5).
187 However, any joint underwriting association, risk apportionment
188 plan, or other entity created under s. 627.351 is not considered
189 a RAP insurer and is prohibited from obtaining coverage under
190 the RAP program.

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

199 (j) "RAP qualification ratio" means:

200 1. For the 2022-2023 contract year, the ratio of FHCF
201 mandatory premium adjusted to 90 percent for RAP insurers
202 divided by the FHCF mandatory premium adjusted to 90 percent for
203 all insurers. The preliminary RAP qualification ratio shall be

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204 based on the 2021-2022 contract year's company premiums, as of
205 December 31, 2021, adjusted to 90 percent based on the 2022-2023
206 contract year coverage selections. The RAP qualification ratio
207 shall be based on the reported 2022-2023 contract year company
208 premiums, as of December 31, 2022, adjusted to 90 percent.

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

219 (k) "RAP reimbursement contract" means the reimbursement
220 contract reflecting the obligations of the RAP program to
221 insurers.

222 (l) "RAP retention" means the amount of losses below which
223 a RAP insurer is not entitled to reimbursement under the RAP
224 program.

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

229 (3) COVERAGE.—

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

232 (b) The board shall provide a reimbursement layer of \$2

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

240 (4) RAP REIMBURSEMENT CONTRACTS.—

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

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

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

248 2. The reimbursement contract shall be executed no later
249 than:

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

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

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

259 (b) For the two covered events with the largest losses, the
260 RAP reimbursement contract must contain a promise by the board
261 to reimburse the RAP insurer for 90 percent of its losses from

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262 each covered event in excess of the insurer's RAP retention,
263 plus 10 percent of the reimbursed losses to cover loss
264 adjustment expenses. The sum of the losses and 10 percent loss
265 adjustment expense allocation from the RAP layer may not exceed
266 the RAP limit. Recoveries on losses in the FHCF mandatory layer
267 shall inure to the benefit of the RAP contract layer.

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

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

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

282 1. The board shall calculate and report to each RAP insurer
283 the RAP retention multiples for each FHCF coverage selection as
284 the FHCF retention multiple minus the RAP payout multiple. The
285 RAP retention multiple for an insurer is multiplied by the RAP
286 insurer's FHCF premium to calculate its RAP retention. RAP
287 retention multiples are calculated for 45 percent, 75 percent,
288 and 90 percent FHCF mandatory coverage selections.

289 2. The RAP industry retention for the 2022-2023 contract
290 year is the FHCF's industry retention minus \$2 billion, prior to

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291 allocation to qualifying RAP insurers. The RAP industry
292 retention for the 2023-2024 contract year is the FHCF's industry
293 retention for the 2023-2024 contract year minus the total
294 deferred RAP limit, prior to allocation to qualifying RAP
295 insurers.

296 3. A RAP insurer determines its actual RAP retention by
297 multiplying its actual mandatory reimbursement FHCF premium by
298 the RAP retention multiple.

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

306 (5) INSURER QUALIFICATION.-

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

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

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

316 (b) The office must make this determination based on the
317 following factors:

318 1. The insurer's compliance with the requirements to
319 qualify for and hold a certificate of authority under s.

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320 624.404;

321 2. The insurer's compliance with the applicable surplus
322 requirements of s. 624.408;

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

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

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

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

333 (6) PARTICIPATION DEFERRAL.—

334 (a) A RAP insurer that has any private reinsurance that
335 duplicates RAP coverage that such insurer would receive for the
336 2022-2023 contract year shall notify the board in writing of
337 such duplicative coverage no later than June 30, 2022.

338 Participation in the RAP program for such RAP insurers shall be
339 deferred until the 2023-2024 contract year.

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

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

345 (8) CLAIMS-PAYING CAPACITY.—The RAP program shall not
346 affect the claims-paying capacity of the FHCF as provided in s.
347 215.555 (4) (c) 1.

348 (9) INSOLVENCY OF RAP INSURER.—

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

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

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

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

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

374 (13) APPROPRIATION.—

375 (a) Within 60 days after a covered event, the board shall
376 submit written notice to the Executive Office of the Governor if
377 the board determines that funds from the RAP program coverage

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

390 (b) If General Revenue Funds are transferred to the board
391 for the RAP program under paragraph (a), the board shall submit
392 written notice to the Executive Office of the Governor that
393 funds will be necessary for the administration of the RAP
394 program and post-event examinations for covered events that
395 require RAP coverage. The initial notice, and any subsequent
396 requests, must specify the amount necessary for administration
397 of the RAP program and post-event examinations. Upon receiving
398 such notice, the Executive Office of the Governor shall instruct
399 the Chief Financial Officer to draw a warrant from the General
400 Revenue Fund for a transfer to the board for the RAP program in
401 the amount requested. The Executive Office of the Governor shall
402 provide written notification to the chair and vice chair of the
403 Legislative Budget Commission at least 3 days before the
404 effective date of the warrant. Cumulative transfers authorized
405 under this paragraph may not exceed \$5 million.

406 (c) No later than January 31, 2023, and quarterly

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407 thereafter, the board shall submit a report to the Executive
408 Office of the Governor, the President of the Senate, and the
409 Speaker of the House of Representatives detailing any
410 reimbursements of the RAP program, all loss development
411 projections, the amount of RAP reimbursement coverage deferred
412 until the 2023-2024 contract year, and detailed information
413 about administrative and post-event examination expenditures.

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

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

430 (2) No later than May 1, 2023, each insurer that defers
431 participation in the Reinsurance to Assist Policyholders program
432 until the 2023-2024 year under s. 215.5551, Florida Statutes,
433 shall reduce its rates to reflect the cost savings realized by
434 participating in the program through a rate filing with the
435 Office of Insurance Regulation or by amending a pending rate

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436 filing. The insurer shall make no other changes to its rates in
437 the filing.

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

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

443 215.5586 My Safe Florida Home Program.—There is established
444 within the Department of Financial Services the My Safe Florida
445 Home Program. The department shall provide fiscal
446 accountability, contract management, and strategic leadership
447 for the program, consistent with this section. This section does
448 not create an entitlement for property owners or obligate the
449 state in any way to fund the inspection or retrofitting of
450 residential property in this state. Implementation of this
451 program is subject to annual legislative appropriations. It is
452 the intent of the Legislature that the My Safe Florida Home
453 Program provide trained and certified inspectors to perform
454 inspections for owners of site-built, single-family, residential
455 properties and grants to eligible applicants as funding allows.
456 The program shall develop and implement a comprehensive and
457 coordinated approach for hurricane damage mitigation that may
458 include the following:

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

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

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- 465 1. The homeowner must have been granted a homestead
466 exemption on the home under chapter 196.
- 467 2. The home must be a dwelling with an insured value of
468 \$500,000 ~~\$300,000~~ or less. Homeowners who are low-income
469 persons, as defined in s. 420.0004(11), are exempt from this
470 requirement.
- 471 3. The home must have undergone an acceptable hurricane
472 mitigation inspection after July 1, 2008 ~~May 1, 2007~~.
- 473 4. The home must be located in the "wind-borne debris
474 region" as that term is defined in the Florida Building Code s.
475 ~~1609.2, International Building Code (2006), or as subsequently~~
476 ~~amended~~.
- 477 5. The building permit application for initial construction
478 of the home must have been made before January 1, 2008 ~~March 1,~~
479 ~~2002~~.
- 480 6. The homeowner must agree to make his or her home
481 available for inspection once a mitigation project is completed.
482
- 483 An application for a grant must contain a signed or
484 electronically verified statement made under penalty of perjury
485 that the applicant has submitted only a single application and
486 must have attached documents demonstrating the applicant meets
487 the requirements of this paragraph.
- 488 (b) All grants must be matched on the basis of \$1 provided
489 by the applicant for \$2 provided by the state ~~a dollar-for-~~
490 ~~dollar basis~~ up to a maximum state contribution total of \$10,000
491 toward ~~for~~ the actual cost of the mitigation project ~~with the~~
492 ~~state's contribution not to exceed \$5,000~~.
- 493 (10) REPORTS.—The department shall make an annual report on

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494 the activities of the program that shall account for the use of
495 state funds and indicate the number of inspections requested,
496 the number of inspections performed, the number of grant
497 applications received, ~~and~~ the number and value of grants
498 approved, and the average annual amount of insurance premium
499 discounts and total annual amount of insurance premium discounts
500 homeowners received from insurers as a result of mitigation
501 funded through the program. The report shall be delivered to the
502 President of the Senate and the Speaker of the House of
503 Representatives by February 1 of each year.

504 Section 4. (1) For the 2022-2023 fiscal year, the sum of
505 \$150 million in nonrecurring funds is appropriated from the
506 General Revenue Fund to the Department of Financial Services for
507 the My Safe Florida Home Program. The funds shall be placed in
508 reserve. The department shall submit budget amendments
509 requesting release of the funds held in reserve pursuant to
510 chapter 216, Florida Statutes. The budget amendments shall
511 include a detailed spending plan.

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

513 (a) Twenty-five million dollars for hurricane mitigation
514 inspections.

515 (b) One hundred fifteen million dollars for mitigation
516 grants.

517 (c) Four million dollars for education and consumer
518 awareness.

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

521 (e) Five million dollars for administrative costs.

522 (3) Any unexpended balance of funds from this appropriation

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523 remaining on June 30, 2023, shall revert and is appropriated to
524 the Department of Financial Services for the 2023-2024 fiscal
525 year for the same purpose.

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

527 Section 5. Paragraph (a) of subsection (1) of section
528 489.147, Florida Statutes, is amended to read:

529 489.147 Prohibited property insurance practices.—

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

531 (a) "Prohibited advertisement" means any written or
532 electronic communication by a contractor which ~~that~~ encourages,
533 instructs, or induces a consumer to contact a contractor or
534 public adjuster for the purpose of making an insurance claim for
535 roof damage, if such communication does not state in a font size
536 of at least 12 points and at least half as large as the largest
537 font size used in the communication that:

538 1. The consumer is responsible for payment of any insurance
539 deductible;

540 2. It is insurance fraud punishable as a felony of the
541 third degree for a contractor to knowingly or willfully, and
542 with intent to injure, defraud, or deceive, pay, waive, or
543 rebate all or part of an insurance deductible applicable to
544 payment to the contractor for repairs to a property covered by a
545 property insurance policy; and

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

549

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

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552 Section 6. Section 624.1551, Florida Statutes, is created
553 to read:

554 624.1551 Civil remedy actions against property insurers.-
555 Notwithstanding any provision of s. 624.155, a claimant must
556 establish that the property insurer breached the insurance
557 contract to prevail in a claim for extracontractual damages
558 under s. 624.155(1)(b).

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

561 624.307 General powers; duties.-

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

565 (a) Aggregate information may include information asserted
566 as trade secret information unless the trade secret information
567 can be individually extrapolated, in which case the trade secret
568 information remains protected as provided under s. 624.4213.

569 (b) The office shall publish all orders, data required by
570 s. 627.915(2), reports required by s. 627.7154(3), and all
571 reports that are not confidential and exempt on its website in a
572 timely fashion.

573 Section 8. Paragraph (j) of subsection (1) of section
574 624.313, Florida Statutes, is amended to read:

575 624.313 Publications.-

576 (1) As early as reasonably possible, the office shall
577 annually have printed and made available a statistical report
578 which must include all of the following information on either a
579 calendar year or fiscal year basis:

580 (j) An analysis of such lines or kinds of insurance for

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581 which the office determines that an availability problem exists
582 in this state, and an analysis of the availability of
583 reinsurance to domestic insurers selling homeowners' and
584 condominium unit owners' insurance in this state.

585 Section 9. Paragraph (c) of subsection (1) and paragraph
586 (n) of subsection (2) of section 624.315, Florida Statutes, are
587 amended to read:

588 624.315 Department; annual report.—

589 (1) As early as reasonably possible, the office, with such
590 assistance from the department as requested, shall annually
591 prepare a report to the Speaker and Minority Leader of the House
592 of Representatives, the President and Minority Leader of the
593 Senate, the chairs of the legislative committees with
594 jurisdiction over matters of insurance, and the Governor
595 showing, with respect to the preceding calendar year:

596 (c) Names of insurers against which delinquency or similar
597 proceedings were instituted. For property insurers for which
598 the delinquency or similar proceedings were instituted, the
599 annual report must also include the date that each insurer was
600 deemed impaired of capital or surplus, as the terms impairment
601 of capital and impairment of surplus are defined in s. 631.011,
602 or insolvent, as the term insolvency is defined in s. 631.011;
603 and a concise statement of the circumstances that led to each
604 insurer's delinquency; a summary of the actions taken by the
605 insurer and the office to avoid delinquency; and the results or
606 status of each such proceeding.

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

609 (n) Trends; emerging trends as exemplified by the

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610 percentage change in frequency and severity of both paid and
611 incurred claims, and pure premium (Florida and countrywide).
612 Reports relating to the health of the homeowners' and
613 condominium unit owners' insurance market must include the
614 percentage of policies written by voluntary carriers, the
615 percentage of policies written by the Citizens Property
616 Insurance Corporation, and any trends related to the relative
617 shares of the voluntary and residual markets.

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

620 624.424 Annual statement and other information.-

621 (10) (a) Each insurer or insurer group doing business in
622 this state shall file on a quarterly basis in conjunction with
623 financial reports required by paragraph (1) (a) a supplemental
624 report on an individual and group basis on a form prescribed by
625 the commission with information on personal lines and commercial
626 lines residential property insurance policies in this state. The
627 supplemental report shall include separate information for
628 personal lines property policies and for commercial lines
629 property policies and totals for each item specified, including
630 premiums written for each of the property lines of business as
631 described in ss. 215.555(2) (c) and 627.351(6) (a). The report
632 shall include the following information for each county on a
633 monthly basis:

634 1.-(a) Total number of policies in force at the end of each
635 month.

636 2.-(b) Total number of policies canceled.

637 3.-(e) Total number of policies nonrenewed.

638 4.-(d) Number of policies canceled due to hurricane risk.

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

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

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

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

644 (b) The office shall aggregate on a statewide basis the
645 data submitted by each insurer or insurer group under paragraph
646 (a) and make such data publicly available by publishing such
647 data on the office's website within 1 month after each quarterly
648 and annual filing. Such information, when aggregated on a
649 statewide basis as to an individual insurer or insurer group, is
650 not a trade secret as defined in s. 688.002(4) or s. 812.081 and
651 is not subject to the public records exemption for trade secrets
652 provided in s. 119.0715.

653 Section 11. Section 626.9373, Florida Statutes, is amended
654 to read:

655 626.9373 Attorney fees.—

656 (1) Upon the rendition of a judgment or decree by any court
657 of this state against a surplus lines insurer in favor of any
658 named or omnibus insured or the named beneficiary under a policy
659 or contract executed by the insurer on or after the effective
660 date of this act, the trial court or, if the insured or
661 beneficiary prevails on appeal, the appellate court, shall
662 adjudge or decree against the insurer in favor of the insured or
663 beneficiary a reasonable sum as fees or compensation for the
664 insured's or beneficiary's attorney prosecuting the lawsuit for
665 which recovery is awarded. In a suit arising under a residential
666 or commercial property insurance policy ~~not brought by an~~
667 ~~assignee~~, the amount of reasonable attorney fees shall be

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668 awarded only as provided in s. 57.105 or s. 627.70152, as
669 applicable.

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

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

677 Section 12. Section 627.428, Florida Statutes, is amended
678 to read:

679 627.428 Attorney fees.—

680 (1) Upon the rendition of a judgment or decree by any of
681 the courts of this state against an insurer and in favor of any
682 named or omnibus insured or the named beneficiary under a policy
683 or contract executed by the insurer, the trial court or, in the
684 event of an appeal in which the insured or beneficiary prevails,
685 the appellate court shall adjudge or decree against the insurer
686 and in favor of the insured or beneficiary a reasonable sum as
687 fees or compensation for the insured's or beneficiary's attorney
688 prosecuting the suit in which the recovery is had. In a suit
689 arising under a residential or commercial property insurance
690 policy ~~not brought by an assignee~~, the amount of reasonable
691 attorney fees shall be awarded only as provided in s. 57.105 or
692 s. 627.70152, as applicable.

693 (2) As to suits based on claims arising under life
694 insurance policies or annuity contracts, no such attorney fees
695 shall be allowed if such suit was commenced prior to expiration
696 of 60 days after proof of the claim was duly filed with the

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697 insurer.

698 (3) When so awarded, compensation or fees of the attorney
699 shall be included in the judgment or decree rendered in the
700 case.

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

706 Section 13. Paragraph (d) of subsection (4) of section
707 627.701, Florida Statutes, is amended, paragraph (c) of
708 subsection (2), paragraph (e) of subsection (4), and subsection
709 (10) are added to that section, and subsection (7) of that
710 section is republished, to read:

711 627.701 Liability of insureds; coinsurance; deductibles.—

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

716 (c) Applies solely to a roof loss as provided in subsection
717 (10).

718 (4)

719 (d)1. A personal lines residential property insurance
720 policy covering a risk valued at less than \$500,000 may not have
721 a hurricane deductible in excess of 10 percent of the policy
722 dwelling limits, unless the following conditions are met:

723 a. The policyholder must personally write or type and
724 provide to the insurer the following statement ~~in his or her own~~
725 ~~handwriting~~ and sign his or her name, which must also be signed

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726 by every other named insured on the policy, and dated: "I do not
727 want the insurance on my home to pay for the first (specify
728 dollar value) of damage from hurricanes. I will pay those costs.
729 My insurance will not."

730 b. If the structure insured by the policy is subject to a
731 mortgage or lien, the policyholder must provide the insurer with
732 a written statement from the mortgageholder or lienholder
733 indicating that the mortgageholder or lienholder approves the
734 policyholder electing to have the specified deductible.

735 2. A deductible subject to the requirements of this
736 paragraph applies for the term of the policy and for each
737 renewal thereafter. Changes to the deductible percentage may be
738 implemented only as of the date of renewal.

739 3. An insurer shall keep the original copy of the signed
740 statement required by this paragraph, electronically or
741 otherwise, and provide a copy to the policyholder providing the
742 signed statement. A signed statement meeting the requirements of
743 this paragraph creates a presumption that there was an informed,
744 knowing election of coverage.

745 4. The commission shall adopt rules providing appropriate
746 alternative methods for providing the statements required by
747 this section for policyholders who have a handicapping or
748 disabling condition that prevents them from providing a
749 handwritten statement.

750 (e)1. A personal lines residential property insurance
751 policy that contains a separate roof deductible must include, on
752 the page immediately behind the declarations page, with no other
753 policy language on the page, in boldfaced type no smaller than
754 18 point, the following statement: "YOU ARE ELECTING TO PURCHASE

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755 COVERAGE ON YOUR HOME WHICH CONTAINS A SEPARATE DEDUCTIBLE FOR
756 ROOF LOSSES. BE ADVISED THAT THIS MAY RESULT IN HIGH OUT-OF-
757 POCKET EXPENSES TO YOU. PLEASE DISCUSS WITH YOUR INSURANCE
758 AGENT."

759 2. For any personal lines residential property insurance
760 policy containing a separate roof deductible, the insurer shall
761 compute and prominently display on the declarations page of the
762 policy or on the premium renewal notice the actual dollar value
763 of the roof deductible of the policy at issuance and renewal.

764 (7) Prior to issuing a personal lines residential property
765 insurance policy on or after April 1, 1997, or prior to the
766 first renewal of a residential property insurance policy on or
767 after April 1, 1997, the insurer must offer a deductible equal
768 to \$500 applicable to losses from perils other than hurricane.
769 The insurer must provide the policyholder with notice of the
770 availability of the deductible specified in this subsection in a
771 form approved by the office at least once every 3 years. The
772 failure to provide such notice constitutes a violation of this
773 code but does not affect the coverage provided under the policy.
774 An insurer may require a higher deductible only as part of a
775 deductible program lawfully in effect on June 1, 1996, or as
776 part of a similar deductible program.

777 (10) (a) Notwithstanding any other provision of law, an
778 insurer issuing a personal lines residential property insurance
779 policy may include in such policy a separate roof deductible
780 that meets all of the following requirements:

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

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784 2. The roof deductible may not exceed the lesser of 2
785 percent of the coverage A limit of the policy or 50 percent of
786 the cost to replace the roof.

787 3. The premium that a policyholder is charged for the
788 policy includes an actuarially sound credit or premium discount
789 for the roof deductible.

790 4. The roof deductible applies only to a claim adjusted on
791 a replacement cost basis.

792 5. The roof deductible does not apply to any of the
793 following events:

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

797 b. A roof loss resulting from a hurricane as defined in s.
798 627.4025(2) (c).

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

801 d. A roof loss requiring the repair of less than 50 percent
802 of the roof.

803

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

806 (b) At the time of initial issuance of a personal lines
807 residential property insurance policy, an insurer may offer the
808 policyholder a separate roof deductible with the ability to opt-
809 out and reject the separate roof deductible. To reject a
810 separate roof deductible, the policyholder shall sign a form
811 approved by the office.

812 (c) At the time of renewal, an insurer may add a separate

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813 roof deductible to a personal lines residential property
814 insurance policy if the insurer provides a notice of change in
815 policy terms pursuant to s. 627.43141. The insurer must also
816 offer the policyholder the ability to opt-out and reject the
817 separate roof deductible. To reject a separate roof deductible,
818 the policyholder shall sign a form approved by the office.

819 (d) The office shall expedite the review of any filing of
820 insurance forms that only contain a separate roof deductible
821 pursuant to this subsection. The commission may adopt model
822 forms or guidelines that provide options for roof deductible
823 language which may be used for filing by insurers. If an insurer
824 makes a filing pursuant to a model form or guideline issued by
825 the office, the office must review the filing within the initial
826 30-day review period authorized by s. 627.410(2), and the roof
827 deductible portion of the filing is not subject to the 15-day
828 extension for review under that subsection.

829 Section 14. Present subsection (5) of section 627.7011,
830 Florida Statutes, is redesignated as subsection (6), a new
831 subsection (5) is added to that section, and paragraph (a) of
832 subsection (3) of that section is amended, to read:

833 627.7011 Homeowners' policies; offer of replacement cost
834 coverage and law and ordinance coverage.—

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

837 (a) For a dwelling, the insurer must initially pay at least
838 the actual cash value of the insured loss, less any applicable
839 deductible. The insurer shall pay any remaining amounts
840 necessary to perform such repairs as work is performed and
841 expenses are incurred. However, if a roof deductible under s.

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842 627.701(10) is applied to the insured loss, the insurer may
843 limit the claim payment as to the roof to the actual cash value
844 of the loss to the roof until the insurer receives reasonable
845 proof of payment by the policyholder of the roof deductible.
846 Reasonable proof of payment includes a canceled check, money
847 order receipt, credit card statement, or copy of an executed
848 installment plan contract or other financing arrangement that
849 requires full payment of the deductible over time. If a total
850 loss of a dwelling occurs, the insurer must ~~shall~~ pay the
851 replacement cost coverage without reservation or holdback of any
852 depreciation in value, pursuant to s. 627.702.

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

- 856 1. A home inspector licensed under s. 468.8314;
- 857 2. A building code inspector certified under s. 468.607;
- 858 3. A general, building, or residential contractor licensed
859 under s. 489.111;
- 860 4. A professional engineer licensed under s. 471.015;
- 861 5. A professional architect licensed under s. 481.213; or
- 862 6. Any other individual or entity recognized by the insurer
863 as possessing the necessary qualifications to properly complete
864 a general inspection of a residential structure insured with a
865 homeowner's insurance policy.

866 (b) An insurer may not refuse to issue or refuse to renew a
867 homeowner's policy insuring a residential structure with a roof
868 that is less than 15 years old solely because of the age of the
869 roof.

870 (c) For a roof that is at least 15 years old, an insurer

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871 must allow a homeowner to have a roof inspection performed by an
872 authorized inspector at the homeowner's expense before requiring
873 the replacement of the roof of a residential structure as a
874 condition of issuing or renewing a homeowner's insurance policy.
875 The insurer may not refuse to issue or refuse to renew a
876 homeowner's insurance policy solely because of roof age if an
877 inspection of the roof of the residential structure performed by
878 an authorized inspector indicates that the roof has 5 years or
879 more of useful life remaining.

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

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

885 627.70131 Insurer's duty to acknowledge communications
886 regarding claims; investigation.-

887 (3) (a) Unless otherwise provided by the policy of insurance
888 or by law, within 14 days after an insurer receives proof of
889 loss statements, the insurer shall begin such investigation as
890 is reasonably necessary unless the failure to begin such
891 investigation is caused by factors beyond the control of the
892 insurer which reasonably prevent the commencement of such
893 investigation.

894 (b) If such investigation involves a physical inspection of
895 the property, the licensed adjuster assigned by the insurer must
896 provide the policyholder with a printed or electronic document
897 containing his or her name and state adjuster license number.
898 For claims other than those subject to a hurricane deductible,
899 an insurer must conduct any such physical inspection within 45

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900 days after its receipt of the proof of loss statements.

901 (c) Any subsequent communication with the policyholder
902 regarding the claim must also include the name and license
903 number of the adjuster communicating about the claim.
904 Communication of the adjuster's name and license number may be
905 included with other information provided to the policyholder.

906 (d) Within 7 days after the insurer's assignment of an
907 adjuster to the claim, the insurer must notify the policyholder
908 that he or she may request a copy of any detailed estimate of
909 the amount of the loss generated by an insurer's adjuster. After
910 receiving such a request from the policyholder, the insurer must
911 send any such detailed estimate to the policyholder within the
912 later of 7 days after the insurer received the request or 7 days
913 after the detailed estimate of the amount of the loss is
914 completed. This paragraph does not require that an insurer
915 create a detailed estimate of the amount of the loss if such
916 estimate is not reasonably necessary as part of the claim
917 investigation.

918 (7) (a) Within 90 days after an insurer receives notice of
919 an initial, reopened, or supplemental property insurance claim
920 from a policyholder, the insurer shall pay or deny such claim or
921 a portion of the claim unless the failure to pay is caused by
922 factors beyond the control of the insurer which reasonably
923 prevent such payment. The insurer shall provide a reasonable
924 explanation in writing to the policyholder of the basis in the
925 insurance policy, in relation to the facts or applicable law,
926 for the payment, denial, or partial denial of a claim. If the
927 insurer's claim payment is less than specified in any insurer's
928 detailed estimate of the amount of the loss, the insurer must

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929 provide a reasonable explanation in writing of the difference to
930 the policyholder. Any payment of an initial or supplemental
931 claim or portion of such claim made 90 days after the insurer
932 receives notice of the claim, or made more than 15 days after
933 there are no longer factors beyond the control of the insurer
934 which reasonably prevented such payment, whichever is later,
935 bears interest at the rate set forth in s. 55.03. Interest
936 begins to accrue from the date the insurer receives notice of
937 the claim. The provisions of this subsection may not be waived,
938 voided, or nullified by the terms of the insurance policy. If
939 there is a right to prejudgment interest, the insured must ~~shall~~
940 select whether to receive prejudgment interest or interest under
941 this subsection. Interest is payable when the claim or portion
942 of the claim is paid. Failure to comply with this subsection
943 constitutes a violation of this code. However, failure to comply
944 with this subsection does not form the sole basis for a private
945 cause of action.

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

948 627.70152 Suits arising under a property insurance policy.-

949 (2) DEFINITIONS.-As used in this section, the term:

950 (d) "Presuit settlement demand" means the demand made by
951 the claimant in the written notice of intent to initiate
952 litigation as required by paragraph (3) (a) ~~(3) (e)~~. The demand
953 must include the amount of reasonable and necessary attorney
954 fees and costs incurred by the claimant, to be calculated by
955 multiplying the number of hours actually worked on the claim by
956 the claimant's attorney as of the date of the notice by a
957 reasonable hourly rate.

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958 (8) ATTORNEY FEES.—

959 (a) In a suit arising under a residential or commercial
960 property insurance policy not brought by an assignee, the amount
961 of reasonable attorney fees and costs under s. 626.9373(1) or s.
962 627.428(1) shall be calculated and awarded as follows:

963 1. If the difference between the amount obtained by the
964 claimant and the presuit settlement offer, excluding reasonable
965 attorney fees and costs, is less than 20 percent of the disputed
966 amount, each party pays its own attorney fees and costs and a
967 claimant may not be awarded attorney fees under s. 626.9373(1)
968 or s. 627.428(1).

969 2. If the difference between the amount obtained by the
970 claimant and the presuit settlement offer, excluding reasonable
971 attorney fees and costs, is at least 20 percent but less than 50
972 percent of the disputed amount, the insurer pays the claimant's
973 attorney fees and costs under s. 626.9373(1) or s. 627.428(1)
974 equal to the percentage of the disputed amount obtained times
975 the total attorney fees and costs.

976 3. If the difference between the amount obtained by the
977 claimant and the presuit settlement offer, excluding reasonable
978 attorney fees and costs, is at least 50 percent of the disputed
979 amount, the insurer pays the claimant's full attorney fees and
980 costs under s. 626.9373(1) or s. 627.428(1).

981 (b) In a suit arising under a residential or commercial
982 property insurance policy not brought by an assignee, if a court
983 dismisses a claimant's suit pursuant to subsection (5), the
984 court may not award to the claimant any incurred attorney fees
985 for services rendered before the dismissal of the suit. When a
986 claimant's suit is dismissed pursuant to subsection (5), the

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987 court may award to the insurer reasonable attorney fees and
988 costs associated with securing the dismissal.

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

994 Section 17. Section 627.7142, Florida Statutes, is amended
995 to read:

996 627.7142 Homeowner Claims Bill of Rights.—An insurer
997 issuing a personal lines residential property insurance policy
998 in this state must provide a Homeowner Claims Bill of Rights to
999 a policyholder within 14 days after receiving an initial
1000 communication with respect to a claim. The purpose of the bill
1001 of rights is to summarize, in simple, nontechnical terms,
1002 existing Florida law regarding the rights of a personal lines
1003 residential property insurance policyholder who files a claim of
1004 loss. The Homeowner Claims Bill of Rights is specific to the
1005 claims process and does not represent all of a policyholder's
1006 rights under Florida law regarding the insurance policy. The
1007 Homeowner Claims Bill of Rights does not create a civil cause of
1008 action by any individual policyholder or class of policyholders
1009 against an insurer or insurers. The failure of an insurer to
1010 properly deliver the Homeowner Claims Bill of Rights is subject
1011 to administrative enforcement by the office but is not
1012 admissible as evidence in a civil action against an insurer. The
1013 Homeowner Claims Bill of Rights does not enlarge, modify, or
1014 contravene statutory requirements, including, but not limited
1015 to, ss. 626.854, 626.9541, 627.70131, 627.7015, and 627.7074,

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1016 and does not prohibit an insurer from exercising its right to
1017 repair damaged property in compliance with the terms of an
1018 applicable policy or ss. 627.7011(6)(e) ~~627.7011(5)(e)~~ and
1019 627.702(7). The Homeowner Claims Bill of Rights must state:

1020

1021 HOMEOWNER CLAIMS

1022 BILL OF RIGHTS

1023 This Bill of Rights is specific to the claims process
1024 and does not represent all of your rights under
1025 Florida law regarding your policy. There are also
1026 exceptions to the stated timelines when conditions are
1027 beyond your insurance company's control. This document
1028 does not create a civil cause of action by an
1029 individual policyholder, or a class of policyholders,
1030 against an insurer or insurers and does not prohibit
1031 an insurer from exercising its right to repair damaged
1032 property in compliance with the terms of an applicable
1033 policy.

1034

1035 YOU HAVE THE RIGHT TO:

1036 1. Receive from your insurance company an
1037 acknowledgment of your reported claim within 14 days
1038 after the time you communicated the claim.

1039 2. Upon written request, receive from your
1040 insurance company within 30 days after you have
1041 submitted a complete proof-of-loss statement to your
1042 insurance company, confirmation that your claim is
1043 covered in full, partially covered, or denied, or
1044 receive a written statement that your claim is being

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1045 investigated.

1046 3. Within 90 days, subject to any dual interest
1047 noted in the policy, receive full settlement payment
1048 for your claim or payment of the undisputed portion of
1049 your claim, or your insurance company's denial of your
1050 claim.

1051 4. Receive payment of interest, as provided in s.
1052 627.70131, Florida Statutes, from your insurance
1053 company, which begins accruing from the date your
1054 claim is filed if your insurance company does not pay
1055 full settlement of your initial, reopened, or
1056 supplemental claim or the undisputed portion of your
1057 claim or does not deny your claim within 90 days after
1058 your claim is filed. The interest, if applicable, must
1059 be paid when your claim or the undisputed portion of
1060 your claim is paid.

1061 5. Free mediation of your disputed claim by the
1062 Florida Department of Financial Services, Division of
1063 Consumer Services, under most circumstances and
1064 subject to certain restrictions.

1065 6. Neutral evaluation of your disputed claim, if
1066 your claim is for damage caused by a sinkhole and is
1067 covered by your policy.

1068 7. Contact the Florida Department of Financial
1069 Services, Division of Consumer Services' toll-free
1070 helpline for assistance with any insurance claim or
1071 questions pertaining to the handling of your claim.
1072 You can reach the Helpline by phone at ...(toll-free
1073 phone number)..., or you can seek assistance online at

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1074 the Florida Department of Financial Services, Division
1075 of Consumer Services' website at ...(website
1076 address)....

1077

1078 YOU ARE ADVISED TO:

1079 1. File all claims directly with your insurance
1080 company.

1081 2. Contact your insurance company before entering
1082 into any contract for repairs to confirm any managed
1083 repair policy provisions or optional preferred
1084 vendors.

1085 3. Make and document emergency repairs that are
1086 necessary to prevent further damage. Keep the damaged
1087 property, if feasible, keep all receipts, and take
1088 photographs or video of damage before and after any
1089 repairs to provide to your insurer.

1090 4. Carefully read any contract that requires you
1091 to pay out-of-pocket expenses or a fee that is based
1092 on a percentage of the insurance proceeds that you
1093 will receive for repairing or replacing your property.

1094 5. Confirm that the contractor you choose is
1095 licensed to do business in Florida. You can verify a
1096 contractor's license and check to see if there are any
1097 complaints against him or her by calling the Florida
1098 Department of Business and Professional Regulation.
1099 You should also ask the contractor for references from
1100 previous work.

1101 6. Require all contractors to provide proof of
1102 insurance before beginning repairs.

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1103 7. Take precautions if the damage requires you to
1104 leave your home, including securing your property and
1105 turning off your gas, water, and electricity, and
1106 contacting your insurance company and provide a phone
1107 number where you can be reached.

1108 Section 18. Subsection (1), paragraph (a) of subsection
1109 (2), subsection (8), paragraph (a) of subsection (9), and
1110 subsection (10) of section 627.7152, Florida Statutes, are
1111 amended to read:

1112 627.7152 Assignment agreements.—

1113 (1) As used in this section, the term:

1114 (a) "Assignee" means a person who is assigned post-loss
1115 benefits through an assignment agreement.

1116 (b) "Assignment agreement" means any instrument by which
1117 post-loss benefits under a residential property insurance policy
1118 or commercial property insurance policy, as that term is defined
1119 in s. 627.0625(1), are assigned or transferred, or acquired in
1120 any manner, in whole or in part, to or from a person providing
1121 services, including, but not limited to, inspecting, protecting,
1122 repairing, restoring, or replacing the ~~to protect, repair,~~
1123 ~~restore, or replace~~ property or mitigating ~~to mitigate~~ against
1124 further damage to the property. The term does not include fees
1125 collected by a public adjuster as defined in s. 626.854(1).

1126 (c) "Assignor" means a person who assigns post-loss
1127 benefits under a residential property insurance policy or
1128 commercial property insurance policy to another person through
1129 an assignment agreement.

1130 (d) ~~"Disputed amount" means the difference between the~~
1131 ~~assignee's presuit settlement demand and the insurer's presuit~~

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1132 ~~settlement offer.~~

1133 ~~(c) "Judgment obtained" means damages recovered, if any,~~
1134 ~~but does not include any amount awarded for attorney fees,~~
1135 ~~costs, or interest.~~

1136 ~~(f)~~ "Presuit settlement demand" means the demand made by
1137 the assignee in the written notice of intent to initiate
1138 litigation as required by paragraph (9) (a).

1139 (e) ~~(g)~~ "Presuit settlement offer" means the offer made by
1140 the insurer in its written response to the notice of intent to
1141 initiate litigation as required by paragraph (9) (b).

1142 (2) (a) An assignment agreement must:

1143 1. Be in writing and executed by and between the assignor
1144 and the assignee.

1145 2. Contain a provision that allows the assignor to rescind
1146 the assignment agreement without a penalty or fee by submitting
1147 a written notice of rescission signed by the assignor to the
1148 assignee within 14 days after the execution of the agreement, at
1149 least 30 days after the date work on the property is scheduled
1150 to commence if the assignee has not substantially performed, or
1151 at least 30 days after the execution of the agreement if the
1152 agreement does not contain a commencement date and the assignee
1153 has not begun substantial work on the property.

1154 3. Contain a provision requiring the assignee to provide a
1155 copy of the executed assignment agreement to the insurer within
1156 3 business days after the date on which the assignment agreement
1157 is executed or the date on which work begins, whichever is
1158 earlier. Delivery of the copy of the assignment agreement to the
1159 insurer may be made:

1160 a. By personal service, overnight delivery, or electronic

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1161 transmission, with evidence of delivery in the form of a receipt
1162 or other paper or electronic acknowledgment by the insurer; or

1163 b. To the location designated for receipt of such
1164 agreements as specified in the policy.

1165 4. Contain a written, itemized, per-unit cost estimate of
1166 the services to be performed by the assignee.

1167 5. Relate only to work to be performed by the assignee for
1168 services to protect, repair, restore, or replace a dwelling or
1169 structure or to mitigate against further damage to such
1170 property.

1171 6. Contain the following notice in 18-point uppercase and
1172 boldfaced type:

1173

1174 YOU ARE AGREEING TO GIVE UP CERTAIN RIGHTS YOU HAVE
1175 UNDER YOUR INSURANCE POLICY TO A THIRD PARTY, WHICH
1176 MAY RESULT IN LITIGATION AGAINST YOUR INSURER. PLEASE
1177 READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING IT.
1178 YOU HAVE THE RIGHT TO CANCEL THIS AGREEMENT WITHOUT
1179 PENALTY WITHIN 14 DAYS AFTER THE DATE THIS AGREEMENT
1180 IS EXECUTED, AT LEAST 30 DAYS AFTER THE DATE WORK ON
1181 THE PROPERTY IS SCHEDULED TO COMMENCE IF THE ASSIGNEE
1182 HAS NOT SUBSTANTIALLY PERFORMED, OR AT LEAST 30 DAYS
1183 AFTER THE EXECUTION OF THE AGREEMENT IF THE AGREEMENT
1184 DOES NOT CONTAIN A COMMENCEMENT DATE AND THE ASSIGNEE
1185 HAS NOT BEGUN SUBSTANTIAL WORK ON THE PROPERTY.
1186 HOWEVER, YOU ARE OBLIGATED FOR PAYMENT OF ANY
1187 CONTRACTED WORK PERFORMED BEFORE THE AGREEMENT IS
1188 RESCINDED. THIS AGREEMENT DOES NOT CHANGE YOUR
1189 OBLIGATION TO PERFORM THE DUTIES REQUIRED UNDER YOUR

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1190 PROPERTY INSURANCE POLICY.

1191

1192 7. Contain a provision requiring the assignee to indemnify
1193 and hold harmless the assignor from all liabilities, damages,
1194 losses, and costs, including, but not limited to, attorney fees,
1195 ~~should the policy subject to the assignment agreement prohibit,~~
1196 ~~in whole or in part, the assignment of benefits.~~

1197 (8) The assignee shall indemnify and hold harmless the
1198 assignor from all liabilities, damages, losses, and costs,
1199 including, but not limited to, attorney fees, ~~should the policy~~
1200 ~~subject to the assignment agreement prohibit, in whole or in~~
1201 ~~part, the assignment of benefits.~~

1202 (9) (a) An assignee must provide the named insured, insurer,
1203 and the assignor, if not the named insured, with a written
1204 notice of intent to initiate litigation before filing suit under
1205 the policy. Such notice must be served at least 10 business days
1206 before filing suit, but not before the insurer has made a
1207 determination of coverage under s. 627.70131. The notice must be
1208 served by certified mail, return receipt requested, to the name
1209 and mailing address designated by the insurer in the policy
1210 forms or by electronic delivery to the e-mail address designated
1211 by the insurer in the policy forms ~~at least 10 business days~~
1212 ~~before filing suit, but may not be served before the insurer has~~
1213 ~~made a determination of coverage under s. 627.70131.~~ The notice
1214 must specify the damages in dispute, the amount claimed, and a
1215 presuit settlement demand. Concurrent with the notice, and as a
1216 precondition to filing suit, the assignee must provide the named
1217 insured, insurer, and the assignor, if not the named insured, a
1218 detailed written invoice or estimate of services, including

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1219 itemized information on equipment, materials, and supplies; the
1220 number of labor hours; and, in the case of work performed, proof
1221 that the work has been performed in accordance with accepted
1222 industry standards.

1223 (10) Notwithstanding any other provision of law, in a suit
1224 related to an assignment agreement for post-loss claims arising
1225 under a residential or commercial property insurance policy,
1226 attorney fees and costs may be recovered by an assignee only
1227 under s. 57.105 and ~~this subsection.~~

1228 ~~(a) If the difference between the judgment obtained by the~~
1229 ~~assignee and the presuit settlement offer is:~~

1230 ~~1. Less than 25 percent of the disputed amount, the insurer~~
1231 ~~is entitled to an award of reasonable attorney fees.~~

1232 ~~2. At least 25 percent but less than 50 percent of the~~
1233 ~~disputed amount, no party is entitled to an award of attorney~~
1234 ~~fees.~~

1235 ~~3. At least 50 percent of the disputed amount, the assignee~~
1236 ~~is entitled to an award of reasonable attorney fees.~~

1237 ~~(b) If the insurer fails to inspect the property or provide~~
1238 ~~written or oral authorization for repairs within 7 calendar days~~
1239 ~~after the first notice of loss, the insurer waives its right to~~
1240 ~~an award of attorney fees under this subsection. If the failure~~
1241 ~~to inspect the property or provide written or oral authorization~~
1242 ~~for repairs is the result of an event for which the Governor had~~
1243 ~~declared a state of emergency under s. 252.36, factors beyond~~
1244 ~~the control of the insurer which reasonably prevented an~~
1245 ~~inspection or written or oral authorization for repairs, or the~~
1246 ~~named insured's failure or inability to allow an inspection of~~
1247 ~~the property after a request by the insurer, the insurer does~~

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1248 ~~not waive its right to an award of attorney fees under this~~
1249 ~~subsection.~~

1250 ~~(e)~~ If an assignee commences an action in any court of this
1251 state based upon or including the same claim against the same
1252 adverse party that such assignee has previously voluntarily
1253 dismissed in a court of this state, the court may order the
1254 assignee to pay the attorney fees and costs of the adverse party
1255 resulting from the action previously voluntarily dismissed. The
1256 court shall stay the proceedings in the subsequent action until
1257 the assignee has complied with the order.

1258 Section 19. Section 627.7154, Florida Statutes, is created
1259 to read:

1260 627.7154 Property Insurer Stability Unit; duties and
1261 required reports.-

1262 (1) A property insurer stability unit is created within the
1263 office to aid in the detection and prevention of insurer
1264 insolvencies in the homeowners' and condominium unit owners'
1265 insurance market. The following responsibilities are limited
1266 only to matters related to homeowners' and condominium unit
1267 owners' insurance.

1268 (2) The insurer stability unit shall provide enhanced
1269 monitoring whenever the office identifies significant concerns
1270 about an insurer's solvency, rates, proposed contracts,
1271 underwriting rules, market practices, claims handling, consumer
1272 complaints, litigation practices and outcomes, and any other
1273 issue related to compliance with the insurance code.

1274 (3) The insurer stability unit shall, at a minimum:

1275 (a) Conduct a target market exam when there is reason to
1276 believe that an insurer's claims practices, rate requirements,

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1277 investment activities, or financial statements suggest that the
1278 insurer may be in an unsound financial condition.

1279 (b) Closely monitor all risk-based capital reports, own-
1280 risk solvency assessments, reinsurance agreements, and financial
1281 statements filed by insurers selling homeowners' and condominium
1282 unit owners' insurance policies in this state.

1283 (c) Have primary responsibility to conduct annual
1284 catastrophe stress tests of all domestic insurers and insurers
1285 that are commercially domiciled in this state.

1286 1. The insurer stability unit shall cooperate with the
1287 Florida Commission on Hurricane Loss Projection Methodology to
1288 select the hurricane scenarios that are used in the annual
1289 catastrophe stress test.

1290 2. Catastrophe stress testing must determine:

1291 a. Whether an individual insurer can survive a one in 130-
1292 year probable maximum loss (PML), and a second event 50-year
1293 return PML following a first event that exceeds a 100-year
1294 return PML; and

1295 b. The impact of the selected hurricane scenarios on the
1296 Citizens Property Insurance Corporation, the Florida Hurricane
1297 Catastrophe Fund, the Florida Insurance Guaranty Association,
1298 and taxpayers.

1299 (d) Update wind mitigation credits required by s. 627.711
1300 and associated rules.

1301 (e) Review the causes of insolvency and business practices
1302 of insurers that have been referred to the department's Division
1303 of Rehabilitation and Liquidation and make recommendations to
1304 prevent similar failures in the future.

1305 (f) On January 1 and July 1 of each year, provide a report

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1306 on the status of the homeowners' and condominium unit owners'
1307 insurance market to the Governor, the President of the Senate,
1308 the Speaker of the House of Representatives, the Minority Leader
1309 of the Senate, the Minority Leader of the House of
1310 Representatives, and the chairs of the legislative committees
1311 with jurisdiction over matters of insurance showing:

1312 1. Litigation practices and outcomes of insurance
1313 companies.

1314 2. Percentage of homeowners and condominium unit owners who
1315 obtain insurance in the voluntary market.

1316 3. Percentage of homeowners and condominium unit owners who
1317 obtain insurance from the Citizens Property Insurance
1318 Corporation.

1319 4. Profitability of the homeowners' and condominium unit
1320 owners' lines of insurance in this state, including a comparison
1321 with similar lines of insurance in other hurricane-prone states
1322 and with the national average.

1323 5. Average premiums charged for homeowners' and condominium
1324 unit owners' insurance in each of the 67 counties in this state.

1325 6. Results of the latest annual catastrophe stress tests of
1326 all domestic insurers and insurers that are commercially
1327 domiciled in this state.

1328 7. The availability of reinsurance in the personal lines
1329 insurance market.

1330 8. The number of property and casualty insurance carriers
1331 referred to the insurer stability unit for enhanced monitoring,
1332 including the reason for the referral.

1333 9. The number of referrals to the insurer stability unit
1334 which were deemed appropriate for enhanced monitoring, including

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1335 the reason for the monitoring.

1336 10. The name of any insurer against which delinquency
1337 proceedings were instituted, including the grounds for
1338 rehabilitation pursuant to s. 631.051 and the date that each
1339 insurer was deemed impaired of capital or surplus, as the terms
1340 impairment of capital and impairment of surplus are defined in
1341 s. 631.011, or insolvent, as the term insolvency is defined in
1342 s. 631.011; a concise statement of the circumstances that led to
1343 the insurer's delinquency; and a summary of the actions taken by
1344 the insurer and the office to avoid delinquency.

1345 11. Recommendations for improvements to the regulation of
1346 the homeowners' and condominium unit owners' insurance market
1347 and an indication of whether such improvements require any
1348 change to existing laws or rules.

1349 12. Identification of any trends that may warrant attention
1350 in the future.

1351 (4) Any of the following events must trigger a referral to
1352 the insurer stability unit:

1353 (a) Consumer complaints related to homeowners' insurance or
1354 condominium unit owners' insurance under s. 624.307(10), if the
1355 complaints, in the aggregate, suggest a trend within the
1356 marketplace and are not an isolated incident.

1357 (b) There is reason to believe that an insurer who is
1358 authorized to sell homeowners' or condominium unit owners'
1359 insurance in this state has engaged in an unfair trade practice
1360 under part IX of chapter 626.

1361 (c) A market conduct examination determines that an insurer
1362 has exhibited a pattern or practice of willful violations of an
1363 unfair insurance trade practice related to claims-handling which

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1364 caused harm to policyholders, as prohibited by s.
1365 626.9541(1)(i).

1366 (d) An insurer authorized to sell homeowners' or
1367 condominium unit owners' insurance in this state requests a rate
1368 increase that exceeds 15 percent, in accordance with s.
1369 627.0629(6).

1370 (e) An insurer authorized to sell homeowners' or
1371 condominium unit owners' insurance in this state violates the
1372 ratio of actual or projected annual written premiums required by
1373 s. 624.4095(4)(a).

1374 (f) An insurer authorized to sell homeowners' or
1375 condominium unit owners' insurance in this state files a notice
1376 pursuant to s. 624.4305 advising the office that it intends to
1377 nonrenew more than 10,000 residential property insurance
1378 policies in this state within a 12-month period.

1379 (g) A quarterly or annual financial statement required by
1380 ss. 624.424 and 627.915 demonstrates that an insurer authorized
1381 to sell homeowners' or condominium unit owners' insurance in
1382 this state is in an unsound condition, as defined in s.
1383 624.80(2); has exceeded its powers in a manner as described in
1384 s. 624.80(3); is impaired, as defined in s. 631.011(12) or (13);
1385 or is insolvent, as defined in s. 631.011.

1386 (h) An insurer authorized to sell homeowners' or
1387 condominium unit owners' insurance in this state files a
1388 quarterly or annual financial statement required by ss. 624.424
1389 and 627.915 which is misleading or contains material errors.

1390 (i) An insurer authorized to sell homeowners' or
1391 condominium unit owners' insurance in this state fails to timely
1392 file a quarterly or annual financial statement required by ss.

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1393 624.424 and 627.915.

1394 (j) An insurer authorized to sell homeowners' or
1395 condominium unit owners' insurance in this state files a risk-
1396 based capital report that triggers a company action level event,
1397 regulatory action level event, authorized control level event,
1398 or mandatory control level event, as those terms are defined in
1399 s. 624.4085.

1400 (k) An insurer selling homeowners' or condominium unit
1401 owners' insurance in this state that is subject to the own-risk
1402 solvency assessment requirement of s. 628.8015, and fails to
1403 timely file the own-risk solvency assessment.

1404 (l) A reinsurance agreement creates a substantial risk of
1405 insolvency for an insurer authorized to sell homeowners' or
1406 condominium unit owners' insurance in this state, pursuant to s.
1407 624.610(13).

1408 (m) An insurer authorized to sell homeowners' or
1409 condominium unit owners' insurance in this state is party to a
1410 reinsurance agreement that does not create a meaningful transfer
1411 of risk of loss to the reinsurer, pursuant to s. 624.610(14).

1412 (n) Citizens Property Insurance Corporation is required to
1413 absorb policies from an insurer that participated in the
1414 corporation's depopulation program authorized by s. 627.3511
1415 within 3 years after the insurer takes policies out of the
1416 corporation.

1417
1418 The insurer stability unit's supervisors shall review all
1419 referrals triggered by the statutory provisions to determine
1420 whether enhanced scrutiny of the insurer is appropriate.

1421 (5) Expenses of the insurer stability unit shall be paid

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1422 from moneys allocated to the Insurance Regulatory Trust Fund.
1423 However, if the unit recommends that a market conduct exam or
1424 targeted market exam be conducted, the reasonable cost of the
1425 examination shall be paid by the person examined, in accordance
1426 with s. 624.3161.

1427 Section 20. Subsection (1) of section 631.031, Florida
1428 Statutes, is amended to read:

1429 631.031 Initiation and commencement of delinquency
1430 proceeding.—

1431 (1) Upon a determination by the office that one or more
1432 grounds for the initiation of delinquency proceedings exist
1433 pursuant to this chapter and that delinquency proceedings must
1434 be initiated, the Director of the Office of Insurance Regulation
1435 shall notify the department of such determination and shall
1436 provide the department with all necessary documentation and
1437 evidence. If the director must notify the department of a
1438 determination regarding a property insurer, the notification
1439 must include an affidavit that identifies the grounds for
1440 rehabilitation pursuant to s. 631.051; the date that each
1441 insurer was deemed impaired of capital or surplus, as the terms
1442 impairment of capital and impairment of surplus are defined in
1443 s. 631.011, or insolvent, as the term insolvency is defined in
1444 s. 631.011; a concise statement of the circumstances that led to
1445 the insurer's delinquency; and a summary of the actions taken by
1446 the insurer and the office to avoid delinquency. The department
1447 shall then initiate such delinquency proceedings.

1448 Section 21. Subsection (3) of section 631.398, Florida
1449 Statutes, is amended to read:

1450 631.398 Prevention of insolvencies.—To aid in the detection

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1451 and prevention of insurer insolvencies or impairments:

1452 (3) (a) The department shall, no later than the conclusion
1453 of any domestic insurer insolvency proceeding, prepare a summary
1454 report containing such information as is in its possession
1455 relating to the history and causes of such insolvency, including
1456 a statement of the business practices of such insurer which led
1457 to such insolvency.

1458 (b) For an insolvency involving a domestic property
1459 insurer, the department shall:

1460 1. Begin an analysis of the history and causes of the
1461 insolvency once the department is appointed by the court as
1462 receiver.

1463 2. Submit an initial report analyzing the history and
1464 causes of the insolvency to the Governor, the President of the
1465 Senate, the Speaker of the House of Representatives, and the
1466 office. The initial report must be submitted no later than 4
1467 months after the department is appointed as receiver. The
1468 initial report shall be updated at least annually until the
1469 submission of the final report. The report may not be used as
1470 evidence in any proceeding brought by the department or others
1471 to recover assets on behalf of the receivership estate as part
1472 of its duties under s. 631.141(8). The submission of a report
1473 under this subparagraph shall not be considered a waiver of any
1474 evidentiary privilege the department may assert under state or
1475 federal law.

1476 3. Provide a special report to the Governor, the President
1477 of the Senate, the Speaker of the House of Representatives, and
1478 the office, within 10 days upon identifying any condition or
1479 practice that may lead to insolvency in the property insurance

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1480 marketplace.

1481 4. Submit a final report analyzing the history and causes
1482 of the insolvency and the review of the Office of Insurance
1483 Regulation's regulatory oversight of the insurer to the
1484 Governor, the President of the Senate, the Speaker of the House
1485 of Representatives, and the office within 30 days of the
1486 conclusion of the insolvency proceeding.

1487 5. Review the Office of Insurance Regulation's regulatory
1488 oversight of the insurer.

1489 Section 22. If any law amended by this act was also amended
1490 by a law enacted during the 2022 Regular Session of the
1491 Legislature, such laws shall be construed as if enacted during
1492 the same session of the Legislature, and full effect shall be
1493 given to each if possible.

1494 Section 23. Except as otherwise expressly provided in this
1495 act, this act shall take effect upon becoming a law.